

Strafford Fire Protection District

207 W. Stan Harriman Blvd. Strafford, MO 65757

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Employment/Volunteer Application

The Strafford Fire Protection District is an Equal Opportunity Employer

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF APPLICATION
MAILING ADDRESS		APT #	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		APT #	CITY	STATE	ZIP CODE
D.O.B.	PHONE NUMBER				

DESIRED POSITION

<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VOLUNTEER		DATE YOU CAN START:	SALARY DESIRED FOR EMPLOYMENT \$
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS DISTRICT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR THIS DISTRICT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN?	
REASON FOR LEAVING:			
PLEASE LIST ANY RELATIVES YOU HAVE THAT CURRENTLY WORK FOR THE DISTRICT:			
NAME OF LAST SUPERVISOR AT THE DISTRICT:			
WHO REFERRED YOU TO THE DISTRICT?			
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> WEBSITE <input type="checkbox"/> OTHER			

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED
HIGH SCHOOL			
COLLEGE/TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

REFERENCES – LIST NAMES OF THREE PERSONS YOU ARE NOT RELATED TO THAT YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YRS ACQUAINTED

FORMER EMPLOYERS

LIST PREVIOUS THREE EMPLOYERS STARTING WITH THE MOST RECENT:

NAME OF EMPLOYER:			
ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	PHONE	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF EMPLOYMENT: FROM ____/____/____ TO ____/____/____		JOB TITLE:	
STARTING SALARY \$	FINAL SALARY \$		
DESCRIPTION OF WORK DUTIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:			
ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	PHONE	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF EMPLOYMENT: FROM ____/____/____ TO ____/____/____		JOB TITLE:	
STARTING SALARY \$	FINAL SALARY \$		
DESCRIPTION OF WORK DUTIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:			
ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	PHONE	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF EMPLOYMENT: FROM ____/____/____ TO ____/____/____		JOB TITLE:	
STARTING SALARY \$	FINAL SALARY \$		
DESCRIPTION OF WORK DUTIES:			
REASON FOR LEAVING:			

DRIVER'S LICENSE NUMBER _____ STATE _____	*** DRIVING IS AN ESSENTIAL JOB FUNCTION ***
HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST 10 YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	
SOCIAL SECURITY NUMBER _____-_____-_____	
BACKGROUND CHECK SUBMITTED THROUGH www.mocriminalrecords.com	

LIST CERTIFICATIONS AND INCLUDE ANY INFORMATION BELOW THAT YOU MIGHT FIND HELPFUL:

APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancelation of this application or immediate discharge from the employer's service, whenever it is discovered.

I, the undersigned, give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information, information obtained may include residential, achievement, employment history, personal references, credit reports, driving records and criminal history.

I authorize the employer or its designated provider to perform pre-employment drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the employer's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

OFFICE USE ONLY

Interview Notes:

Company Interviewer

Date of Interview

Company Interviewer

Date of Interview