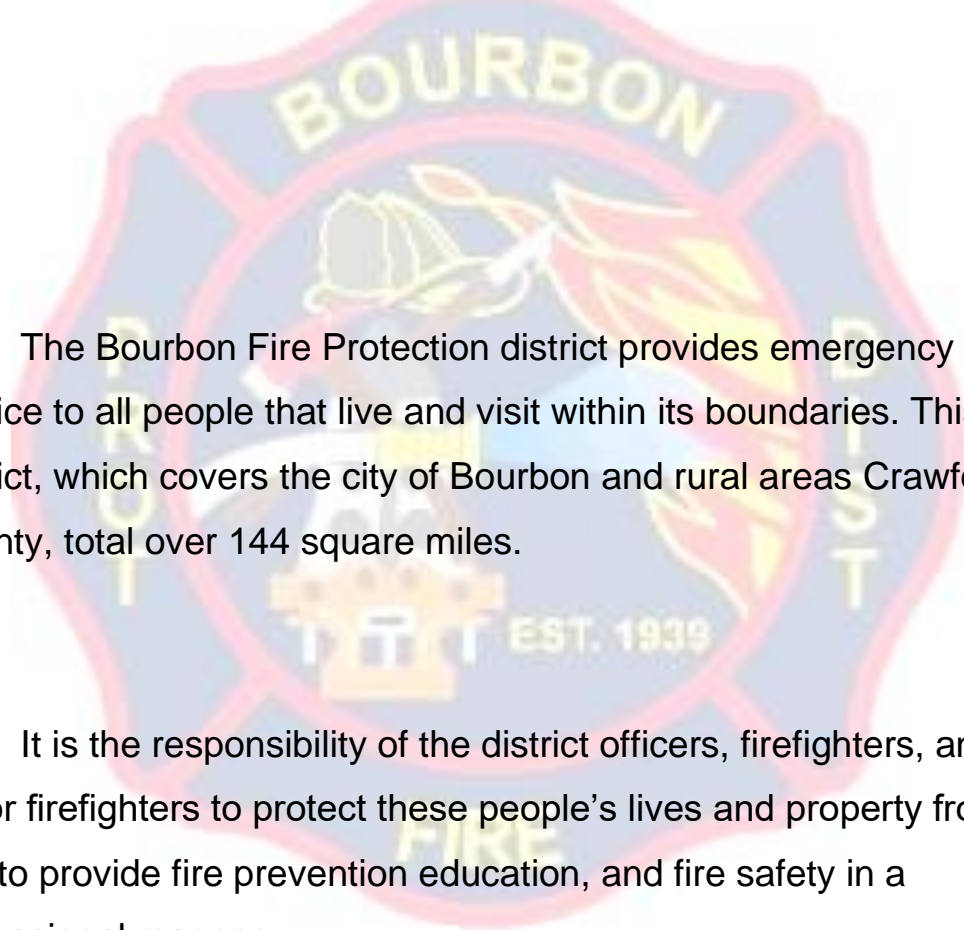


# **Bourbon Fire Protection District**

## **Firefighter Application**

P.O. Box 869  
Bourbon, Mo. 65441

The logo of the Bourbon Fire Protection District is a Maltese cross. The top arm contains the word "BOURBON" in yellow. The bottom arm contains the word "DISTRICT" in yellow. The left arm contains the word "FIRE" in yellow. The right arm contains the word "PROTECTION" in yellow. In the center of the cross is a yellow fire helmet and a yellow fire hydrant. Below the hydrant, the text "EST. 1939" is written in yellow. The entire logo is semi-transparent and serves as a background for the text.

The Bourbon Fire Protection district provides emergency service to all people that live and visit within its boundaries. This district, which covers the city of Bourbon and rural areas Crawford County, total over 144 square miles.

It is the responsibility of the district officers, firefighters, and junior firefighters to protect these people's lives and property from fire, to provide fire prevention education, and fire safety in a professional manner.

By signing this application, you are indicating that you will meet certain requirements as set forth by the district fire chief, including but not limited to the following:

- 18 years of age
- Must live in the district a minimum of 6 months.
- Have a valid Missouri operator's license accompanied with application.
- Accredited high school diploma or equivalent, accompanied with application.
  - Exceptions are junior firefighters turning 18 while still in high school.
- Meeting the minimum annual training & physical agility requirements.
- Responding to emergency calls
- Participating in "Firefighter" activities.

