

Sullivan Fire Protection District

Firefighter Application

P.O. Box 475
Sullivan, Mo. 63080

Mission Statement

The mission of the Sullivan Fire Protection District Firefighters, is to protect the lives and property of the people who live, work, and visit the Sullivan Fire Protection District, this shall be accomplished through the highest level of training, equipment, and fire prevention & education.

The Sullivan Fire Protection district provides emergency service to all people that live and visit within its boundaries. This district, which covers parts of Franklin, Washington, and Crawford counties, total over 170 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.

Compassion

Excellence

Integrity

Professionalism

Teamwork

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 for 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.
- The applicant will attend and complete a basic Firefighting Course offered by the district. After completion the applicant will serve 1 year probation and be assigned to a company officer.
- The probationary firefighter will be required to enroll in the State Firefighter I & II course within the first 2 years of service and complete the course and become state Certified Firefighter I.

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 Sullivan 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: _____
Email address: _____
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 Sullivan Fire District:

4. Medical Training: CPR: ___ First Responder: ___ EMT: ___ Paramedic: ___

License Number: _____ Years of Experience: _____

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References

Please list the names, address, and phone numbers of at least three references whom you have been acquainted with for at least three years, and who are not related to you, and are not currently a member of the Sullivan Fire District:

Name	Address	Phone Number

I, _____ testify that all the information provided by me on this application is true and accurate to the best of my knowledge.

Signature	Date
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For office use only

Committee Members	Date	Approved
_____	_____	Yes__ No__

Sullivan Fire Protection District

P.O. Box 475 Sullivan, Mo. 63080
573-468-6161 Fax: 573-468-2623

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

Go to:

**Missouri State Highway Patrol
Missouri Automated Criminal History System**

www.MACHS.mo.gov

**Follow the tutorial to acquire the
background document.**

Sullivan Fire Protection District Physical Agility Test

Name: _____ Date: _____

B/P Start: _____ Pulse Start: _____ Resp. Start: _____

B/P Finish: _____ Pulse Finish: _____ Resp. Finish: _____

S.C.B.A. Donning Time: _____ : _____ Total Time: _____ : _____

Applicant Signature

Evaluator Signature

This test will be evaluated by a chief officer. The applicant will be required to complete the test in seven minutes or less including donning the S.C.B.A. The S.C.B.A. must be donned in 60 seconds or less. The applicant will be given one opportunity to complete the test in the required time. Part time or Full-time employees must be on air.

Ladder Climb: The ladder truck will be placed with the ladder at a 60-degree angle extended 78 feet. The candidate shall climb the ladder in full gear with an air pack on. The candidate shall not be on air. The candidate shall be belayed. This event is not timed.

<u>EVENT</u>	<u>PASS</u>	<u>FAIL</u>	<u>COMMENTS</u>
LADDER CLIMB:	_____	_____	_____
HOSE PULL:	_____	_____	_____
VENTILATION:	_____	_____	_____
HIGH RISE:	_____	_____	_____
PIKEPOLE PUSH:	_____	_____	_____
LADDER CARRY:	_____	_____	_____
DUMMY DRAG:	_____	_____	_____

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- Part Time Firefighter Regulations-

The Sullivan Fire Protection District accepts applications for Part time firefighters whom live out of the district. These firefighters must meet qualifications set forth by the District Chief.

QUALIFICATIONS

18 Years of age

Valid Missouri Operators License

High School Diploma or Equivalent

Missouri State Firefighter I & 2 Certified

REGULATIONS

Provide training records from their department or meet the training requirements of the Sullivan Fire District. Firefighters must be on duty a minimum of 8 hours in the Sullivan Fire District per month. PPE will be issued but must be left at the district station. Pagers and keys will not be issued.