

Sni-Valley



Fire Protection District

**Employment Application
Packet**

Applicant Name:

Last:

First:

Middle:

PAST EMPLOYMENT			
Date / Year	Employer Name	Contact / Number	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

PERSONAL REFERENCES			
Name	Phone	Relationship	How Long Known

MISSOURI MEDICAL LICENSE			
I currently hold a Missouri <input type="checkbox"/> EMT <input type="checkbox"/> PARAMEDIC License #: Expires:			
Have you ever had Administrative action taken against your license? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain Fully)			

CERTIFICATIONS		
Have	Certification	Expiration Date
<input type="checkbox"/>	BLS for Healthcare Provider	
<input type="checkbox"/>	ACLS Provider	
<input type="checkbox"/>	PALS / PEPP / EPEC Provider	
<input type="checkbox"/>	Instructor: <input type="checkbox"/> EMS <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> EPEC <input type="checkbox"/> AMLS <input type="checkbox"/> PHTLS	
<input type="checkbox"/>	AMLS	
<input type="checkbox"/>	PHTLS	
<input type="checkbox"/>	Haz-Mat Awareness/Operations/Technician	
<input type="checkbox"/>	NIMS: <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 700 <input type="checkbox"/> 800	
<input type="checkbox"/>	Fire Fighter 1 2	
<input type="checkbox"/>	Critical Care Paramedic	
<input type="checkbox"/>	<i>NREMT EMT PARAMEDIC</i>	
<input type="checkbox"/>	<i>Fire Instructor</i>	
<input type="checkbox"/>	<i>Other:</i>	

OTHER CONSIDERATIONS

Are there any other considerations you would like to add?

ACKNOWLEDGMENT

Sni-Valley Fire Protection District is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, or genetic information.

I, _____, certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the District in any way. Applications will remain active for one year, after which time re-application will be necessary. This application is not an agreement or a contract for employment. If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties. I understand that I will be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the District as a condition of my employment, and I hereby give my consent to the release of all information which the District deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this District. I hereby authorize the District to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the District and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicants Signature: _____ Date: _____

You can mail or return the application to the address at the beginning of the application. You can also fax the application to: (816) 690-6191 or e-mail to: mjohnson@snivalleyfire.org

FOR SVFPD USE ONLY

Application Accepted Date:	Accepted By:
Method Used: <input type="checkbox"/> In Person <input type="checkbox"/> USPS <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax	Submitted with Resume? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Chief Reviewed:	Review Date: