



Pacific Fire Protection District

910 West Osage Street
Pacific, Missouri 63069
Phone: (636) 257-3633



Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

Application must be completed in BLUE ink!

Position Applying For: [] Firefighter [] Other: _____

Status Applying For: [] Reserve [X] Part-Time [] Full-Time

Date of Application: _____ Email: _____

Name: _____
LAST FIRST MI.

Address: _____
STREET CITY STATE ZIP

Telephone: _____ Social Security Number: _____

[Circle your response]

Do you possess a current and valid Missouri driver's license? Yes No
If Yes, current license number _____

Can you provide proof of receipt of High School diploma or G.E.D. equivalent? Yes No

Can you provide proof that you are at least 18 years of age or older? Yes No

Have you previously applied to this organization? Yes No

Are you employed now? Yes No
If yes, may we contact your present employer? Yes No

If employed, what day would you be available to begin? _____

Have you ever been convicted of a felony? Yes No
If Yes, please explain _____

Employment History

Give accurate, complete full time and part time employment history starting with present or most recent employer.

1	Company Name	Telephone () -
	Address	Employed – Month and year Start End
	Supervisor	Weekly Pay Start Last
	Job Title	Reason for Leaving
	Description of work	
2	Company Name	Telephone () -
	Address	Employed – Month and year Start End
	Supervisor	Weekly Pay Start Last
	Job Title	Reason for Leaving
	Description of work	
3	Company Name	Telephone () -
	Address	Employed – Month and year Start End
	Supervisor	Weekly Pay Start Last
	Job Title	Reason for Leaving
	Description of work	
4	Company Name	Telephone () -
	Address	Employed – Month and year Start End
	Supervisor	Weekly Pay Start Last
	Job Title	Reason for Leaving
	Description of work	

List three persons who are NOT related to you and have definite knowledge of your qualifications and skills for the position for which you are applying. (Recent graduate, please list instructors.)

Name

Phone

How Long Known

Education

Level	Name and Location of Institution	Date Completed
High School or Equivalent		
College		
Trade, Business, or Correspondence School		

Applies only for Firefighter Applicants (submit a copy of all applicable courses)

Courses	Location	Date Completed	Current	
Firefighter I				
Firefighter II				
EMT			Yes	No
CPR			Yes	No

List any job related courses you may have attended.

Course	Location	Date Completed
--------	----------	----------------

List any professional, trade or service organizations in which you are a member, if you think such participation would be helpful to us in considering you for employment. (e.g., organizing activities, additional experience, accomplishments, leadership, etc...)



Pacific Fire Protection District

910 W. Osage St.

Pacific, Missouri 63069

Phone: (636) 257-3633



Name of Applicant _____ SSN: _____
(Please print)

AUTHORIZATION

I certify that the information I have furnished on this application is correct and complete to the best of my knowledge and belief. I agree that the Pacific Fire Protection District may verify any and all information on this application and release the District, its agents and employees from any and all liability whatsoever relating to the acquisition or use of such information. I understand and agree that any misrepresentation; falsification or omission will be considered cause for rejection of my application or discharge from employment.

I understand that my employment with the District is terminable at the will of either the District or me at any time, with or without notice and with or without cause, subject to the term of any applicable labor agreement.

I understand that, if I am offered employment by the District, I will be tested for drug usage and I hereby give my consent to such testing. I understand and agree that a positive result shall result in the withdrawal of an offer of employment.

I understand that I will have to complete a pre-employment exam by the District's medical doctor. I understand and agree that should I fail and/or not be recommended for employment, the District will withdraw the offer of employment.

I understand that any offer of employment is conditional upon my ability to prove my identity and right to work in the United States in accordance with the Immigration Reform and Control Act (IRCA).

SIGNATURE OF APPLICANT

DATE