

Central Polk County Fire Protection District

Firefighter Application Packet

PLEASE READ THE FOLLOWING PRIOR TO COMPLETING THIS APPLICATION

The Central Polk County Fire Protection District (CPCFPD) of Bolivar thank you for your interest in volunteering with our winning team of emergency responders. Volunteering is a rewarding and meaningful way to give back to your community.



P.O. Box 461
Bolivar, MO 65613
Phone (417) 777-3473 Fax (417) 777-2464
Email: kwitt@cpcfpd.org
Website: www.cpcfpd.org

Ken Witt, Fire Chief

Central Polk County Fire Protection District

Firefighter Application

****Please complete each blank legibly**

Personal Information

Name: _____ Date of Birth _____

Address: _____ Phone # _____

Social Security # _____ Do you have a Missouri Drivers License? [] Yes [] No

If no, do you have another states drivers license? [] Yes [] No What State? _____

Do you live within 3 miles of the response district of CPCFPD? [] Yes [] No

Previous Address: _____ Length of time at this address: _____

Please list cities in which you have lived within the last 5 years. _____

Background Information

Have you ever been convicted of a traffic violation? [] Yes [] No If Yes, Please explain _____

Have you ever been convicted of a Felony? [] Yes [] No If Yes, Please explain _____

Have you ever been arrested for a crime? [] Yes [] No If Yes, Please explain _____

Answering Yes to any of the following questions does not necessarily disqualify you for membership.

Education (Please include High School, College, Trade/Technical School, and/or Other Education)

Name of School & Location	Years Attended	Area of Study	Degree or Diploma

Volunteer Information

What other things have you volunteered for? _____

Why do you want to join Central Polk County? _____

What training have you had that would be beneficial to the Central Polk County? _____

Have you ever been a member of a fire or emergency response department? [] Yes [] No

If Yes, Department & Chief _____

Contact Information for Chief _____

Firefighter Application (Continued)

Employment History (Begin with most recent and go back 5 years, attach additional pages if necessary)

Dates of Employment		Name of Company _____	
From (MM/YY)	To (MM/YY)	Company Address/Phone _____	
		Job Title _____	
Job Duties (Be Specific): _____			
Reason for Leaving (Be Specific) _____			

Dates of Employment		Name of Company _____	
From (MM/YY)	To (MM/YY)	Company Address/Phone _____	
		Job Title _____	
Job Duties (Be Specific): _____			
Reason for Leaving (Be Specific) _____			

Dates of Employment		Name of Company _____	
From (MM/YY)	To (MM/YY)	Company Address/Phone _____	
		Job Title _____	
Job Duties (Be Specific): _____			
Reason for Leaving (Be Specific) _____			

Dates of Employment		Name of Company _____	
From (MM/YY)	To (MM/YY)	Company Address/Phone _____	
		Job Title _____	
Job Duties (Be Specific): _____			
Reason for Leaving (Be Specific) _____			

Dates of Employment		Name of Company _____	
From (MM/YY)	To (MM/YY)	Company Address/Phone _____	
		Job Title _____	
Job Duties (Be Specific): _____			
Reason for Leaving (Be Specific) _____			

Application for Membership (Continued)

Additional Information	
Please answer the following questions	
May we contact your current employer during our review of this application?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you able to leave work in the event of a fire or other emergency?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

Medical Information	
Following information is voluntary, this information will not be used solely in the decision making process and acceptance of an applicant. You may elect to answer only some, all, or none of the following	
Do you have a disability in which might make this line of work difficult? If yes, explain _____	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Do you require special accommodations in order to perform in this job? If yes, explain _____	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Do you have a serious illness or disease that might prevent you from performing certain tasks required by this job? If yes, explain _____	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you currently under the care or supervision of a physician for anything other than normal check ups or common illnesses? If yes, explain _____	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Do you currently or have you previously suffered from claustrophobia?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you currently taking medication that prevents you from operating a motor vehicle or heavy equipment?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Is there any other information regarding your medical history that might prevent you from performing this job or tasks required by this position?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

Personal References			
Please list at least 3 character references, who know you & your work history. Please do not list employers whom have already been listed in the employment history, family members, or current members of Central Polk County Fire Protection District. A minimum of 1 reference must reside within the Bolivar/Polk County area.			
Name	Relationship	Length Known	Phone Number

