

SPANISH LAKE FIRE PROTECTION DISTRICT
 12220 Bellefontaine Rd, Spanish Lake, MO 63138 314-741-7300
APPLICATION FOR EMPLOYMENT

Spanish Lake Fire Protection District is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, marital or veteran status, sexual orientation, religion, creed, ancestry or national origin, or disability.

PERSONAL INFORMATION Complete *all* applicable information. **PRINT**

| |
|---|
| Full Name: (Last)_____ (First)_____ (MI)_____ |
| Address: _____ City_____ State_____ Zip_____ |
| Primary Phone () _____ Alternate Phone () _____ |
| Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you 21 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Position you are applying for: _____ Date available to begin work? _____ |
| Have you ever applied for employment with Spanish Lake Fire Protection District? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, When? _____ |

EMPLOYMENT HISTORY List below last three employees, starting with the most recent one first. **PLEASE PRINT**

| |
|--|
| Present or Last Position: _____ Name of Company _____ |
| From: Mo/Yr _____ To: Mo/Yr _____ |
| Street Address _____ City _____ State _____ Zip _____ |
| Duties: _____ |
| Reason for Leaving: _____ |
| May we contact your supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, Why?) _____ |
| Name of Supervisor _____ Title _____ Phone# () _____ |
| Present or Last Position: _____ Name of Company _____ |
| From: Mo/Yr _____ To: Mo/Yr _____ |
| Street Address _____ City _____ State _____ Zip _____ |
| Duties: _____ |
| Reason for Leaving: _____ |
| May we contact your supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, Why?) _____ |
| Name of Supervisor _____ Title _____ Phone# () _____ |
| Present or Last Position: _____ Name of Company _____ |
| From: Mo/Yr _____ To: Mo/Yr _____ |
| Street Address _____ City _____ State _____ Zip _____ |
| Duties: _____ |
| Reason for Leaving: _____ |
| May we contact your supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, Why?) _____ |
| Name of Supervisor _____ Title _____ Phone# () _____ |

| | | | |
|--------------------|---------|------|-------|
| High School or GED | Address | City | State |
| College | Address | City | State |
| Graduate School | Address | City | State |
| Other | Address | City | State |

MILITARY HISTORY PLEASE PRINT

Have you ever been in the armed forces? _____ Date Entered _____ Discharge Date _____
 Are you now a member of the National Guard? _____ Specialty _____
 Type of duties performed and/or special training _____
 Did you receive an Honorable Discharge? ___YES ___NO

REFERENCES PLEASE PRINT

List three references other than relatives or previous employers:

| NAME | ADDRESS | CITY/ STATE | PHONE # |
|----------|---------|-------------|---------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

GENERAL PLEASE PRINT

1. Do you have St. Louis County Fire Academy? ___YES ___NO
 If YES, when did you obtain your training? _____

2. Are you a Missouri State Licensed Emergency Medical Technician/Paramedic (**EMT-P**)? ___YES ___NO

3. Do you hold current certifications for: **ACLS**? ___YES ___NO; **PALS**? ___YES ___NO;
PHTLS? ___YES ___NO

4. Do you hold a **CPAT** certification? ___ YES ___ NO (If NO, you must provide a copy by start date.)

5. Do you have a valid Drivers License? ___YES ___NO State _____ Expiration Date _____
 Drivers License # _____ Drivers License Class _____ Endorsements _____

Have you ever been convicted of a misdemeanor crime? ___YES ___NO

Please list any Professional Certifications or Honors not stated above that relate to the position you are applying for:

The following documents are to be made available upon request:

- * Copies of all degrees or transcripts
- * Copy of valid driver's license
- * EMT-P License
- * Copy of high school diploma or G.E.D.
- * St. Louis County Fire Academy
- * CPAT/ ACLS/ PALS/ PHTLS Certifications

Spanish Lake Fire Protection District is an Equal Opportunity Employer

ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Spanish Lake Fire Protection District, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery. _____ **(initial)**

I authorize the Spanish Lake Fire Protection District (District) to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the District and will hold the District and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. _____ **(initial)**

I understand that nothing in this employment application or the granting of an interview is intended to create an employment contract between myself and the Spanish Lake Fire Protection District, and that I am not obligated to accept employment if offered. _____ **(initial)**

I understand any offer of employment made to me by the District is contingent on my successful completion of a drug test; background checks; driving records check; police records checks for convictions of a crime, physical examination and agility testing intended to ensure that I am able to perform the essential physical functions of the position for which I am applying, with or without reasonable accommodation. By signing this agreement, I consent to undergo pre-employment drug screening, and appropriate medical and physical agility examinations. _____ **(initial)**

I understand that any offer of employment is contingent on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms. _____ **(initial)**

I hereby acknowledge that I have read and agree to the above statements.

_____ **Date:** _____ **Year** _____
(Signature)