

Strafford Fire Protection District Application

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121 Washington
 P.O. Box 9
 Strafford, MO 65757

Fred Osbourn, Chief

The Strafford Fire Protection District is an Equal Opportunity Employer

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL		
STREET ADDRESS	APT #	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	APT #	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OF AGE OR OLDER?	PHONE NUMBER			

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THE DISTRICT BEFORE? WHERE? WHEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EVER WORKED FOR THE DISTRICT BEFORE? WHERE? WHEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REASON FOR LEAVING		
PLEASE LIST ANY RELATIVES YOU HAVE THAT CURRENTLY WORK FOR THE DISTRICT		
NAME OF LAST SUPERVISOR AT THE DISTRICT		
WHO REFERRED YOU TO THE DISTRICT?		
EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> OTHER <input type="checkbox"/>		
STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> SERVICE WALK-IN <input type="checkbox"/>		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. YRS ATTENDED	GRADUATED?
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE/TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS
 LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK DUTIES			
REASON FOR LEAVING			

REFERENCES

PLEASE LIST THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUANTED

Driver's license number--driving is an essential job function _____ State _____ Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain.

Please include any information below that you might find helpful for this prospective employer.

Applicant Certification, Release of Information, and Authorizations

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I, the undersigned, give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. Information obtained may include residential, achievement, employment history, personal references, credit reports, driving records, and criminal history.

I authorize the employer or its designated provider to perform pre-employment drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the employer's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

COMPANY USE ONLY:

Please use this area to make any comments you may have about this applicant.

Company Interviewer

Date of Interview

Company Interviewer

Date of Interview