

APPLICATION FORM BIRMINGHAM, MO FIRE DEPARTMENT

Full Name _____ Address _____

Apt. No. _____ City _____ Zip Code _____

Cell Phone _____ Are you under 18 years of age: ____ Yes ____ No

Name & Address of Current Employer _____

EDUCATION AND TRAINING

High School _____ College _____ Trade School _____

List any skills or training that you feel relate to this position

Have you been a member of a fire department before? ____ Yes ____ No

If so, where? _____ Chief's Name & Number _____

First Aid/CPR Training? ____ Yes ____ No

Date last certified _____ Truck Driving Experience? ____ Yes ____ No

Type of Vehicle _____

Driver's License Classification _____

What days/hours are you available to respond to calls? _____

Can you attend department training 2 times a month? ____ Yes ____ No

Does height affect you? ____ Yes ____ No

Does claustrophobia affect you? ____ Yes ____ No

Why do you want to be a firefighter with our organization?

FORMER EMPLOYERS List below most recent employer first. List complete employment history, but do not provide dates of employment for jobs held more than five years ago.

1. Name of Employer _____ Telephone _____
Address _____
Starting Date _____ Leaving Date _____
Job Title _____
Name & Title of Supervisor _____

2. Name of Employer _____ Telephone _____
Address _____
Starting Date _____ Leaving Date _____
Job Title _____
Name & Title of Supervisor _____

3. Name of Employer _____ Telephone _____
Address _____
Starting Date _____ Leaving Date _____
Job Title _____
Name & Title of Supervisor _____

4. Name of Employer _____ Telephone _____
Address _____
Starting Date _____ Leaving Date _____
Job Title _____
Name & Title of Supervisor _____

REFERENCES List three persons not related to you whom you have known at least one year including at least one co-worker.

1. Name _____ Phone _____ Address _____
Relationship _____

2. Name _____ Phone _____ Address _____
Relationship _____

3. Name _____ Phone _____ Address _____
Relationship _____

Were you referred by anyone? If so, who? _____

AUTHORIZATION (Please read the following statements carefully) I certify that the information contained in this application (and accompanying resume, if any) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date. I authorize the schools, references, and my prior employers listed above to provide my record, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

Signature _____ Date _____

(For Fire Department Use Only)

Drivers License # _____ Date of Application _____

Social Security # _____ Station Approval _____

Place of employment _____