



Wolf Creek Fire Prot. Dist.
1151 Old Jackson Rd.
PO Box 911
Farmington, MO 63640
(573) 756-8748

Name: _____

Address: _____

City / State: _____

Telephone: (____) _____ Message # (____) _____

Social Security Number: _____

Do you have a valid driver's license? ____ State: ____ License # _____

Has your driver's license ever been suspended/revoked? YES NO

State why you would like to volunteer for the Wolf Creek Fire Protection District:

Have you been convicted of a crime (include misdemeanors and time served) in the last 10 years? (Exclude any expunged convictions)

Signature: _____ Date: _____

Department use only

Officers approval: ____ Yes ____ No Date of approval: _____

Fire Chief approval: ____ Yes ____ No __ Date of approval: _____

Signature: _____

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

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Wolf Creek Fire Protection District

Consent for Personal Background Check

I, _____ as an applicant for employment of the Wolf Creek Fire Protection District willfully consent, by my signature below, to conduct a check of my personal background by the Board of the Wolf Creek Fire Protection District. I understand this is conducted under the authority of the Wolf Creek Fire Protection District. Further, I understand that personal information obtained during the background check progress is confidential, will be made known only to the Board of Directors of the Wolf Creek Fire Protection District and will be provided to the Fire Chief and/or Assistant Fire Chief on a need basis to determine if employment is warranted.

Signature: _____

SSN: _____

Date of Birth: _____

Date: _____

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Education & Training (include on the job training)

High School: _____
High School Diploma G.E.D

Community College: _____

Trade School: _____

College/University: _____

List any degrees: _____

Seminars/Other: _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at the Wolf Creek Fire Protection District? YES NO If yes, explain below:

Please list any state licenses or other certifications you have along with license number(s).

Please list days and times you are available:

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Most Recent Employment

Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Dates worked From: _____ To: _____
Reason for leaving: _____
May we contact this employer: YES NO
Employer Supervisor: _____ Contact Phone: _____

Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Dates worked From: _____ To: _____
Reason for leaving: _____
May we contact this employer: YES NO
Employer Supervisor: _____ Contact Phone: _____

Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Dates worked From: _____ To: _____
Reason for leaving: _____
May we contact this employer: YES NO
Employer Supervisor: _____ Contact Phone: _____