

**West Overland EMS & Fire Protection District
10789 Midland Blvd.
Overland, MO 63114**

Employment Application Packet

Dear Applicant:

Thank you for your interest in the West Overland EMS & Fire Protection District.

Enclosed you will find an application packet. Before submitting an application, carefully read through the enclosed packet. Before returning your application to the District, please ensure that all of the requirements are complete and return with your application. You will find a checklist, which you will need to mark each item you have included. Any item on the checklist that is not marked or included, in application packet, will be discarded.

Prior to returning your application to the District, please ensure that all pertinent forms are complete and returned with your application.

West Overland EMS & Fire Protection District is an Equal Opportunity Employer.

Sincerely,

Michael Marlo
Fire Chief

Applicant Instructions

West Overland EMS & Fire Protection District

Please be sure that you have included all these items with your application.

1. Your Driving Record showing any and all past convictions and current points status.

Each employee will be expected to drive large vehicles which have been paid for by our taxpayers. The District believes that it is necessary there be a good driving record for all of its fire fighting employees to best protect against injury to any person and damage to any property.

You may request a certified copy of your driving record from your local License Office or contact the Department of Revenue in Jefferson City.

2. Criminal Record Check, MO. Highway Patrol. Please fill out the enclosed form and send it to MO Highway Patrol.
3. The enclosed Application Form, completed in full and signed.
4. The enclosed, completed, signed and notarized Certificate and Release Form.
5. The enclosed Acknowledgement form.
6. A complete resume.
7. A copy of your current driver's license.
8. A valid copy of your birth certificate to prove your age.
9. A valid copy of your current MO EMT-P license.
10. A copy of your current ACLS certification.
11. A true copy of your certification of Firefighter II from the MO Division of Fire Safety, and Firefighter I and II certification from the Greater St. Louis Fire Academy and from the St. Louis County Fire Standards Commission.
12. A copy of your high school diploma or GED and college transcript, if you have college credit.
13. The enclosed checkoff form, with each box checked off.

CHECKLIST

The following is a checklist of items required when returning your application packet. Please use this to ensure all required items are included!

Due to the number of applications, and the time it takes to process them for minimum qualifications and required items. If any item on this checklist is not included, your application packet will be discarded.

- Acknowledgement Form on District letterhead
- Birth certificate (to prove age)
- A copy of current driver's license
- A Missouri driver's license check (Note: this is separate from what you get from any police agency. It must be obtained from the Missouri Department of Revenue or your local driver's license office.)
- A copy of current Missouri EMT-P license
- A copy of your current ACLS certification
- A copy of certification of Fire Fighter II from Missouri Division of Fire Safety and Firefighter I and II certification from Greater St. Louis Fire Academy and from St. Louis County Fire Standards Commission.
- A copy of your high school diploma (or GED) and college transcript if you have college credit
- Criminal record check from the Missouri Highway Patrol
- The enclosed, completed Certificate and Release form
- The enclosed application form
- A completed personal resume
- This form with each box checked off...Thank you!

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

CERTIFICATE OF APPLICANT AND AUTHORIZATION
FOR RELEASE OF INFORMATION

Last Name
SSN

First Name
Date of Birth

Middle Name
Applicant #

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the West Overland EMS & Fire Protection District.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Fire Protection District with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary actions, or memorandum to West Overland EMS & Fire Protection District in order that the information is evaluated to assist in the determination of my suitability for fire department work. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history my personal and business life for the specific purpose of conduction a pre-employment background investigation.

I authorize the West Overland EMS & Fire Protection District to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the afore listed information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to the background investigation become the property of the West Overland EMS & Fire Protection District and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be reveled to me.

A photo static copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires _____, 20____.

Notary: _____

Signature (Applicant) Address City/State/Zip

WEST OVERLAND EMS AND FIRE PROTECTION DISTRICT

Directors
DANIEL P. O'CONNOR
GARY D. NEWMAN
DEBORA L. DEAN

of St. Louis County
10789 Midland Blvd.
Overland, MO 63114
Phone: 314/428-6069
Fax: 314/428-3767

Fire Chief
MICHAEL MARLO
Asst. Chief/Fire Marshall
GERALD AMBROSECCHIA

ACKNOWLEDGEMENT

I fully understand, as an applicant for employment with the West Overland EMS & Fire Protection District, that I must pass the following as a condition of being hired:

1. Medical Evaluation showing no legally recognized impediments to the position applied for, the description of which position is set forth in the then current Collective Bargaining Agreement.
2. Clean Drug Test.

I further understand that if I pass the above two tests, and I am accepted as a new employee of West Overland EMS & Fire Protection District, I must maintain and retain the following during my employment:

- A) Valid EMT-P License.
- B) Valid ACLS Certification.
- C) Valid Driver's License.
- D) Adequate physical/medical/mental condition to perform every and all aspects of my employment classification.
- E) Compliance with all the rules, Standard Operating Guidelines, policies, medical control protocols and Collective Bargaining Agreement then in effect with the District.

Failure to comply with any of the above automatically terminates my employment with West Overland EMS & Fire Protection District. This form shall remain a permanent record in the employee's personnel file.

Signature

Date

Witness

Date

An Equal Opportunity Employer

Criminal Records and Identification Division General Information

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

- Open records

1. arrest record for 30 days following arrest.
2. arrest record for which charges have been filed.
3. court disposition of guilty.
4. suspended imposition of sentence during probation period.

- Closed records

1. arrest record after 30 days following arrest.
2. nolle prossed.
3. dismissed.
4. found not guilty.
5. suspended imposition of sentence after probation completed.

- Closed records are accessible to certain groups designated in section 610.120, RSMo.

- MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
- Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

FBI Record requests

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
 - The purpose for the record check must be set forth in the federal regulations.
 - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
 - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
 - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 10-01-2007, Federal record checks for noncriminal justice entities are \$19.25 for licensing or employment checks and \$15.25 for volunteers to those covered care facilities.

PENALTY - A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.