

# *Jefferson R-7 Fire Protection District*

## *Employment Application*

### ***HOW DO I APPLY ?***

If you are at least 18 years of age and have a valid Missouri drivers license, fill out an application and return it with all requested information as described on the application.

Your application will be reviewed and if you are qualified, you may be required to complete a written exam, practical skills exam and go through an interview process. Any questions you have may be asked at any time during the hiring process.

Selected applicants will be subject to a physical exam and drug test provided by the District prior to starting employment.

The District does conduct an investigation into your background. Becoming a member of the Jefferson R-7 Fire Protection District requires careful selection. Acceptance to the District depends on many other variables, such as staffing needs and the availability of protective clothing and other necessary equipment. The selection process is designed to help the District find men and women who would most likely become the safest and most effective fire fighters on the fire ground.

***When applying for full-time employment please provide copies of all required qualifications.***

**SPECIAL NOTE: YOU MUST COMPLETE THE APPLICATION INCLUDING ALL FORMS AND PROVIDE A CRIMINAL AND DRIVER HISTORY BEFORE YOUR APPLICATION CAN BE CONSIDERED.**

# APPLICATION \_\_\_\_\_|

## PLEASE PRINT OR TYPE

**PERSONAL INFORMATION REQUESTED ON THIS APPLICATION ASSISTS THE DISTRICT IN PROCESSING AND SECURING THE NECESSARY INFORMATION TO DETERMINE ELIGIBILITY. APPLICATIONS ARE HELD IN CONFIDENCE AND CONSIDERED CLOSED RECORDS BY ORDINANCE.**

Date of Application \_\_\_\_\_

Position applied for     ☐ Full Time     ☐ Part Time     ☐ Volunteer

Referral source: ☐ Advertisement     ☐ Employee     ☐ Relative     ☐ Gov't Employment Agency  
☐ Walk-in     ☐ Private Employment Agency     ☐ Other \_\_\_\_\_

Name of Source \_\_\_\_\_

Name

\_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE

Address \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Best time to contact you is: \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_ If yes, give date \_\_\_\_\_

Have you ever been employed or volunteered here before? \_\_\_\_\_ When? \_\_\_\_\_

Are you legally eligible for employment in this Country? \_\_\_\_\_

Date available for work \_\_\_\_\_

Are you able to meet the attendance requirements for work, training's and meetings? \_\_\_\_\_

Have you ever been convicted of a felony? If yes explain. \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Please attach an original of a Driver's License check and Criminal History from your County of residence.

List or attach any special training you already have associated with the fire service. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT HISTORY**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent. Include any military service. Explain gaps in dates below in the comment section.

|          |       |                |                |
|----------|-------|----------------|----------------|
| Employer | Phone | Dates employed | Nature of work |
|----------|-------|----------------|----------------|

|         |           |            |
|---------|-----------|------------|
| Address | Job Title | Supervisor |
|---------|-----------|------------|

|                    |                 |
|--------------------|-----------------|
| Reason for leaving | May we contact? |
|--------------------|-----------------|

|          |       |                |                |
|----------|-------|----------------|----------------|
| Employer | Phone | Dates Employed | Nature of work |
|----------|-------|----------------|----------------|

|         |           |            |
|---------|-----------|------------|
| Address | Job Title | Supervisor |
|---------|-----------|------------|

|                    |                 |
|--------------------|-----------------|
| Reason for leaving | May we contact? |
|--------------------|-----------------|

|          |       |                |                |
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|         |           |            |
|---------|-----------|------------|
| Address | Job Title | Supervisor |
|---------|-----------|------------|

|                    |                 |
|--------------------|-----------------|
| Reason for leaving | May we contact? |
|--------------------|-----------------|

|           |
|-----------|
| Comments: |
|-----------|

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| Summarize special skills acquired that may qualify you to work for us. |
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The Jefferson R-7 Fire Protection District is an Equal Opportunity Employer

## **PERSONNEL DEPARTMENT USE ONLY**

Position Applied for ☐ Available ☐ Not available

Other positions considered for \_\_\_\_\_  
\_\_\_\_\_.

Hired? ☐ Yes ☐ No

Date of hire \_\_\_\_\_

Position hired for \_\_\_\_\_

EEO Classification (circle one)

1. Officials and Managers
2. Professionals
3. Technicians
4. Office and Clerical
5. Volunteer
6. Paid Fire Fighter
7. Service Worker
8. Other \_\_\_\_\_

Notes:

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Completed By \_\_\_\_\_ Date \_\_\_\_\_

# Jefferson R-7 Fire Protection District

13000 State Road TT  
Festus, Missouri, 63028  
Phone (636) 937-6878 Fax (636) 937-3600

## Physicians Release Form

### Return completed form with application

#### ***This portion to be completed by applicant***

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex: M F Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
month day year

I understand that this physician's release form is for the purpose of qualifying my abilities to perform as a fire fighter for the Jefferson R-7 Fire Protection District. It is not meant to be a determining factor with regard to acceptance as a member of the District, but to gauge my overall physical abilities to perform certain tasks.

I further understand that factors beyond the control of the Jefferson R-7 Fire Protection District and the physician completing this form may affect my physical abilities to perform which were not distinguishable at the time that this form was completed.

I hereby release the Jefferson R-7 Fire Protection District and the physician named on this form from any and all liability with regard to its content.

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

#### ***This portion to be completed by YOUR personal physician***

(please read the paragraph below and complete the form - please note any limitations in the comments section)

The position of fire fighter requires the applicant to exert large amounts of energy in a short period of time. This exertion can be expected in high temperatures exceeding 1000°. Fire fighters are protected from this heat with protective garments and self contained breathing apparatus weighing approximately forty pounds. Activities while working include climbing ladders, working overhead, crawling, bending, standing, lifting, carrying, pushing, pulling and operating power tools and motor vehicles.

I \_\_\_\_\_ have evaluated the above named applicant and release  
physicians name (please print)  
him/her to participate as a fire fighter with the Jefferson R-7 Fire Protection District with the

following limitations. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
signature of physician

\_\_\_\_\_  
date

\_\_\_\_\_  
phone

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## **Release for Information, Fingerprinting and Future Testing**

This release must be submitted before application can be approved.

I hereby authorize the investigation of my background with regard to driver, arrest, correctional, summons, financial and criminal history.

I also understand the necessity and will submit to fingerprinting if my application is approved.

Furthermore, I understand that it may be necessary and will submit to any future testing including psychological, drug and/or polygraph testing. I understand that, failure to comply with a request by the Jefferson R-7 Fire Protection District or its agents to submit to testing shall be grounds for immediate termination.

I, the undersigned, release the Jefferson R-7 Fire Protection District, the Jefferson County Sheriff's Department and any other agencies utilized, from any and all liability in the investigation of my background with regard to any information gathered or distributed.

\_\_\_\_\_  
printed name

\_\_\_\_\_  
soc. sec. number\*

\_\_\_\_\_  
signature

\_\_\_\_\_  
date of birth\*

\_\_\_\_\_  
date

\* used only for the purpose of records checks - the Jefferson R-7 Fire Protection District is an Equal Opportunity Employer

**YOU MUST SUBMIT A RECORDS CHECK FROM YOUR COUNTY OF RESIDENCE WHEN SUBMITTING YOUR APPLICATION.**