

Western Cass Fire Protection District Employment Application

Personal Information

Name (Last, First, Middle, Suffix): _____

Present Address: _____ City: _____, Missouri Zip Code: _____

Home: (____) ____ - ____ Work:(____) ____ - ____ Wireless: (____) ____ - ____ Other: (____) ____ - ____

Email: _____ @ _____ • _____

Are you at least 18 years old? Yes No

Position Information

Availability

Position Sought: <input type="checkbox"/> Firefighter Date Available to Start: <input type="checkbox"/> EMT <input type="checkbox"/> Firefighter/EMT <input type="checkbox"/> _____ ____/____/____	Days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat Evenings: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat Overnights: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat How many hours per week can you commit to being available? _____
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Education Information

Type of Schooling	School Name and Location	Major/Minor, Years Completed, Type of Degree etc.	Graduate?
High School/ G.E.D			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Business/ Trade			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
College/ University			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Post Graduate			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

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Work History

Present or Most Recent Employer First

Employer: _____	Beginning MM/YY: ____/____	Ending MM/YY: ____/____
<input type="checkbox"/> Present Employer		
Position/Title(s): _____		
Duties/Responsibilities: _____		
Employer: _____	Beginning MM/YY: ____/____	Ending MM/YY: ____/____
Position/Title(s): _____		
Duties/Responsibilities: _____		
Employer: _____	Beginning MM/YY: ____/____	Ending MM/YY: ____/____
Position/Title(s): _____		
Duties/Responsibilities: _____		
Employer: _____	Beginning MM/YY: ____/____	Ending MM/YY: ____/____
Position/Title(s): _____		
Duties/Responsibilities: _____		

Attach additional pages if necessary

Military Experience

<input type="checkbox"/> No Military Experience OR Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Space Force		
Specialties: _____		
Induction Date: ____/____/____	Discharge Date: ____/____/____	Discharge Type: _____

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Licenses, i.e., Driver's License, Professional Licenses, etc. (attach documentation)

License Issued: _____

Issuing Entity: _____

Issuing Date: ___/___/___ Expiration Date: ___/___/___ (if any)

Revocation/Suspension of Any License or Certification (attach any documentation)

License/Certification: _____

Reason & Resolution: _____

Date of Revocation/Suspension: ___/___/___ Date Revocation/Suspension Expires: ___/___/___ (if any)

Training or Additional Education (attach documentation)

Training/Course of Study: _____

Organization/Location: _____

Achievement: Completion/Pass Certificate Degree Expiration Date: ___/___/___ (if any)

(Italicized items on this form are not required unless the information is a bona fide occupational qualification (BFOQ) for employment)

Attach a resume, references, and any additional information or qualifications relevant to the position sought

It is the policy of the District to hire and retain individuals based upon their relative merits, abilities, experience, ambition and availability to best serve the public interest without regard for factors such as race, color, gender, religion, creed, national origin, age, handicap, sexual orientation, disability, or political affiliation or belief. The District complies with applicable Missouri and Federal laws such as the Equal Employment Opportunity Act and the Americans with Disability Act.

I certify that the information on this employment application is correct and complete to the best of my knowledge and belief and that I can fulfill all of the requirements for the position sought. Further, I understand that consideration for employment is contingent upon the results of a background investigation, and that any false statement or misrepresentation of the facts on the application may be cause for rejection of my application, or for termination of my employment.

Applicant Signature: _____ Date: ___/___/___