

Claycomo Fire Department Employment Application

Please print or type the information

Applicant Information			
Last Name:	First Name:	M.I.	
Address:			
City:		State:	Zip Code:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell		Email:	
Date of Birth:		Social Security #:	
Position Applied For:		Date Available:	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, are you authorized to work in the US: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a Felony: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain the conviction:			

Education			
High School:		City:	State:
From:	To:	Did you graduate: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> No <input type="checkbox"/> In School	
College/Trade:		City:	State:
From:	To:	Area of Study:	
Degree Earned: <input type="checkbox"/> None <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate			
College/Trade:		City:	State:
From:	To:	Area of Study:	
Degree Earned: <input type="checkbox"/> None <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate			
College/Trade:		City:	State:
From:	To:	Area of Study:	
Degree Earned: <input type="checkbox"/> None <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate			

Military Service	Fire and EMS Certifications
Branch:	Check All boxes that apply for the State of Missouri
From: To:	Firefighter: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Missouri EMT License: <input type="checkbox"/>
Highest Rank:	Haz-Mat Awareness: <input type="checkbox"/> Missouri Paramedic License: <input type="checkbox"/>
Discharge Type:	Haz-Mat Operations: <input type="checkbox"/> License #:
Explain other than Honorable:	Driver/Operator – Pumper: <input type="checkbox"/> NREMT - EMT <input type="checkbox"/>
	Driver/Operator – Aerial: <input type="checkbox"/> NREMT – Paramedic <input type="checkbox"/>
	Instructor: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Certification #:
	Officer: <input type="checkbox"/> 1 <input type="checkbox"/> 2
	Inspector: <input type="checkbox"/>
	Fire Investigator: <input type="checkbox"/>

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Other Skills: Please list any other skills (i.e. Office Skills) that you wish considered

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Previous Employment: Please provide information for the previous four employers

Employer #1

Company:		From:	To:
Address:	City:	State:	Zip:
Supervisor:	Job Title:	Ending Salary:	
Describe your Duties:			

Reason for Leaving:

May we contact this employer: Yes No

Employer #2

Company:		From:	To:
Address:	City:	State:	Zip:
Supervisor:	Job Title:	Ending Salary:	
Describe your Duties:			

Reason for Leaving:

May we contact this employer: Yes No

Employer #3

Company:		From:	To:
Address:	City:	State:	Zip:
Supervisor:	Job Title:	Ending Salary:	
Describe your Duties:			

Reason for Leaving:

May we contact this employer: Yes No

Employer #4

Company:		From:	To:
Address:	City:	State:	Zip:
Supervisor:	Job Title:	Ending Salary:	
Describe your Duties:			

Reason for Leaving:

May we contact this employer: Yes No

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References: Provide 3 professional references that are not related to you	
Reference #1	
Full Name:	Relation:
Company:	Phone:
Address:	
Years Known:	Email:
Reference #2	
Full Name:	Relation:
Company:	Phone:
Address:	
Years Known:	Email:
Reference #3	
Full Name:	Relation:
Company:	Phone:
Address:	
Years Known:	Email:

Please read the following carefully.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that false information in the application may result in disqualification from further consideration or dismissal from employment. I authorize the Claycomo Fire Department or its representative to investigate all statements made in this application. I give consent for all person contacted, including my former employers, to provide information concerning this application. I release each such person from liability, and will hold harmless, for providing information.

I specifically authorize the Claycomo Fire Department and other official representatives of the Village of Claycomo to conduct such a background investigation on me for the purpose of determining my fitness and desirability as a candidate for employment.

I understand that I may be required to submit to a drug and/or alcohol test prior to or after employment. I understand further that if I am offered employment I may be required to undergo a medical examination before beginning work, and that an offer of employment may be conditional on the results of the examination.

I understand that if I am hired, I will be required to provide proof of identity and legal work authority.

The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by Local, State, or Federal law.

Signature: _____ Date: _____