

**DeSoto Rural Fire Protection District  
3200 Flucom Road  
DeSoto, Missouri 63020  
(636) 586-2557  
Fax (636) 337-4216**

**Application for Part-Time and  
Volunteer Employment**

The information requested on the application will be used for references. The District has elected to utilize an agency that specializes in thorough background investigations. It is in the best interest of all parties that the application is filled out CORRECTLY AND COMPLETELY. It is suggested to read the entire application before filling it out.

**Any FALSE, MISLEADING, OR INCOMPLETE information substituted for accurate information will disqualify the applicant from further consideration in the hiring process.**

All employees will serve a one-year probationary period from the date of employment. At the end of that period, the District shall at its discretion, offer continued employment, extend the probationary period for a specified time, or release the individual from employment with the District.

I confirm that I have read and understand the above and that all statements and documents presented to the DeSoto Rural Fire Protection District of Jefferson County Missouri are true, correct and complete and subject to examination and validation by the District and its agents or assigns.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

## Qualifications and Requirements

Applicants must possess the following:

18 years of age

Hold a valid State of Missouri Operators license

Carry automobile insurance meeting or exceeding state requirements

No criminal history

No extensive adverse driving history.

In addition to the above, if not already certified and/or licensed, the successful applicant shall be required to complete coursework for Emergency Medical Responder and Fire Fighter I & II within two years.

All original appointments are made on the basis of open, competitive testing and interviews. Each applicant must successfully complete each step before becoming eligible for the next.

The selection steps consist of:

Application: Applications must be filled out per directions.

Written test: A written test shall be administered to all selected applicants. A score of 70% or higher is required.

Interview: An oral interview will be conducted by a panel of fire service professionals to determine overall fitness for the job in appearance, self-expression, mental alertness and adaptability.

Background investigation: A thorough investigation will be conducted to determine past employment record, personal references, and police record check.

Physical test: A physical test shall be administered to those applicants who successfully completed the written testing.

Substance screening: Standard Department of Transportation equivalent screening.

## Directions

1. **USE BLUE INK ONLY:** Complete this form in your own handwriting or printing. If you need any special accommodations to complete the application, please contact the Fire Chief for arrangements.
2. Be certain that your answers are legible.
3. Read each question carefully before answering.
4. Be certain that each question is answered **COMPLETELY** and **CORRECTLY**.
5. Submit all documents as requested. If a question does not apply to you, write N/A (not applicable) in the space. Leave no blank spaces unless noted for personnel department use only.
6. Initial each page in the bottom right hand corner.
7. Use additional sheets if necessary to complete your answers for any questions. You **must** clarify which question you are answering if using an additional sheet.
8. All questions should be directed to the Chief. You will be disqualified if you seek assistance other than information from an outside source (ie: Sheriff's office, physician) that is necessary to complete the application.
9. The application is more than just giving information about you. It is a part of the process that will determine the successful applicant. **FOLLOW THESE DIRECTIONS TO ENSURE YOUR CONTINUATION IN THE PROCESS.**

Pursuant to public law, the disclosure of your Social Security Number (SSN) is completely voluntary. Your refusal to reveal it will in no way affect your application for any job or consideration provided by this Fire District. The SSN assists the District in differentiating between persons with similar or identical names while conducting background investigations.

# PERSONAL INFORMATION

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name

\_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

List addresses for the last ten years.

From	To	Street address	County	State/ Zip code

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

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

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

May we contact you at work? \_\_\_\_\_ Number and time \_\_\_\_\_

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? \_\_\_\_\_ (Proof required upon acceptance).

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

Are you on lay-off status and subject to recall? \_\_\_\_\_ Will you work overtime? \_\_\_\_\_

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

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

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

List 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 on a separate sheet and attach directly behind this sheet.

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?

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?

For the following questions, give full details on separate sheet and attach directly behind this sheet.

