

Name \_\_\_\_\_

Date Received \_\_\_\_\_

**WESTERN TANEY  
COUNTY FIRE  
PROTECTION  
DISTRICT  
  
APPLICATION**

Please indicate whether you are applying for a

Volunteer  Career  WST

# Western Taney County Fire Protection District

District Headquarters

221 Jefferson Rd Branson, MO 65616

417-334-3440

## PERSONAL INFORMATION

Name \_\_\_\_\_ are you over 18? \_\_\_\_ Yes \_\_\_\_ No  
(Last) (First) (M.I.)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years at present address? \_\_\_\_ If less than two years at present address, list previous address.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone \_\_\_\_\_ Would you like to receive text messages? \_\_\_\_ Yes \_\_\_\_ No If yes, carrier \_\_\_\_\_

Email Address \_\_\_\_\_ Best way and time to contact you \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No If no, do you have the legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

## MOTOR VEHICLE / BACKGROUND CHECKS

In compliance with guidelines established by Western Taney County Fire Protection District, a motor vehicle records check and a background check must be conducted on all new employees as part of their employment. If you do not pass the motor vehicle records check or background check, you will not be considered for employment. Employment means full time, part time or volunteer.

Auto insurance carrier & Agent: \_\_\_\_\_ Liability Limits: \_\_\_\_\_

Have you had any traffic citations / incidents in the past year? \_\_\_\_ Yes \_\_\_\_ No

Have you ever had a driving while intoxicated, driving under the influence of drugs or reckless driving citation in the past 5 years? \_\_\_\_ Yes \_\_\_\_ No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_ Yes \_\_\_\_ No State? \_\_\_\_\_ License # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name as it appears on your license: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

## EDUCATION

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

HIGH SCHOOL	VOCATION / TRADE SCHOOL	COLLEGE/UNIVERSITY
NAME:		
CITY/STATE:		
YEAR GRADUATED:		
AREA/DEGREE /DIPLOMA:		

## MILITARY

BRANCH:	HIGHEST RANK:	DATES:	ASSIGNMENT:
ARE YOU CURRENTLY INLISTED? ____ YES ____ NO STATUS?		HONORABLY DISCHARGED? ____ YES ____ NO	

## FIRE SERVICE HISTORY

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

If yes, list district/department: \_\_\_\_\_

List previous fire service training: \_\_\_\_\_

\_\_\_\_\_

Do you hold a current Missouri EMT license?  Yes  No If yes, \_\_\_\_\_  
(License No.) (Exp. Date)

Do you hold a current Missouri Paramedic license?  Yes  No If yes, \_\_\_\_\_  
(License No.) (Exp. Date)

List any other fire service/EMS/rescue related trainings: \_\_\_\_\_

\_\_\_\_\_

List any specialized equipment you have experience in operating, include trucks, heavy equipment, etc: \_\_\_\_\_

## EMPLOYEMENT

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

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

## AFFILIATIONS

List any organization you are affiliated with \_\_\_\_\_

\_\_\_\_\_

List any hobbies or special areas of interest \_\_\_\_\_

\_\_\_\_\_

Do you know anyone who is currently serving with the Western Taney County Fire Protection District?  Yes  No

If yes, who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EQUAL OPPORTUNITY EMPLOYER

The Western Taney County Fire Protection District is an Equal Opportunity Employer and, therefore, does not discriminate because of race, color, religion, sex, disability, national origin, ancestry, age or marital status. The Western Taney County Fire Protection District does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in programs or activities.

## REFERENCES

List three local references you have known for at least two years. Do not list relatives or former employers.

NAME / ADDRESS	DAY PHONE/EVENING	HOW LONG KNOWN

## CONSENT/SIGNATURE

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I consent to a complete background check by all means possible. This application must be signed and dated for consideration of employment.

Employment means full time, part time or volunteer

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Applicant's Signature

Date