

NAME _____

DATE APPLICATION COMPLETED _____

DATE RECEIVED _____

ASSIGNMENT _____





MID-COUNTY FIRE PROTECTION DISTRICT

184 N. BUSINESS ROUTE 5 · CAMDENTON, MO 65020

(573) 346-2049 · (573) 346-1045 · www.mcfpd.org

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip)

Years at present address? _____ If less than 2 years at present address, list previous address:

_____ (Street) (City) (State) (Zip)

Phone _____ Cell _____ E-Mail _____

Single Married Spouses Name _____

Spouses Employer _____

Drivers License Number _____ (Name) (Phone)
State _____ Date of Expiration _____

Have you ever received a moving violation? Yes No

Is so, please explain _____

Have you every been convicted of a criminal offense? _____

Is so, please explain _____

Do you own a vehicle? Yes No _____
(Year) (Make) (Model) (Condition)

Automobile Insurance Carrier _____
(Company) (Agent) (Coverage/limits of liability)

EDUCATION

GED

High Shool

Name: _____ City/State: _____ Year Graduated: _____

Vocation/Trade School

Name: _____ City/State: _____ Year Graduated: _____

Name: _____ City/State: _____ Year Graduated: _____

College/University

Name: _____ City/State: _____ Year Graduated: _____

Name: _____ City/State: _____ Year Graduated: _____

MILITARY

Branch: _____ Highest Rank: _____ Dates: _____

Occupation: _____ Type of Discharge: _____

RELATED EXPERIENCE

Have you ever served on a fire district/department? Yes No
Is Yes, list district/department _____
(Name) (City/State) (Phone #) (Chief Officer)
Size of department _____ Volunteer Combo Paid
List Previous fire service training _____

Do you hold a current Missouri EMT License? Yes No If yes: _____
(License Number) (Exp. Date)

Do you hold a current Missouri Paramedic License? Yes No If yes: _____
(License Number) (Exp. Date)

List any other fire service/EMS/rescue related training _____

List any specialized equipment you have experience in operating. Include trucks, heavy
equipment, etc. _____

JOB HISTORY

Employer/Address/Phone (*Current employer first*) _____

Dates of Employment _____

Position/Supervisor _____ Reason for leaving _____

What are your current hours? _____

Would you be able to respond from work? Yes No

Employer/Address/Phone (*Current employer first*) _____

Dates of Employment _____

Position/Supervisor _____ Reason for leaving _____

Employer/Address/Phone (*Current employer first*) _____

Dates of Employment _____

Position/Supervisor _____ Reason for leaving _____

Employer/Address/Phone (*Current employer first*) _____

Dates of Employment _____

Position/Supervisor _____ Reason for leaving _____

ORGANIZATIONAL AFFILIATIONS/HOBBIES/INTERSTS

List any organizations you are affiliated with _____

List any hobbies or special areas of interest _____

Do you know anyone who is currently serving with the Mid-County Fire Protection District?

Yes No If yes, who? _____

HEALTH

Height _____ Weight _____ Condition of Health _____

Have you ever been treated for medical problems involving: Back Heart Respiratory

Have you been treated by a physician for any condition in the past three years? Yes No

If yes, please describe _____

REFERENCES

List three references you have known for at least two years. Do not list relatives or former employers.

Name/Address Day Phone/Evening Phone Years known

ADDITIONAL INFORMATION

How did you learn of the Mid-County Fire Protection District? _____

Why do you wish to become a member of this organization and why do you feel you would be an asset to the organization? _____

CONSENT/SIGNATURE

I testify that all information contained within this application is true to the best of my knowledge.

I understand that the Mid-County Fire Protection District will verify all information contained within this application and perform the following reference checks: Driver's License Record

Check and Criminal Background Check.

Applicant Signature

Please attach a copy of your driver's license, high school diploma or GED and verification of auto insurance to this application.