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Name _____

Date Received _____



FORSYTH FIRE DEPARTMENT



APPLICATION

Please indicate what position you are applying for a

Volunteer Fire Fighter

Support Team

Emergency Management

EMS

Other: How would You like to Volunteer: _____

“The purpose of our Organization /Agency is through our professionalism, dedication, integrity and training the Forsyth Fire Department will work to safeguard the lives and property for its citizens. This will be accomplished by providing a vast range of emergency services, strong public relations and fire safety education.

We endeavor to protect and preserve the health of our membership and ensure “Everyone Goes Home” safely to their families.

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Forsyth Fire Department
 15405 Us Hwy 160 Forsyth, Mo 65653
 417-546-3074
 WWW.ForsythFireRescue.org

PERSONAL INFORMATION

Name _____ are you over 18 ___ Yes ___ No
 (Last) (First) (M.I.)
 Address (Mailing & Physical)

 (Street) (City) (State) (Zip)
 Email Address _____
 Years at present address? _____ If less than two years at present address, list previous address:

 (Street) (City) (State) (Zip)
 Home Phone _____ Cell Phone _____ Work Phone _____
 Single _____ Married _____ Spouse's Name _____
 Emergency Contact _____
 (Name) (Phone)
 Spouse's Employer _____
 (Name) (Phone)
 Please list Three Reference's -not related to you: (Name and Phone Number)
 1. _____ 2. _____ 3. _____

PHYSICAL REQUIREMENTS

The City of Forsyth Fire Department Requires a NFPA Physical: Pass /Fail Basis.
 Cox Branson Health-Occupation Office: (417) 335-7555 Fax: 417-335-7529
 121 Cahill Road Suite 201 Branson Mo 65616.

Authorization for Job Specific Testing

City of Forsyth (Company) understands that a job analysis is being completed in compliance with the American's with Disabilities Act (ADA). One of the outcomes of the job analysis is the determination of one or more job specific tests that will either qualify or disqualify the post-offer or post-employment (fit for duty) candidate for the position.(Firefighter)

Do you have any conditions which may limit your ability to perform the job applied for? ___ Yes ___ No

CITY OF FORSYTH WILL CONDUCT A MOTOR VEHICLE/BACKGROUND CHECK.

Automobile Insurance Carrier & Agent _____
 (Company) (Exp Date) (Agent) (Coverage/Limit)
 (Please provide a current copy of Insurance card)
 Have you ever received a moving traffic violation? ___ Yes ___ No
 (Please provide a copy of a current driver's license record Check)
 List any: _____
 Driver's License Number _____ Date of Expiration _____
 (Please provide a copy of a current driver's license)
 Social Security # _____ Date of Birth _____
 Have you ever been charged/convicted for criminal offense? ___ Yes ___ No
 (If Yes please provide what state).
 List any: _____
 Do you own a Vehicle? Yes or No License Plate Number _____ State _____

 (Year) (Make) (Model) (Condition)

EDUCATION

Circle the Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 If No GED, The state of Mo requires a H.S. Diploma or GED to certify for Fire Fighter I & II
 (Please provide a Copy of all Certificates)

HIGH SCHOOL	VOCATION/TRADE SCHOOL	COLLEGE/UNIVERSITY
Name		
Revised 01/2022	All information will be treated as confidential	

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City/State
Year Graduated Area/Degree/Diploma

MILITARY

Branch	Highest Rank	Dates	Assignment
Are you Currently Inlisted?	Yes No	Honorable Discharged?	Yes No

Fire Service History

Have you ever served on a fire district/department? Yes No

If yes, list district/department _____ Reason for Leaving _____
(Name & Contact Number)

Do you know anyone who is currently serving with Fire the Department Yes No

Forsyth Fire Department has a standard of training with in one year of joining or next available Class. (Basic FF, FF1, NIMS, HAZ MAT, ECT)

Do you accept the terms Yes No

Shirt Size _____ Boot Size _____

List previous fire service training:
(Please Attach a Copy of Certificates)

List any specialized equipment you have experience in operating, include trucks, heavy equipment, and Etc:

List any hobbies or special areas of interest

Employment/Provide 3 Reference's

EMPLOYER/ADDRESS/DATES (Current employer first)	POSITION/SUPERVISOR	REASON YOU LEFT
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your current hours? _____ Would you be able to respond from work? Yes No

Additional Comments:

EQUAL OPPORTUNITY EMPLOYER

Forsyth Fire Department is an Equal Opportunity Employer and, therefore, does not discriminate because of race, color, religion, sex disability, national origin, ancestry, age or marital status. Forsyth Fire Department does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in programs or activities. (Employment means full time, part time or volunteer)

CERTIFY INFORMATION STATEMENT

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. I further understand that any false and /or misleading information provided in my Application shall constitute a falsification of documents and may result in my ineligibility for employment, or, if discovered following my employment, in my discharge. If employed, I understand that I am required to abide by all the rules and regulations of City of Forsyth –Forsyth Fire Department, and that my relationship with the Forsyth Fire Department shall be considered to be of an “at will nature”

Pursuant to RSMO. 610, otherwise known as the SUNSHINE LAW, I hereby give the City of Forsyth permission to obtain information and documents regarding my medical, legal, and employment history, to include those files closed under the SUNSHINE LAW.

APPLICANT'S SIGNATURE _____ DATE _____