

Winfield Foley Fire Protection District
PO Box 118
Winfield, MO 63389
636-566-8406
www.wffpd.org

Our Mission

To provide Fire Prevention Services, Emergency Fire & Related Services, Public Education and Community support to our citizens and visitors.

Application for Employment

Position applying for: _____

Candidate's Name: First _____ Middle Initial _____ Last _____

Note to Applicant and District Interviewer: If any additional space is need, please use the reverse side of the page in which the space is needed.

Instructions

- Use black ink only and print legibly
- Answer all questions
- Initial all mistakes
- Return in person or mail to WFFPD

Check List (Only submit copies and attach to back of this application)

- Copy of current driver's license
- Copy of DMV Driving record (Will be submitted by Office Manager)
- Copy of social security card
- Copy of current driver's insurance declaration
- Copy of Graduation / GED certification
- Resume (optional)
- All certificates, commendations, awards or references (Optional)

WFFPD is a Fire District which dedicates itself to the safety of all citizens and firefighters. We implement the highest standards and rely on the integrity of all personnel. Only the best are chosen to become members. We thank you for your interest in becoming a member.

Personal Information

Full legal Name	
Nickname	
Address	Street: City: State: Zip:
Contact telephone numbers (Supply work number only if we can contact you there during hiring process)	Home: Cell: Pager: Work: Email:
Identification	Date of Birth: Place of Birth: City _____ State _____ Social Security Number: Sex: Race:
Drivers License	Name as it appears on license: License number: Type Do you have a chauffeurs license or any special license: Yes or No (circle one) If yes, explain:

Education

Grade School	Name: City/State:
High School or GED (circle one)	Name: City/State: Year of Graduation or GED:
College	Name: City/State: Did you graduate: Yes or No (circle one) If yes, what year _____ Major _____
Related Firefighter/first responder/special interest education or training	Please describe and attach proper documents

Are you fluent in any other languages besides English: Yes or No (circle one)
If yes, list: _____

Work Experience (List current employer first) (Last 5 years)

<p>Current or last Employer</p>	<p>Name: Address: City/State/Zip: Telephone number: Supervisors name: Length of time - Start Date ____/____/____ End Date ____/____/____ Last Position: (Briefly describe your duties)</p> <hr/> <p>Salary: Reason for leaving: May we contact: Yes or No (circle one)</p>
<p>Next Employer</p>	<p>Name: Address: City/State/Zip: Telephone number: Supervisors name: Length of time - Start Date ____/____/____ End Date ____/____/____ Last Position: (Briefly describe your duties)</p> <hr/> <p>Salary: Reason for leaving: May we contact: Yes or No (circle one)</p>
<p>Next Employer</p>	<p>Name: Address: City/State/Zip: Telephone number: Supervisors name: Length of time - Start Date ____/____/____ End Date ____/____/____ Last Position: (Briefly describe your duties)</p> <hr/> <p>Salary: Reason for leaving: May we contact: Yes or No (circle one)</p>

Professional References (Do not list family members)

	Name and Occupation	Address and Telephone number	Relationship	Length of time of relationship
1				
2				
3				
4				

Background information

<i>Criminal History</i>	<i>If yes, explain</i>	<i>Relative dates</i>
Have you ever been convicted of a misdemeanor or felony Yes or No (circle one)	Violation: City/State:	
List all traffic tickets received in the last 3 years	Violation: City/State: Disposition:	Date
	Violation: City/State: Disposition:	Date
	Violation: City/State: Disposition:	Date

Automobile Insurance

Insurance Company Name and policy #	Address, city, state, zip	Telephone number

Miscellaneous (Tell us about yourself)

Do you live within the WFFPD Boundaries	Yes or No (Circle one)
List your hobbies	
List any involvement with professional or service organizations	
Did you served in the Military Yes or No (circle one)	If yes, complete this box. (Attach DD214) Branch Rank Separation Year

Release of information and authorization for background checks

- "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal."
- "I authorize investigation of all statements contained herein, all references that I have supplied, information concerning my previous employment and any pertinent information received from previous employers or references. I release all parties from all liability for any damage that may result from furnishing same to WFFPD."
- "I understand that periodic and random drug/alcohol testing is party of my employment, and that any positive results can immediately cause dismissal from my employment with WFFPD."
- "I understand and agree that if hired, my employment is for no definite period and may regardless of the date of any wages or salary, that I may be terminated at any time without prior notice".
- "I understand that all property of WFFPD will be returned to the District within 24 hours of any resignation or termination."

Signature of applicant: _____ Dated: _____

Do not write below this line – Office Use only

Interview Date: _____ Interviewer: _____

Comments: _____

Background checks perform: Yes or No (circle one) If no, explain:

Criminal History check performed and received: Yes or No (circle one) If no, explain:

Hire Recommendation: Yes or No (circle one) Position: _____

If hired, the following signatures and dates are required:

Signature of Chief _____ Date _____

Board President: _____ Date _____

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- Request and approval for Criminal Record Check
- Purpose: Local Government – Fire Protection District Employment
- Dissemination: WFFPD Candidate or current employee file

Candidate or current employee

Full Legal Name	Last name: First name: Middle name:
Maiden Name or Alias	
Date of Birth	Month Day Year
Social Security Number	
Drivers License number	Number: Issuing State:
Current Address	Street: City: State: Zip:
Previous Address (If less than 2 years at the current address)	Street: City: State: Zip:
Gender	Male or Female (circle one)
Race	

<p>I authorize the release of any criminal history records or traffic records information for the reason of employment with WFFPD.</p> <p>Candidate or current employee signature: _____ Date: _____</p>
