## GRAVOIS FIRE PROTECTION DISTRICT VOLUNTEER FIRE PERSONNEL APPLICATION

FULL NAME:		First		N/11
	ast			Middle
DOB:		SSN:	_	
ADDRESS:				
CITY/STATE/ZIP	<u> </u>		1.	
PREVIOUS ADD	RESS:			
PLACE OF BIRTH	ł:		COUNTY:	
				E:
**************************************		Y BE ABLE TO RESPO		**************************************
DAY:	IIGHT : 🔲	WEEKENDS:	ANYTIME:	
******	*****	*******	*****	************
EDUCATION: HI	GHEST GRADE	COMPLETED: GRADE	E SCHOOL:	HIGH SCHOOL:
TRADE OR TECH	INICAL SCHOO	DL:	DID YOU GF	RADUATE:
COURSE OF STU	DY:			
COLLEGE: WHAT	T DEGREE DID	YOU ACHIEVE?	<u>Superior</u>	and a second second
COURSE OF STU	DY /OR/ MAJO	R:		
****	*****	******	******	**********
PERSONAL REFE	ERENCES: (NO	Γ RELATIVES OR EMP	LOYERS)	
NAME:			PHON	E NO.:
ADDRESS:				

<u>PLEASE PRINT or TYPE</u> Any application that is not complete or illegible will be rejected

06/07/11

NAME:	PHONE NO.:
ADDRESS:	
NAME:	PHONE NO.:
ADDRESS:	
**************************************	**************************************
LIST ALL EMPLOYERS: STARTING WITH	CURRENT EMPLOYER: use additional sheets as needed
COMPANY NAME:	
ADDRESS:	
DUTIES:	SUPERVISOR:
COMPANY PHONE NUMBER:	
	TO:
REASON FOR LEAVING:	
COMPANY NAME:	
ADDRESS:	
DUTIES:	SUPERVISOR:
COMPANY PHONE NUMBER:	
DATES OF EMPLOYMENT: FROM:	TO:
REASON FOR LEAVING:	
COMPANY NAME:	
ADDRESS:	
	SUPERVISOR:
DATES OF EMPLOYMENT: FROM:	TO;
**************************************	*****
DISCHARGED:RESERVE:	***

06/07/11

EXPERIENCE IN LAW ENFORCEMENT /	OR/	EMERGENCY	SERVICES:
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LAW ENFORCEMENT: \_\_\_\_\_ IF YES, LIST DEPARTMENT / DATES / AND DUTIES:

EMS SERVICE: \_\_\_\_\_ IF YES, LIST AGENCY / DATES/ AND DUTIES:

## LIST CURRENT OR PAST FIRE DEPARTMENTS / ADDRESS AND CONTACT INFORMATION / DATES OF SERVICE AND JOB TITLE OR DESCRIPTION OF DUTIES: (use additional sheet as needed)\_\_\_\_\_\_

FIREFIGHTER CERTIFICATION: I:\_\_\_\_\_ II:\_\_\_\_\_ STATE:\_\_\_\_\_

EMS: BASIC 1<sup>st</sup> AID: \_\_\_\_\_ CPR: \_\_\_\_ 1<sup>st</sup>. RESPONDER: \_\_\_\_\_ EMT: \_\_\_\_ PARAMEDIC: \_\_\_\_\_

IF YES ON ANY, LIST LOCATION OF CLASS / DATE / LEVEL/ AND LICENSE NUMBER:

HAZ-MAT:\_\_\_\_\_ IF YES, LIST LEVEL OF TRAINING:\_\_\_\_\_

DISPATCHER: \_\_\_\_\_ FIRE: \_\_\_\_ EMS: \_\_\_\_ LAW: \_\_\_\_ OTHER: \_\_\_\_\_

LIST ANY OTHER SPECIALIZED FIRE OR RESCUE TRAINING YOU HAVE RECEIVED ALONG WITH DATES AND LOCATION OF TRAINING: (add additional sheet if necessary)

LIST OTHER EXPERIENCE THAT COULD RELATE TO THE FIRE SERVICE:

LIST ANY HOBBIES OR PERSONAL ACTIVITIES THAT MIGHT BENEFIT THE FIRE SERVICE:

Name of Regular Physician:	************
Address:	Phone:
****	*********
Name of Banking Institution:	
Type of accounts: Checking:, S	avings:
******	******
HAVE YOU BEEN ARRESTED ON ANY	CHARGES, INCLUDING ANY MISDEMEANORS IN THE LAST 5
YEARS: IF YES, LIST DETAILS:	
HAVE YOU EVER BEEN CONVICTED C	DF A FELONY: IF YES, LIST DETAILS:
HAVE YOU EVER HAD YOUR DRIVER	S LICENSE SUSPENDED OR REVOKED: IF YES, LIST
DETAILS	
LIST ANY TRAFFIC VIOLATIONS IN TI	HE PAST THREE YEARS:
HAVE YOU EVER BEEN BONDED:	HAD BOND REFUSED: REVOKED:
*******	***********
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BY SIGNING THIS APPLICATION, I STATE THAT ALL INFORMATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT FALSE STATEMENTS MAY RESULT IN THE REJECTION OF THIS APPLICATION, ALONG WITH ANY FUTURE CONSIDERATION FOR MEMBERSHIP, AND/OR TERMINATION OF ANY POSITION IN THE GRAVOIS FIRE PROTECTION DISTRICT. I ALSO GIVE THE GRAVOIS FIRE PROTECTION DISTRICT PERMISSION OR ANY AGENT ACTING FOR THE GRAVOIS FIRE PROTECTION DISTRICT TO CONDUCT A COMPLETE BACKGROUND, FINANCIAL, MEDICAL HISTORY AND RECORDS CHECK. I ALSO GIVE ANY OTHER ORGANIZATION, COMPANY, OR AGENT PERMISSION TO RELEASE ANY NECESSARY INFORMATION TO COMPLETE A BACKGROUND CHECK. I ALSO GIVE THE GRAVOIS FIRE PROTECTION DISTRICT OR ANY AUTHORIZED AGENT PERMISSION TO ACCESS RELEVANT MEDICAL INFORMATION AND FOR ANY MEDICAL FACILITY OR PHYSICIAN TO RELEASE THAT INFORMATION THAT IS NECESSARY IN CONJUNCTION WITH MY DUTIES WITH THE GRAVOIS FIRE PROTECTION DISTRICT. I ALSO AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE GRAVOIS FIRE PROTECTION DISTRICT.

SIGNATURE:		DA	ATE:
****	*****	*****	*****
DEPARTMENT USE ONLY			*********
PROBATION: APPROVED:	DISAPPROVED:	DATE:	
SIGNATURES OF OFFICERS:			
CHIEF:	1.		
DEPUTY CHIEF:			and the second s
TRAINING OFFICER:			
OTHER:	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	10 . L.	
LENGTH OF PROBATION:			
DATE OF COMPLETION OF W	RITTEN TEST:		SCORE:
APPARATUS & EQUIPMENT 1	RAINING: DATE:		
OFFICER:	_		
DRIVER TRAINING: DATE:	a di se sa se		
OFFICER:			

*********	*****	*******	**
ROSTERED: APPROVED;	DISAPPROVED:	DATE:	
SIGNATURE OF OFFICERS:			
CHIEF:			
DEPUTY CHIEF:			
DEPUTY CHIEF:			
TRAINING OFFICER:			
OTHER:		All Controls	
IF DISAPPROVED: COURSE OF ACT	10N:		