Sullivan Fire Protection District

Firefighter Application

P.O. Box 475
Sullivan, Mo. 63080

Mission Statement

The mission of the Sullivan Fire Protection District 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 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:

- MO Division of Fire Safety Firefighter I & II certification (*for Volunteers: will be required to enroll in State Firefighter I & II course within first 2 years of service and become State certified Firefighter I.)*
- State of MO EMT-B *(preferred)*
- 18 years of age
- Have a valid Missouri driver's license, copy accompanied with application
- Accredited high school diploma or equivalent, accompanied with application
- No felony convictions
- First Responder/CPR certification
- Criminal Records Check, accompanied with application
- Responding to emergency calls
- Participating in "Firefighter" activities & meeting min training/agility standards
- Must live in the district for a minimum of 6 months *(Volunteer requirement only)*

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 these 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 Dependants: _____

   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:_____

Emergency Contacts

1. 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 and provide dates:

   _____

   _____

   _____

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:_____

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
Name	Address	Phone Number
Name	Address	Phone Number
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

For office use only

Committee Members	Date	Approved
_____	_____	Yes__ No__
_____	_____	Yes__ No__
_____	_____	Yes__ No__
_____	_____	Yes__ No__
_____	_____	Yes__ No__
_____	_____	Yes__ No__
_____	_____	Yes__ No__
_____	_____	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 WILL BE ACCEPTED.

Go to:

Missouri State Highway Patrol
Missouri Automated Criminal History System
(MACHS)

www.MACHS.mo.gov

Follow the tutorial to acquire the background document.

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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 witnessed 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.

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.

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

Sullivan Fire Protection District

-Part Time Firefighter Regulations-

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

QUALIFICATIONS

18 years of age

Valid MO driver's license

High School Diploma or equivalent

MO State Firefighter I & II certified

REGULATIONS

Provide training records from their department or meet the training requirements of the Sullivan Fire Protection District. Firefighters must be on duty for 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.