Have you ever been dismissed, fired or asked to resign from any employment?      \_\_\_ yes \_\_\_ no

Have you ever stolen anything from any place of employment?      \_\_\_ yes \_\_\_ no

Have you ever been unemployed for a period of six months or more?      \_\_\_ yes \_\_\_ no

# **ARREST HISTORY**

OTHER THAN TRAFFIC CITATIONS, have you ever been arrested, charged, questioned, accused, or detained, for any reason by any police officer, security officer, or military police officer in the United States or any Foreign Country?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "yes" give a brief description below and include a fully detailed description on a separate sheet attached directly behind this sheet.

Date	Charge	Agency	Location (city, county, state)	Disposition

For the following questions, give full details for "yes" answers on separate sheet and attach directly behind this sheet.

- Were you ever served with a criminal or civil subpoena or summons other than traffic?    \_\_\_ yes \_\_\_ no
- Has law enforcement responded to any residence you have lived in for any reason?    \_\_\_ yes \_\_\_ no
- Have you ever been involved in any undetected crime?    \_\_\_ yes \_\_\_ no
- Are you now under charges for any violation of law?    \_\_\_ yes \_\_\_ no
- Are you on file with the Division of Family Services for any reason?    \_\_\_ yes \_\_\_ no
- Have you ever used any aliases or more than one social security number?    \_\_\_ yes \_\_\_ no
- Has a court ever placed you on probation?    \_\_\_ yes \_\_\_ no

# **NARCOTIC AND LIQUOR USAGE**

For the following questions, give full details on separate sheet and attach directly behind this sheet.

- Are you currently addicted to alcohol?    \_\_\_ yes \_\_\_ no
- Have you abused a controlled substance within the last six months?    \_\_\_ yes \_\_\_ no
- Have you ever sold a controlled substance?    \_\_\_ yes \_\_\_ no



# MILITARY STATUS

Are you registered with the Selective Service? \_\_\_ yes \_\_\_ no

If yes, registration number \_\_\_\_\_ Location registered \_\_\_\_\_

Have you ever served in any military unit or organization? \_\_\_ yes \_\_\_ no If yes, give details below.

From    Branch or Organization    Discharge date    Type of discharge    Rank    Specialty

From	Branch or Organization	Discharge date	Type of discharge	Rank	Specialty

For the following questions, give full details on separate sheet and attach directly behind this sheet.

Were you ever reduced in rank in the military? \_\_\_ yes \_\_\_ no

Were you ever court marshaled? \_\_\_ yes \_\_\_ no

Have you ever received a company punishment and placed in custody? \_\_\_ yes \_\_\_ no

Have you ever served for any Foreign Government? \_\_\_ yes \_\_\_ no



# MARITAL STATUS/FAMILY MEMBERS

What is your marital status? \_\_\_\_\_

If engaged or married, fiancée or spouse's name/maiden name	Address/ZIP	Phone	Date of Birth	Anticipated date or date of marriage
If separated or divorced, ex-spouse's name/maiden name	Address/ZIP	Date of Birth	Date of separation/divorce	Cause Number
If spouse is deceased, Full name (maiden) of deceased spouse.				Deceased date

List all dependents. Use additional sheets if necessary, and attach directly behind this sheet.

Name	Birth date	Birth place	Relationship	Address/ZIP	Living with	Percent support

Do you now support all children born to you? If no, explain. \_\_\_ yes \_\_\_ no

\_\_\_\_\_

\_\_\_\_\_

For the following questions, give full details on separate sheet and attach directly behind this sheet.

Are you presently living with anyone else (friend or relative)? \_\_\_ yes \_\_\_ no

Do you have any serious problems with your relatives or in-laws? \_\_\_ yes \_\_\_ no

List full name of your immediate family such as father, mother (maiden name), brothers and sisters. Use additional sheets if necessary, and attach directly behind this sheet.

Name	Relationship	Address/ZIP	Phone number	Occupation	Date of birth

## REFERENCES |

List five character references, not relatives, in-laws, or past employers, whom you have known well during the past three years or more.

Name	Relationship	Address/ZIP	Phone number	Occupation

# DRIVING HISTORY

List all Driver or Chauffeur Licenses you now hold or have previously held, either in Missouri or any other state or country.

