

CASSVILLE FIRE PROTECTION DISTRICT

P. O. Box 798

CASSVILLE, MO 65625

417 846-4005 PHONE

travis.littler@cassvillefpd.org

APPLICATION FOR VOLUNTEER

INSTRUCTIONS TO APPLICANT Type or print legibly in completing all pages of this application. Please **SIGN LAST PAGE**. The application and any attachments become the property of the Cassville Fire Protection District.

1. NAME: Last First Middle

2. TELEPHONE: Home/Cell
(Area Code)

3. TELEPHONE: Business/Day
(Area Code)

4 A. E-Mail Address

4 B. Date of Birth -

5. ADDRESS: Number Street Apt. No.

6. CITY STATE

7. ZIP

8. COUNTY

9. SOCIAL SECURITY #

10. LICENSE INFORMATION (Include type, state issue, and DL Number and Expiration Date)

11. Are you a United States citizen? YES ___ NO ___ If you are not a citizen, give the number of your permanent resident card, work permit, or employment authorization card (provide copy of front and back of card): # _____ Expiration Date: _____

12. How did you hear about the position? _____

13. Do you have any relative(s) working for the CFPD, serving on the CFPD's administrative board?

YES ___ NO ___

Name(s) and relationship(s): _____

14. Have you ever been convicted of, or plead guilty to, any federal, state or municipal criminal offense?(This includes ALL TRAFFIC VIOLATIONS, including speeding, etc.)

YES ___ NO ___ (If YES, list complete conviction record-use additional sheets, if necessary.)

DATE: _____ OFFENSE: _____ LOCATION: _____

EXPLANATION (Misdemeanor or Felony – Please give full details): _____

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

15. List Below information concerning military duty, if any. MUST attach DD214 to verify military service and type of discharge. No credit will be given if form is not attached.

Branch of Service _____ Serial # _____

Type of Discharge _____ Dates of Service _____

16. Have you ever been a volunteer with this or other department? YES _____ NO _____

Dates : _____ Department: _____

17. Date available to begin: _____

18. Name of High School Attended: _____

Address: _____

Did you graduate or obtain equivalency diploma? YES _____ NO _____ YEAR _____

VOCATIONAL EDUCATION (BUSINESS SCHOOL, TRADES SCHOOL, SERVICE SCHOOLS, ETC)
COLLEGE AND UNIVERSITY (UNDERGRADUATE, GRADUATE, PROFESSIONAL)

NAME AND LOCATION	COURSES OF STUDY	DIPLOMA, CERTIFICATE, OR DEGREE RECEIVED	CREDIT HOURS EARNED

PLEASE LIST ALL APPLICABLE TRAINING CERTIFICATES PERTAINING TO FIRE, RESCUE, EMS:

DO YOU HAVE ANY LIMITATIONS, PHYSICAL OR OTHER, THAT WOULD PROHIBIT YOU FROM PERFORMING THE DUTIES OF THE POSITION YOU ARE APPLYING FOR? YES _____ NO _____.

IF YES, PLEASE LIST:

19. In the space below, list your complete record of employment for the PAST TEN YEARS and any other relevant work/volunteer experience. Start with your present or most recent position and continue in descending order. List positions in the order you held them. List any periods of unemployment. If the vacancy announcement includes an experience requirement, be sure to show clearly that you meet such requirement. If more space is needed, attach separate sheet(s) to this application. It is our practice not to contact a present employer without the candidate's consent

Employer	<u>Dates of Employment</u>	
Supervisor's Name and Title	FROM MO/YR _____	TO MO/YR _____
Address		
City State Phone	Reason For Leaving	
Your Exact Title	Full Time	Circle One Part Time
Specific Duties		

Employer	<u>Dates of Employment</u>	
Supervisor's Name and Title	FROM MO/YR _____	TO MO/YR _____
Address		
City State Phone	Reason For Leaving	
Your Exact Title	Full Time	Circle One Part Time
Specific Duties		

Employer	<u>Dates of Employment</u>	
Supervisor's Name and Title	FROM MO/YR _____	TO MO/YR _____
Address		
City State Phone	Reason For Leaving	
Your Exact Title	Full Time	Circle One Part Time
Specific Duties		

Emergency Contact: _____

Phone: _____ Address: _____

Beneficiary for AD & D (provided through FFAM): _____

Address: _____

APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I hereby certify that all the information that has been provided on this application is true and complete to the best of my knowledge. I understand that if prior to acceptance or subsequent to acceptance, statements and/or answers are found false or that information has been omitted, such false statements or omissions may be just cause for the denial of acceptance or subsequent dismissal. Further, I understand that by returning this application my acceptance as a volunteer is not implied, that there is a department procedure that will be followed in order to provide that status.

I, the undersigned, do hereby authorize the CFPD and/or its designated provider to conduct an investigation with respect to my application and my qualifications and fitness as a volunteer with the CFPD. I hold harmless the CFPD, any former employer, and personal references from any liability or damage caused by giving and receiving information.

The CFPD may request and direct me (at the department's expense) to obtain a pre-acceptance drug screen as part of the application process. If requested and I decline, my application will no longer be considered. Applicants that test positive for illegal substances will not be considered for active volunteer status with the CFPD.

Background Check:

By signing below, I acknowledge and understand that a criminal background check will be conducted as part of the evaluation process, and I hereby authorize and consent to the performance of such a check.

Applicant Signature _____ Date _____

The Cassville Fire Protection District is committed to workforce diversity and a drug-free workplace.