



Battlefield Fire Protection District

4117 West Second, Battlefield, MO 65619

(417) 881-9018 Fax (417) 887-9914



Date

Personal Information

Name				
	Last	First	Middle	
Address				
	Street	City	State	Zip Phone #

Employment Desired

Position		Date you can start		Salary Desired	
Currently employed?		What is your salary?			
Ever applied here?		When?			

Education

School Level	Name & Location	Yrs. Att	Graduate?	Studied?
High School				
College				
Trade, Business, Correspondence				
Fire Department Volunteer Service				

References

Give the names of three persons not related that you've known one or more years

Name	Address	Phone	Years Known

Check all certifications that apply

MO Fire Fighter I	<input type="checkbox"/>	EMT-B	<input type="checkbox"/>	MO Fire Officer I	<input type="checkbox"/>
MO Fire Fighter II	<input type="checkbox"/>	Paramedic	<input type="checkbox"/>	MO Fire Officer II	<input type="checkbox"/>
Hazmat Awareness	<input type="checkbox"/>	Fire Instructor I	<input type="checkbox"/>	MO Fire Inspector	<input type="checkbox"/>
Hazmat Operations	<input type="checkbox"/>	Fire Instructor II	<input type="checkbox"/>	MO Fire Investigator	<input type="checkbox"/>

Please provide copies of listed certifications with application

Fire Fighting Experience

Fire Department	Rank	Years Served	Vol. or Career	Additional Info

Former Employers

Name & Address					
Started		Salary		Date Left	
Job Title				May we contact your supervisor?	
Name & Title of Supervisor				Phone Number	
Job Description					
Reason for Leaving					

Name & Address					
Started		Salary		Date Left	
Job Title				May we contact your supervisor?	
Name & Title of Supervisor				Phone Number	
Job Description					
Reason for Leaving					

Have you ever been convicted of a felony?		<input type="checkbox"/>
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I certify that the facts in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for my dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you

I understand and agree that, if hired, my employment is for no definite period and may, regardless of payment of my wages and salary be terminated at any time.

Signature _____

Date _____

Email Address _____