APPLICATION PACKET

WARRENTON FIRE PROTECTION DISTRICT

This packet must be completed with all documentation attached to be considered.

Return completed Applications to:

District's Station No. 1
606 Fairgrounds Road, Warrenton, MO 63383
during regular business hours
9:00 a.m. - 4:00 p.m.

or

Email cortega@warrenton-fire.org

If you have any questions concerning this application, please call 636-456-8935

CHECKLIST

- Completed Application
- Background Check
- Copy of Drivers License - Front/Back
- State Firefighter 2 Certification
- State Missouri EMT License
- All documents must be legible
- Remember to call if you have any questions before submitting
- Once submitted it will be accepted or denied based on completeness of the application process

AUTHORIZATION FOR DRIVING RECORD HISTORY

I, _____, authorize the
(FULL NAME)

Driver's License Bureau of the Missouri Department of Revenue to release all information concerning my driving record to the Chief of the Warrenton Fire Protection District. A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature: _____ Date: _____

Birth Date: _____ Social Security No.: _____

Driver's License No.: _____

Please send the driving record report to:

Warrenton Fire Protection District
Attention: Chief Anthony Hayeslip
606 Fairgrounds Road
Warrenton, MO 63383-4420

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO PHONE NO. _____ EMAIL. _____

IN CASE OF
EMERGENCY NOTIFY _____

NAME ADDRESS PHONE NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS ☐ YES ☐ NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO *WFPD* BEFORE _____ WHEN? _____

EVER WORKED FOR *WFPD* BEFORE _____ WHEN? _____

REASON FOR LEAVING _____

_____

NAME OF LAST SUPERVISOR AT *WFPD* _____

WHO REFERRED YOU _____

□ EMPLOYMENT AGENCY □ NEWSPAPER AD □ OTHER □ WALK IN □ FRIEND □ COLLEGE PLACEMENT SVC

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# YRS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

_____

SPECIAL TRAINING

_____

SPECIAL SKILLS

_____

FORMER EMPLOYERS (LIST BELOW THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

_____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON!FOR LEAVING _

_____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

_____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK

_____ _____

REASON FOR LEAVING _____

_____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

_____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

_____ REASON FOR LEAVING _____

_____

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS FOR RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

SERVICE RECORD - 3 –

BRANCH OF SERVICE _____ RANK / DISCHARGE RANK _____

PRESENT MEMBERSHIP _____ DATE OBLIGATION ENDS _____
NATIONAL GUARD OR RESERVES

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE WARRENTON FIRE PROTECTION DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT EITHER MY OR WARRENTON FIRE PROTECTION DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE WARRENTON FIRE PROTECTION DISTRICT. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS FIRE CHIEF, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE FIRE CHIEF, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENTS FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ SIGNATURE: _____