



Central Jackson County Fire Protection District

805 NE Jefferson St
Blue Springs, MO 64014
(816) 229-2522

EMPLOYMENT APPLICATION

An Equal Opportunity Employer: It is our policy to abide by all Federal and State Laws prohibiting employment discrimination solely on the basis of a person's race, color creed, national origin, religion, ages, sex, martial status, or disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT PLAINLY AND COMPLETELY

| | | |
|-------------------|-------------------------|--------------------------|
| Position Desired: | | Today's Date: |
| Name: | | Date Available For Work: |
| Address: | Social Security Number: | |
| City, State, Zip: | Home Phone Number | |
| Email Address: | Contact Phone Number | |

How long at this address? _____ If less than 3 years List Previous Address:

Are you 21 years of age or older? Yes No

Have you worked under other name? Yes " " No " "If so what name:

How were you referred to us?

Are you a citizen of otherwise lawfully authorized to work in the United States? Yes "*****" No
(Proof of citizenship or permanent resident alien status may be required after employment)

Have you been convicted of a crime (felony, misdemeanor, traffic offense) in the last ten years? Yes "*****"No
If yes, describe in full:

(A conviction record may not necessarily disqualify you for employment consideration. Each application will be individually considered on its own merit)

FIREFIGHTER APPLICANTS ONLY

A firefighter's position involves climbing ladders, swinging axes and carrying heavy equipment, working in adverse weather conditions, and the ability to work hard for long durations. Do you believe you can safely perform such activities?

Yes " "No " "If no, please explain:

Additional Requirement: (Please indicate if you possess the following. Verification will be required.)

Career: High school diploma or equivalent Yes " " "No "

Firefighter I & II Certification Yes " " "No " ", and Current EMT license "Yes "" No

If currently enrolled in Firefighter or EMT Class, please provided expected date of completion. _____

EMPLOYMENT HISTORY

Former Employers

List most recent position first

May we contact your present employer? Yes () No ()

| Company Name | Job Title: | Job Duties: |
|---------------------|---------------------|---------------------|
| Address | From: to | |
| City, State, Zip | Final Salary: | Reason for leaving: |
| Supervisor | Telephone | |
| Company Name | Job Title: | Job Duties: |
| Address | From: to | |
| City, State, Zip | Final Salary: | Reason for leaving: |
| Supervisor | Telephone | |
| Company Name | Job Title: | Job Duties: |
| Address | From: to | |
| City, State, Zip | Final Salary: | Reason for leaving: |
| Supervisor | Telephone | |
| Company Name | Job Title: | Job Duties: |
| Address | From: to | |
| City, State, Zip | Final Salary: | Reason for leaving: |
| Supervisor | Telephone | |

Uniformed positions require a valid driver's license. Please complete: _____

(State & License Number)

Do you have any relatives working for the district? Yes No If yes, who? _____

EDUCATION

| SCHOOLING LEVEL | NAME AND LOCATION OF SCHOOL | YEARS COMPLETED | DATES FROM TO | COURSE OF STUDY | GRADUATE? YES NO | DEGREE | DATE |
|------------------------------------|-----------------------------|-----------------|---------------|-----------------|------------------|--------|------|
| Grade School | | | | | | | |
| High School | | | | | | | |
| College | | | | | | | |
| Graduate School | | | | | | | |
| Business, Trade, Vocational School | | | | | | | |

ADDITIONAL EXPERIENCE OR TRAINING

List below all instances in which you have had experience or training related to the position you have applied for while in the military, as a volunteer, or in other circumstances.

REGISTRATION Indicate Licensure or Certification for any profession, skill trade.

Type: _____ License No. _____ State: _____ Expiration Date: _____

Type: _____ License No. _____ State: _____ Expiration Date: _____

Type: _____ License No. _____ State: _____ Expiration Date: _____

SKILLS _____ Indicate experience or proficiency you have. _____

(List honors, activities, volunteer experience, etc. You need not include any information which may indicate race, religion, national origin, sex, age or handicap.)

HONORS & ACTIVITIES

REFERENCES

(List three individuals who are not former employers or relatives. Please fill in completely.)

Name Address City, State, Zip Email Address (Required) Phone Occupation

For Office Use Only _____ Date Received _____

Employment Date _____ Position Hired _____ Pay Grade _____

Other Information _____

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that false information in the application may result in disqualification from further consideration or dismissal from employment. I authorize investigation of all statements made in this application, and I give consent for all person contacted, including my former employers, to provide information concerning this application. I release each such person from liability for providing information.

I also understand that an investigation consumer report may be made whereby information is obtained through personal interviews with neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I understand that I may be required to submit to a drug or alcohol test prior to or after employment. I understand further that if I am offered employment I may be required to undergo a medical examination before beginning work and that an offer of employment may be conditional on the results of the examination.

I agree to conform to the rules and regulations of the Central Jackson County Fire Protection District, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the District or myself.

In accordance with the Immigration Reform and Control Act of 1986, all new employees are required to produce proof of identity and eligibility for employment in the United States immediately upon hire. I understand new employees will not be allowed to work and will not be placed on the department personnel/payroll records if the following documents are not available on the employee's first scheduled working day.

Native Born Citizen must produce: Original Social Security Card or Certificate of Birth in the United States (issued by state, county, or municipal authority bearing a seal or other certification) PLUS a Driver's License or similar document containing a photograph.

A non Native Born Citizen must produce one of the following: 1) U.S. Passport, 2) Certificate of U.S Citizenship, 3) Certificate of Naturalization, 4) unexpired foreign passport with current authorization to work in the United States, or 5) Resident Alien Card.

Signature _____

Date _____