Completion Check List	
Please be sure to include copies of the following items when submitting this application.	
[<input type="checkbox"/>] Drivers License	[<input type="checkbox"/>] Certificates of Completion
[<input type="checkbox"/>] Proof of Auto Insurance	[<input type="checkbox"/>] Professional Licenses

**Please read the following carefully before signing:
Firefighter Application (Continued)**

I understand:

- 1) If my application is accepted by the Central Polk County Fire Protection District, I will be required to serve a period of recruit probation during which I will be evaluated as to my ability to serve as a member of the Central Polk County Fire Protection District (CPCFPD). At the end of the probation period, I will be re-evaluated as to my becoming a firefighter status volunteer firefighter with the organization. It is possible that at the end of my probationary period I may not be accepted as a full status firefighter and my association with the CPCFPD may be terminated.
- 2) Photocopies are to be attached to this application showing my driver's license, Certificate of Insurance, and/or any other certificates I may have.
- 3) I am 18 years of age or older and a citizen of Bolivar or Polk County.
- 4) CPCFPD is a VOLUNTEER organization under the guidance of the Board of Directors, and I understand that I will receive no compensation for myself.
- 5) I am considered as an employee of CPCFPD when serving in the capacity of firefighter, and as such I shall represent the organization in a professional manner.
- 6) I am responsible for my actions when driving or operating any fire department owned equipment and I must exercise all caution when responding to any emergency or training exercise. I will respond in a safe and prudent manner when responding in my own vehicle as well as CPCFPD vehicles or equipment.
- 7) If accepted as a volunteer for CPCFPD, I will attend at least 50% of the monthly training and general session meetings unless it conflicts with my employment or due to illness. I will notify the Fire Chief if my employment does conflict with meeting times.
- 8) I will follow the Policies and SOG's of the CPCFPD and follow the commands given by the Fire Chief or other officers of this organization.
- 9) Any false information or misrepresentation on this application is reason for rejection of this application and/or dismissal from CPCFPD.
- 10) CPCFPD and/or the Board of Directors may verify my employment, volunteer experience, driving record, and/or criminal record through the appropriate agencies. CPCFPD may also request further information or clarification as deemed necessary.
- 11) By signing this application, I do hereby give CPCFPD or designee permission to investigate my record of employment, volunteer experience record, and to run a verification and/or record check on my driving and/or criminal record. Information received from these checks and verifications is to be held confidential by the officers and membership committee of the CPCFPD. I do have the right to review the findings of those checks and verifications by submitting a written request for review to the Fire Chief of the Central Polk County Fire Protection District.

I do hereby attest that I have read in full this application for Firefighter with Central Polk County Fire Protection District and do understand the agreements and obligations outlined in that application. I also attest that I have furnished to the best of my ability all information requested in this application.

Applicant Signature _____

Date _____

Firefighter Application (Continued)

Central Polk County Fire Protection District

Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the Central Polk County Fire Protection District, and the Missouri State Highway Patrol, whether the said records are of a public, private, or confidential

The intent of this authorization is to give my consent for full and complete disclosure of any and all records of educational institutions; financial or credit institutions; including records of loans; the records of commercial or retail credit agencies (including reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; current employment and previous employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records, and records involving any incident where I have been convicted of a crime. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings, and photographs, whether on paper or stored/transmitted electronically.

developed directly or indirectly, in whole or in part, upon this release, may be considered in determining my suitability for consideration for Central Polk County Fire Protection District of Bolivar, Missouri whether the position sought is a paid or unpaid position, voluntary or educational in nature. I understand that (1) the Missouri State Highway Patrol states that the use of such information will be in accordance with its employment policies and that such information will not be used for any other purpose other than for consideration of the undersigned as an Volunteer of the Central Polk County Fire Protection District, and (2) this background investigation is required because of the nature of the particular position that I have made application for, in that it involves a sensitive position or that I may be working in an area where confidentiality and security is imperative. I also certify that any person(s) who may furnish any such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release any employee(s) of the Central Polk Co. Fire and Rescue and Missouri State Highway Patrol who conducts any part of my background investigation from any and all liability resulting

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Printed Full Name

Legible Signature

Date

Maiden name and/or all other names by which I have been known or have used

Current address of residence, including street and number, city, state, and zip code

Date of birth

Place of Birth

Social Security Number