

WEST OVERLAND EMS & FIRE PROTECTION DISTRICT

**Of St. Louis County
10789 Midland Blvd.
St. Louis County, MO 63114
314/428-6069
314/428-3767**

We consider applicants for all positions without regard to race, color, religion, creed, sex, ancestry or national origin, age, physical or mental handicaps, marital or veteran status, sexual orientation, or any other legally protected status.

**APPLICATION FOR EMPLOYMENT
WEST OVERLAND EMS & FIRE PROTECTION DISTRICT**

1. NAME

_____ SS # _____
FIRST MIDDLE LAST

2. PRESENT ADDRESS

_____ ZIP
NUMBER STREET CITY STATE

3. HOME TELEPHONE NUMBER _____

4. BIRTH DATE ___/___/___ HEIGHT (WITHOUT SHOES) _____ WEIGHT _____

5. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?

YES ■ NO ■

6. POSITION APPLIED FOR _____

7. ON WHAT DATE WILL YOU AVAILABLE FOR WORK? _____

Are you presently a licensed driver in the State of Missouri? _____ If so, attach a copy of your Missouri operator's or chauffeur's license to this application.

Are you presently licensed as a paramedic by the State of Missouri? _____ If so, attach a copy of your Missouri paramedic license to this application.

Have you been certified as having completed the training program for Firefighter I of Firefighter II _____ If so, give the date that you were certified as having completed each level of training _____

Are you willing to provide a specimen of urine, blood or hair for purposes of drug testing to detect the presence of controlled substances in your system, (to be paid for by the District) in connection with this application for employment? _____

Are you willing to submit to a medical examination and a physical fitness test (to be paid for by the District and administered by personnel selected by the District) to determine your ability to perform the duties of a firefighter? _____

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT POSITION)

Name and Address of Company and type of Business:

Telephone# _____

From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Weekly Starting Salary _____ Weekly

Ending Salary _____

Supervisor and Title: _____

Job Duties:

Reason for Leaving:

Name and Address of Company and type of Business:

Telephone# _____

From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Weekly Starting Salary _____

Weekly Ending Salary _____

Supervisor and Title: _____

Job Duties:

Reason for Leaving:

Name and Address of Company and type of Business:

Telephone# _____

From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Weekly Starting Salary _____ Weekly

Ending Salary: _____

Supervisor and Title:

Job Duties:

Reason for Leaving:

Name and Address of Company and type of Business:

Telephone# _____

From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Weekly Starting Salary _____ Weekly

Ending Salary: _____

Supervisor and Title:

Job Duties:

Reason for Leaving:

I grant permission to contact the employers above concerning my prior work experience

Signed _____

MILITARY SERVICE RECORD

Were you ever in the U.S. Armed Forces? Yes_____ No_____

If so, what Branch? _____

Present Membership in National Guard or Reserve Yes_____ No_____

Did you ever receive any specialized training in the U.S. Armed Forces that is relevant to the position you are applying for?

PERSONAL REFERENCES: (NOT FORMER EMPLOYERS OR RELATIVES)

Name & Occupation

Address

Phone Number

EDUCATION

Did you attend an institute of higher learning?_____

How many years?_____

Did you receive a or degree/certification? _____What type?_____

Course of Study:_____

Date received:_____

Name and address of institution:

Did you receive a high school diploma?_____

Date received:_____

Name and address of school:

If no high school diploma, do you have a GED? _____

If yes, date received:_____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying?_____

If yes, describe such condition and explain how you can perform the job for which you are applying

in spite of such physical condition.

Do you have any physical defects which preclude you from performing certain kinds of work? If yes, describe such defects and specific work limitations.

State whether any current member of the board of directors of the West Overland EMS & Fire Protection District is related to you by blood or marriage, to the fourth degree of consanguinity or affinity, as the case may be. (A relative to the fourth degree of consanguinity would include your children, grandchildren, great-grandchildren, parents, grandparents, great-grandparents, brothers and sisters, nieces and nephews, aunts and uncles, first cousins, great-aunts, great-uncles and grandnephews. A relative to the fourth degree of affinity would include your spouse, her parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, aunts and uncles, brothers and sisters, nieces and nephews, first cousins, great-aunts, great-uncles and grandnephews.)

ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes _____ No _____ (If no, explain)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

The position for which you are applying requires certain information which is needed for a legal permissible reason, including, without limitation, a bona fide occupational qualification or business necessity.

How long have you lived at present address?

Have you ever been bonded?_____ If yes, on what jobs?

Have you ever pleaded guilty to or been convicted of a felony or misdemeanor in violation of the criminal laws of the United States or any State thereof? If yes, describe in full:

All applicants must sign the following certificate:

I hereby certify that there are no willful omissions, misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant