



# ST. CLAIR FIRE PROTECTION DISTRICT

VOLUNTEER APPLICATION  
DEDICATED TO PRESERVE LIFE AND PROPERTY  
[WWW.SCFPD.ORG](http://WWW.SCFPD.ORG)

The St. Clair Fire Protection District is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State/License #: \_\_\_\_\_

Have you previously applied to, or worked for the St. Clair Fire Protection District? \_\_\_\_\_

If yes, when \_\_\_\_\_

Do you have any friends or relatives working for the St. Clair Fire Protection District? \_\_\_\_\_

If yes, state names and relationship: \_\_\_\_\_

How did you hear about the district/this opening? \_\_\_\_\_

Briefly state why you would like to work for the St. Clair Fire Protection District: \_\_\_\_\_

Have you, in the last 10 years been convicted of any crime (excluding any sealed or expunged convictions)? \_\_\_\_\_

Note: No applicant will be denied solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may however be considered.)

If yes, explain: \_\_\_\_\_

**Applicants must provide certified criminal background checks and a certified driving record.**

**\*\* NOTE:** Resource for records check is [mocriminalrecords.com](http://mocriminalrecords.com)

AMS 10/17/2014

ROBIN L. JOBE PRESIDENT	LEROY NUNN TREASURER	DAVID A. BERKEL SECRETARY
470 E. NORTH ST. ST. CLAIR, MO 63077	636-629-2727	FAX 636-629-0844

### **General Information About Employment Desired**

Position applying for: \_\_\_\_\_ Full time or Part time: \_\_\_\_\_  
If part time, hours per week desired: \_\_\_\_\_ Are you available to work weekends? \_\_\_\_\_  
Days of the week you are available: \_\_\_\_\_ Hours you are available to work \_\_\_\_\_  
Are you available to be on call? \_\_\_\_\_ Are you available to work overtime? \_\_\_\_\_  
If hired, on what date could you start work? \_\_\_\_\_  
Hourly rate of pay or monthly salary desired: \_\_\_\_\_

### **Education and Special Training (include on-the-job training)**

#### **School/Location/Course of Study/Dates Attended**

High School: \_\_\_\_\_  
Community College: \_\_\_\_\_  
Trade School: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Seminars/Other: \_\_\_\_\_  
\_\_\_\_\_

#### **Special Skills**

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at St. Clair Fire Protection District? \_\_\_\_\_ If so, explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Society Memberships: \_\_\_\_\_

\_\_\_\_\_

Licenses (list states): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Computer Skills****Dates Used****Level of Proficiency****Hardware:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Software:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize other relevant experience, skills and background:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

List previous employers starting with your present or most recent position. ( last 10 years is sufficient). Attach additional sheet if needed.

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates of Employment: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates of Employment: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates of Employment: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates of Employment: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Please read and initial each paragraph below. If there is any part of this page that you do not understand, please ask a Chief Officer about it before signing.

\_\_\_\_\_ I hereby authorize The St. Clair Fire Protection District to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release The St. Clair Fire Protection District, my current and former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and a pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the Employment offer.

\_\_\_\_\_ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that The St. Clair Fire Protection District may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and The St. Clair Fire Protection District. In addition, I understand and agree that if I am employed, my employment relationship with The St. Clair Fire Protection District is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or The St. Clair Fire Protection District, and that no promises or representations contrary to the foregoing are binding on The St. Clair Fire Protection District unless made in writing and signed jointly by the Board of Directors, and myself.

\_\_\_\_\_ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or The St. Clair Fire Protection District benefits, policies and procedures will not alter our at-will and arbitration agreements.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Missouri driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by The St. Clair Fire Protection District vehicle insurance, if required for my position.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

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Applicant's Signature

Date