



APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
STREET CITY

STATE ZIP CODE PHONE NUMBER

ALTERNATE PHONE # _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW YES NO IF SO CAN WE CONTACT YOUR EMPLOYER? YES NO

HAVE YOU EVER APPLIED WITH FORT OSAGE BEFORE? YES NO WHEN? _____

WHERE YOU REFERRED BY ANYONE? YES NO BY WHOM? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR TECHNICAL SCHOOL				

GENERAL

SUBJECTS OF STUDY OR RESEARCH _____

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

MILITARY SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES YES NO

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS

(LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE	NAME AND ADDRESS OF EMPLOYER	PHONE #	SALARY	POSITION	REASON FOR LEAVING

REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY: _____ PHONE NUMBER: _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO FORT OSAGE FIRE PROTECTION DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR THE FIRE DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY FORT OSAGE FIRE PROTECTION DISTRICT. I UNDERSTAND THAT NO FIRE DISTRICT REPRESENTATIVE, OTHER THAN IT'S FIRE CHIEF, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE FIRE CHIEF, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE: _____ SIGNATURE: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorization, either the original or a photocopy authorizes the Fort Osage Fire Protection District and its authorized representatives to fully investigate, in the manner deemed appropriate, the information contained in my application for employment.

This document also authorizes all individuals, partnerships, corporations or other entities to release to the Fort Osage Fire Protection District or its authorized representatives, any and all information, records, or documents whatsoever deemed by the Fort Osage Fire Protection District or its representatives to be necessary to complete its investigation. Such information or documents may concern, but are not necessarily limited to, **my current or past salaries, finances, credit ratings or reports, accounts, background, general reputation, worker's compensation history, military service (if applicable), criminal conviction record, civil litigation record, bankruptcy record, driving record, and former employment history including the reasons for separation from employment.**

This authorization shall release the custodian of any records sought to be released pursuant to this document from any and all liability for damages of whatever kind, which may at any time be incurred by me, my family, heirs, associates or assigns because of compliance with this authorization.

Should there be any question as to the validity or intent of this authorization, you may contact me as indicated below.

Dated this ____ day of _____, _____

Full Name (typed or printed)

Signature

Position Applied For

Current Address:

Driver's License:

Street

State / Number

City, State, Zip

Social Security Number

Home Phone: _____

Date of Birth: _____

Work Phone: _____

Maiden Name or Alias Name

NAME: _____ SSN: _____

PRESENT ADDRESS: _____ PHONE #: _____

ID VERIFIED: _____

ACKNOWLEDGEMENT

The Board of Directors of the Fort Osage Fire Protection District have determined that it is in the best interest of the District, it's employees and all others involved, to declare and determine that all information, communications, results, scores, rankings, opinions or conclusions arising from the various tests, interviews and evaluations administered to any applicants for positions with the District shall be a "closed record" under provisions and as authorized by Chapter 610 of the Revised Statures of Missouri.

THEREFORE, the applicant, nor any other person, shall be given this information except as provided by law.

The undersigned acknowledges that he/she has read the above policy of the FORT OSAGE FIRE PROTECTION DISTRICT and further acknowledges that this acknowledgement was signed prior to the commencement of any testing procedures.

Dated this _____ day of _____, 20_____.

Applicant Signature

FORT OSAGE FIRE PROTECTION DISTRICT

APPLICANT INFORMATION CHECKLIST

- Cover letter
- Resume
- Application
- Authorization for Release of Information
- Acknowledgement of Information Released
- Current CPAT Certification
- Copy of High School Diploma
- Copy of Driver's License
- Copy of Missouri EMT or Paramedic License
- College Transcript(s)
- Copy of Firefighter I & II Certificate
- BCLS or ACLS Instructor Certificate
- State Certified Fire Investigators Certificate
- State Certified Fire Service Instructor Certificate
- Haz Mat Awareness & Operations Certificate
- State Certified Fire Officer I
- State Certified Fire Apparatus Driver Operator
- Any other applicable certificates