

(314) 837-4894

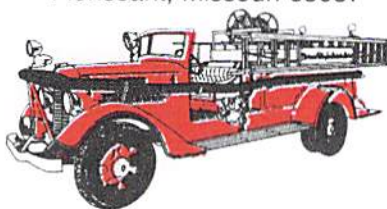
FAX: (314) 837-4744

Florissant Valley Fire Protection District

661 St. Ferdinand Street
Florissant, Missouri 63031

DAN LUBIEWSKI
Director

BOB CARMACK
Director



MATT BECKER
Director

SCOTT SEPPELT
Chief of Department

Application for Employment (Firefighter/Paramedic) (Please Print)

Date Of Application _____

Last Name First Name Middle Name

Address – Number Street City State Zip Code

How long have you lived at Present Address? Social Security Number

Date of Birth Place of Birth (City, State & Country)

Cell Phone Number Home Phone Number Email Address

I am a Citizen of the United States of America () Yes () No

If (No), Are you legally eligible for employment in this country () Yes () No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last 7 years? () Yes () No
(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain

ARMED FORCES

Branch	Period of Service	to
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Type & Date of most recent Discharge

Optional – Describe any specialized training, job related, apprenticeship, skills and extra curricular activities received in the United States Military

EDUCATION

Elementary School	Address
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Dates Attended	to
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High School	Address
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Dates Attended	to	Graduated () Yes, When	() No
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Date of successful completion of Equivalence Test

College	Address
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Dates Attended	to	Graduated () Yes, When	() No
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Degree Received	Major
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EDUCATION – (Cont.)

Other / College		Address
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Dates Attended	to	Graduated () Yes, When () No
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Degree Received		Major
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St. Louis Fire Academy

Dates Attended	to	Graduated () Yes, When () No
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Paramedic License

Date Certified	to	Date Expires
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Optional – Describe any specialized training, job related, apprenticeship, skills and extra curricular activities received in with/or in conjunction with the above Education history.

EMPLOYMENT EXPERIENCE

List your complete work history, use a separate sheet of paper if necessary. Start listing with your current employer and work backwards.

May we contact your current employer () Yes () No

1) Employer Name & Address	Telephone Number(s)
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Supervisor	From To	Position	Reason for Leaving
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2) Employer Name & Address	Telephone Number(s)
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Supervisor	From To	Position	Reason for Leaving
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EMPLOYMENT EXPERIENCE – (Cont.)

3) Employer Name & Address Telephone Number(s)

Supervisor From To Position Reason for Leaving

4) Employer Name & Address Telephone Number(s)

Supervisor From To Position Reason for Leaving

Optional – State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Name & Address Telephone Number(s)

Name & Address Telephone Number(s)

Name & Address Telephone Number(s)

Name & Address Telephone Number(s)

All applicants are to read and certify their understanding of the following paragraphs and the statements on this application by their signature.

I hereby certify all statements, representations, additional listings and answers to questions are complete, accurate and contain no misrepresentations or falsifications. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

It is understood it is the Fire District's policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA (Americans with Disabilities Act).

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.

I agree, if employed to submit to medical examination including substance abuse test and/or any psychological evaluation, as directed by the Florissant Valley Fire Protection District.

I am in possession of a valid state motor vehicle operator's license for the State of Missouri.

Prior to the written examination, I will provide the Florissant Valley Fire Protection District with copies of Firefighter 1 and 2, St. Louis County Fire Academy Certificate, valid Paramedic Certificate, valid Missouri Driver's License and driving record check through the DMV, and a police background check. I understand, I **will not** be allowed to take the examination without first providing this report.

If selected, I would be willing to submit and agree to successfully complete the Agility Test of the St. Louis Fire Academy given with respect to the Firefighter I & II Certification Program.

Signature of Applicant _____ Date _____