State	Type of license	License number	Expiration date

Have any of the above licenses ever been suspended or revoked?  yes  no

If "yes" explain, \_\_\_\_\_

List all driving citations/tickets, or summons you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximate dates and locations.

Month/year	Charge	City/State	Citation issued by what agency	Disposition

List all vehicles that you own, lease, or have for your personal use, including motorcycles.

Year	Make	Model	License number	State

How many traffic accidents have you been involved in during the past five years? Number \_\_\_\_\_

List each \_\_\_\_\_

\_\_\_\_\_

# **INSURANCE**

Current Auto Insurance \_\_\_\_\_

Current Insurance Agent's name, address and phone number  
\_\_\_\_\_

Policy number \_\_\_\_\_

Have you recently changed automobile insurance companies? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, indicate date, name, address and phone number of previous insurance company. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied any insurance or had insurance canceled? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes explain in detail. \_\_\_\_\_  
\_\_\_\_\_

# AFFIRMATIVE ACTION INFORMATION |

## COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider applicants for all positions without regard to race, color, religion, sex, sexual preference, national origin, age, disability, veteran status and/or any other legally protected status.

All new applicants must however, provide a Physician's Release Form due to the nature of fire fighting.

Date \_\_\_\_\_

Position applied for \_\_\_\_\_

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

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

Name

\_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

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

As required, we comply with government regulations including Affirmative Action requirements of Section 503 of the Rehabilitation Act, and any other federal law or regulations, where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated but not required.

Please be advised that this survey is **not** considered a part of your official application for employment. It is considered confidential information that cannot and will not be used in any hiring decision. If you would like to provide the information, please continue.

Sex:  Male     Female

Race:  Black     Hispanic     American Indian     White     Other \_\_\_\_\_

Are you  Vietnam Veteran     Disabled Veteran     Individual with a Disability

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**Physicians Release Form**

**Return completed form with application – a full physical is not necessary**

**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 DeSoto Rural Fire Protection District. It is not meant to be a determining factor with regard to acceptance as a member of the District, but to preliminarily gauge my overall physical abilities to perform certain tasks.

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

I hereby release the DeSoto Rural 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**

(Physician - please read the paragraph below and complete the form - please note any limitations in the comments section – all successful applicants will receive a minimum of a DOT physical from the district)

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 to the extent of those  
physicians name (please print)

activities listed above and release him/her to participate as a fire fighter with the DeSoto Rural Fire Protection District with the following limitations.

Comments:

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

\_\_\_\_\_  
date

\_\_\_\_\_  
phone



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**Release for Information from Previous Employer**

Please provide a copy of this form to any previous employer. Make additional copies as required. Fill out the top and ask them to fill out the supervisor portion and provide a copy to your previous employer(s). Their participation is voluntary.

Previous Employer: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize my previous employer listed above to divulge information to the DeSoto Rural Fire Protection District with regard to any and all information gathered during my employment by filling out the following form.

I, the undersigned, release the DeSoto Rural Fire Protection District, the organization named above and any other agencies utilized to conduct an investigation into my background, from any and all liability that may result from any information gathered or distributed.

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

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

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

Supervisor: Please circle the appropriate answer to the following questions and provide comments below. Thank you.

- |  |     |    |
|--|-----|----|
| 1. Would you hire this person again?                 | Yes | No |
| 2. Were there any issues with regard to punctuality? | Yes | No |
| 3. Did this person work well with co-workers?        | Yes | No |
| 4. Can this person work alone without supervision?   | Yes | No |
5. Please sum up your opinion of this individual with regard to work ethic and their ability to follow rules and policies as well as how they work with others and alone in stressful situations.

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

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
date



# **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 all that apply)

- 1. Exempt
- 2. Non-exempt
- 3. Office and Clerical
- 4. Volunteer
- 5. Paid Fire Fighter
- 6. Service Worker
- 7. Other \_\_\_\_\_

Notes:

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

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

This application is the property of the DeSoto Rural Fire Protection District and is covered under Resolution Number 1197-2 as a confidential, closed document. Authorized personnel pursuant to the Resolution may view this document.

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Revised 04/06/2017