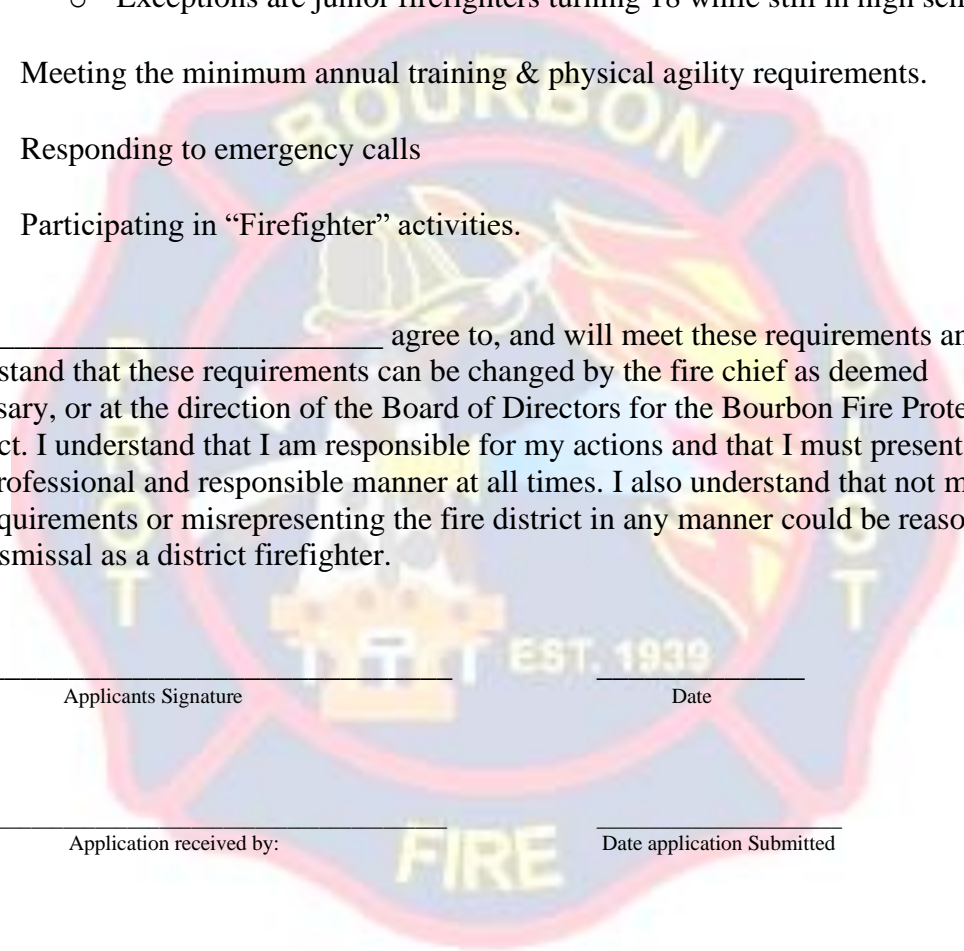
I, \_\_\_\_\_ agree to, and will meet these requirements and understand that these requirements can be changed by the fire chief as deemed necessary, or at the direction of the Board of Directors for the Bourbon Fire Protection District. I understand that I am responsible for my actions and that I must present myself in a professional and responsible manner at all times. I also understand that not meeting the requirements or misrepresenting the fire district in any manner could be reason for my dismissal as a district firefighter.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application received by:

\_\_\_\_\_  
Date application Submitted



**Personal Information**

- 1. Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_
- County: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_
- Social Security Number: \_\_\_\_\_
- Drivers License Number \_\_\_\_\_ State: \_\_\_\_ Class: \_\_\_\_
- Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_
- Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_
- Employer Address: \_\_\_\_\_
- High School \_\_\_\_\_ Graduate: Yes \_\_\_\_ No \_\_\_\_ Year: \_\_\_\_\_
- If not a graduate, do you have a GED: Yes \_\_\_\_ No \_\_\_\_

Name of Physician: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_  
 Physicians Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- 2. How long have you lived in the district? \_\_\_\_\_ *(Must lived in district for 6 months)*

**Emergency Contacts**

- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Background Information**

*(A background check will be done. Those convicted of felonies are prohibited from joining.)*

- 1. Have you ever been treated for alcohol or drug addiction? Y\_\_ N\_\_
- If yes please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Have you ever been arrested for any reason? Y\_\_ N\_\_  
If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List any traffic violations within the last five years: \_\_\_\_\_  
\_\_\_\_\_

### Medical Information

1. Do you have any medical problem that may limit your abilities as a firefighter? Y\_\_ N\_\_  
If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you allergic to any medicines? Y\_\_ N\_\_ Allergies: \_\_\_\_\_  
Please list Medicines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Information

1. Have you ever served on any other fire departments? Y\_\_ N\_\_  
If yes please list departments and positions held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Please list any fire service related experience, skills, or training that you may have:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Explain briefly, your reason for wanting to become a firefighter for the Bourbon Fire District:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Medical Training: CPR:\_\_\_ First Responder:\_\_\_ EMT:\_\_\_ Paramedic:\_\_\_  
License Number:\_\_\_\_\_ Years of Experience:\_\_\_\_\_





# Bourbon Fire Protection District



P.O. Box 869 Bourbon, Mo. 65441  
573-732-4405

**ALL APPLICANTS WILL NEED TO OBTAIN THEIR OWN BACKGROUND CHECK AND ATTACH TO APPLICATION BEFORE THEY ARE ACCEPTED.**

## **REQUEST FOR CRIMINAL RECORD CHECK**

Please print or type.

**Name:** \_\_\_\_\_  
Last First Middle

**Maiden / Alias:** \_\_\_\_\_  
Last First Middle

**Sex:**  Male  Female **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Race:**  Caucasian  Black  Hispanic  Asian  Other \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street / P.O. Box City State Zip Code

*This criminal history record check document, signed by the applicant, will serve as a written consent to check record information by the requestor. The information obtained shall be confidential.*

\_\_\_\_\_  
Signature of Subject of Request Date

\_\_\_\_\_  
District Representative Title Date

\_\_\_\_\_