



Employment Application Packet
For
Part-Time Firefighter Position



Hematite Fire Protection District
Chief Robert L. Hipes, Jr.
3067 Meyer Rd. Festus, MO 63028
Phone: 636-937-6898 Fax: 636-933-4571

Thank you for your interest in the Hematite Fire Protection District.

Before submitting an application, please carefully read through the enclosed packet, paying particular attention to the descriptions and explanations to the minimum qualifications, job qualification, selection process, and evaluation.

Minimum Qualifications

Age- Applicant must be 21 years of age.

Education- Applicant must provide proof of graduating high school or valid high school equivalency certificate.

Driver's License- Applicant must possess a valid Missouri operators or CDL license.

Character Investigation- Applicant must not have been convicted of a felony or other crime involving moral turpitude. Applicant must submit a criminal background from the county you reside in.

Firefighting Training- Applicant must possess and provide copies of the following:

- Completion of State Firefighter 1&2 class. Or (Through Jefferson County Fire Academy)
- Completion of State Haz-Mat Awareness and Operations or (Through Jefferson County Fire Academy)
- First Responder certification (Emergency Medical Responder)
- Must be of good moral character, possess the knowledge and physical ability to perform firefighting activities involved in life safety and property conservation efforts at fire, medical emergencies, motor vehicle crashes, natural and man-made disasters and work 12-24 hour shifts.

Thanks you,

Chief Robert L. Hipes, Jr.

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Application for Employment

Date: _____

Instructions

Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. In addition to completing this form, you may also attach a resume detailing your professional, educational, and social activities.

Name:

Last: _____ First: _____ MI: _____

Social Security #: _____ - _____ - _____.

D.O.B.: _____ Home phone: () _____ - _____.

Street Address: _____.

City: _____ State: _____ ZIP: _____.

Date Available: _____.

Are you a citizen of the United States and eligible for employment?

YES NO

Education Completed:

Name of High School: _____

City/State: _____ Graduated: **YES NO**

Technical School: _____

City/State: _____ Graduated: **YES NO**

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Education Completed (con't):

College: _____

Degree/Major: _____

Graduated: **YES** **NO**

Other Education and Training:

Other Special Skills:

Military Service:

Branch: _____

Dates of Service: _____

MOS: _____

Discharge Status: _____

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Previous Employment: List three previous employers, starting with the most recent.

Employer: _____

Address: _____

City: _____ State: _____

Phone Number: (_____) _____

Supervisor: _____

Salary: _____ Start: _____ Finish: _____

Job Description: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____

Phone Number: (_____) _____

Supervisor: _____

Salary: _____ Start: _____ Finish: _____

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Job Description: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____

Phone Number: (_____) _____

Supervisor: _____

Salary: Start: _____ Finish: _____

Job Description: _____

Reason for Leaving: _____

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References: Please provide a minimum of three personal references, all of whom have no relation to you. References must be at least 21 years of age.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Number of Years known: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Number of Years known: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Number of Years known: _____

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Authorization and Acknowledgements

I certify that the facts contained in this application are true and completed to the best of my knowledge. I understand that any false statements, misrepresentations, or failure to provide requested information on the application will be grounds for not hiring me, or for my dismissal if employed.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment, and any other pertinent information these references might have, personal or otherwise.

Additionally, I agree to subject myself to a drug screening and a medical examination at the appropriate stages of the application and employment process, and I authorize the district to receive and review the result of those procedures.

I release all parties from liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period, and may be terminated at any time, and without prior notice.

Applicant Signature: _____

Date: _____.

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Release of Information

For

Job Applicant

In connection with my application for employment, I understand that the Hematite Fire Protection District will perform background and reference checks to obtain any and all information regarding my character, work habits, performance and experience, along with reasons for termination of past employment. Further, I understand that the Hematite Fire Protection District will be requesting information concerning my driving record and/or information from various federal, state, and local agencies which maintain records concerning criminal offenses.

I hereby authorize, without reservation, any party or agency contacted by the Hematite Fire Protection District to furnish all pertinent information regarding me, whether the information is of a professional or personal nature. Additionally, I fully release and completely hold harmless any such party or agency and the Hematite Fire Protection District from any liability or damages whatsoever relating to the disclosure or receipt of such information.

I understand that this means that I will not sue any party or agency for disclosing any requested information to the Hematite Fire Protection District, not will I sue the Hematite Fire Protection District for requesting or receiving such information.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Social Security Number: _____

Date of Birth: _____.