

APPLICATION PACKET

WRIGHT CITY FIRE PROTECTION DISTRICT



Wright City Fire Protection District
396 West Second Street North
Wright City, MO 63390
636-745-2262



Wright City Fire Protection District

"To serve, educate, and protect our community."

396 West North 2nd Street
Wright City, Missouri 63390
Phone (636) 745-2262
Fax (636) 745-2259
www.wrightcityfire.com

Dear Applicant:

Thank you for your interest in becoming a Firefighter for the Wright City Fire Protection District. Enclosed in this packet you will find the following items:

- List of minimum qualifications / requirements.
- List of mandatory documents that must accompany the completed application (check list is provided).
- An application for employment.
- Acknowledgement form.
- Authorization for Release of Information (this must be notarized and can be done by our Administrative Assistant).

Any application that is deemed incomplete will not be considered.

Thank you,

Ronald W. MacKnight
Fire Chief



Wright City Fire Protection District

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List of Minimum Qualifications / Requirements Needed for Career Firefighters

1. High School Diploma or GED.
2. Current Firefighter I & II Certification or National 1001 Standard IFSAC (International Fire Service Accreditation Congress) or Pro Board Approved Certification.
3. CPR & First Aid
4. EMT or Paramedic
5. HAZ MAT Awareness & Operations
6. NIMS 100, 200, 700 & 800.
7. Valid Driver's License.
8. CPAT

List of Minimum Qualifications / Requirements Needed for Recruit Status into a Fire Academy

1. High School Diploma or GED.
2. Valid Driver's License.
3. Qualifying any pre-academy testing deemed necessary.
4. Fulfill the requirements for the Warren County Fire Academy.



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Wright City Fire Protection Mandatory Documentation Checklist

All items must be checked for the application to be marked complete.

Copies of all documents / certifications must be attached.

- Firefighter I & II Certificate or National 1001 Standard IFSAC (International Fire Service Accreditation Congress) or Pro Board Approved Certification.
- CPR & First Aid
- Current EMT or Paramedic License
- Haz-Mat Awareness and Operations (Not required of Recruits)
- Copy of NIMS 100, 200, 700 & 800 (Not required of Recruits)
- Completed application
- Signed and dated Acknowledgement form
- Notarized Authorization for Release of Information
- Any other industry related certificates, endorsements, or documents
- This form with all applicable boxes checked, signed and dated.

WCFPD Signature and Date

Candidate Signature and Date

Wright City Fire Protection District

396 WEST NORTH SECOND STREET • WRIGHT CITY, MISSOURI 63390

APPLICATION FOR MEMBERSHIP

Wright City Fire Protection District is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, marital or veteran status, sexual orientation, religion, creed, ancestry or national origin, or disability.

Date: _____ / _____ / _____	Email _____	Social Security No. _____ - _____ - _____
Name _____		
_____ Last	_____ First	_____ Middle _____ Maiden
Present Address _____		
_____ Number	_____ Street	_____ City _____ State _____ Zip _____ Length of Time at Address _____
Previous Address _____		
_____ Number	_____ Street	_____ City _____ State _____ Zip _____ Length of Time at Address _____
List any other states you have lived in since you turned the age of 16: _____		
Telephone () _____ daytime number () _____ alternate number _____		
Have you ever been employed by the Wright City Fire Protection District? Please Circle Yes No		
If yes, please provide dates of employment and position(s) _____		
If under 18, please list age _____ Are you a citizen of the United States? _____		
Can you provide proof of identification and proof of eligibility to work in this country? _____ (Green card, social security card, passport, etc)		
Position applied for _____ (Be Specific)		
Have you enrolled in E-Verify? (circle one) YES NO		
How many hours can you work weekly? _____ Can you work nights and weekends? _____		
Employment/Volunteer service desired: Please Circle Full-time Part-time Full or Part-time Volunteer		
Date available to begin work? _____ If hired, would you be able to work overtime? _____		
Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? (circle one) YES NO		
If your answer to the preceding question was NO, please list the accommodations requested: _____		

Have you ever been convicted of a crime, excluding convictions that have been sealed, expunged or legally eradicated, misdemeanors for which probation was completed and the case was dismissed by court? _____ (Note: Yes does not automatically disqualify your application.)		
If yes, list all convictions, nature of offense(s) leading to conviction(s), including date(s) committed, sentence(s) imposed, and type(s) of rehabilitation.		
Attach additional sheets as necessary.		
Are you currently out on bail or released on your own recognizance pending trial? _____		
If yes, attach additional sheets as necessary.		
Do you have a driver's license? _____		
Driver's license number _____ State of Issue _____		
_____ Operator _____ Commercial (CDL) _____ Chauffeur _____ Expiration date _____		
Auto Insurance Company: _____ Auto Policy No.: _____		
Have you had any accidents during the past three years? _____ How many? _____		
Have you had any moving violations during the past three years? _____ How many? _____		

EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE FIELD OF STUDY
High School*				N/A
College				
Bus. Or Trade School				
Professional School				
Fire Academy				

Courses taken that may be beneficial to the Wright City Fire Protection District: _____

*Wright City Fire Protection District does not discriminate in hiring, placement, treatment, or prerequisite requirements for any employment or services of an individual based on the elementary or secondary education program that the individual has completed, provided that such elementary or secondary education program is permitted under Missouri law.

WORK EXPERIENCE

Please provide complete and accurate information on your work history beginning with your most recent employment, including military service assignments. Be as complete as possible.

Date of Employment _____ through _____ Employer _____
Month Year Month Year

Address _____

Supervisor's Name _____ Telephone Number _____

Position/Title Held _____ Ending Salary _____

Duties/Responsibilities _____

Reason for Leaving _____

May we contact employer? _____ If no, provide explanation.

Date of Employment _____ through _____ Employer _____
Month Year Month Year

Address _____

Supervisor's Name _____ Telephone Number _____

Position/Title Held _____ Ending Salary _____

Duties/Responsibilities _____

Reason for Leaving _____

May we contact employer? _____ If no, provide explanation.

Attach additional sheets as necessary.

MILITARY HISTORY

Have you ever been in the armed forces? _____

Are you now a member of the National Guard? _____

Specialty _____ Date Entered _____ Discharge Date _____

Type of duties performed _____

Service school and special training _____

REFERENCES

List the following information for at least three references other than relatives or previous employers.

1. Name _____ Phone number _____

Address _____

2. Name _____ Phone number _____

Address _____

3. Name _____ Phone number _____

Address _____

State whether any current member of the board of directors of the Wright City Fire Protection District is related to you by blood or marriage, to the fourth degree of consanguinity or affinity, as the case may be. (*A relative to the fourth degree of consanguinity would include your children, grandchildren, great-grandchildren, parents, grandparents, great-grandparents, brothers and sisters, nieces and nephews, aunts and uncles, first cousins, great-aunts, great-uncles, grandnephews and grandnieces. A relative to the fourth degree of affinity would include your spouse, his/her parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, aunts and uncles, brothers and sisters, nieces and nephews, first cousins, great-aunts, great-uncles, grandnephews and grandnieces.*) If this applies, please also list your relationship:

List any academic honors, scholarships, memberships in professional organizations, or extracurricular activities that relate to the position. Do not list any organizations or activities which would indicate race, religion, gender or national origin. _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

ACKNOWLEDGEMENT

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Wright City Fire Protection District, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Wright City Fire Protection District to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Wright City Fire Protection District and will hold the Wright City Fire Protection District and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I understand that that the Wright City Fire Protection District will provide a separate Disclosure and Release required by law that will permit the Wright City Fire Protection District to make such inquires.

I understand that nothing in this employment application or the granting of an interview is intended to create an employment contract between myself and the Wright City Fire Protection District. On the contrary I understand and agree that, if hired, my employment will be "at will" and may be terminated by the Wright City Fire Protection District or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

Due to manufacturer's recommendations and requirements of the National Fire Protection Association, Firefighters of the Wright City Fire Protection District shall not grow a beard, sideburns or lengthy hairstyles that may interfere with proper face piece seal of Self-Contained Breathing Apparatus.

I understand any offer of employment made to me by the District is contingent on my successful completion of a drug test; background checks; and a medical and physical agility examination intended to ensure that I am able to perform the essential physical functions of the position for which I am applying, with or without reasonable accommodation. By signing this agreement,

I hereby acknowledge that I have read and agree to the above statements.

Signature _____ Date _____

REQUIRED ATTACHMENT:

Certificate of Applicant Authorization for Release of Information

**CERTIFICATE OF APPLICANT
AUTHORIZATION FOR RELEASE OF INFORMATION
(Read carefully before signing)**

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Wright City Fire Protection District.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, schools and universities to furnish the Wright City Fire Protection District with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary actions, or memorandum to Wright City Fire Protection District in order that the information is evaluated to assist in the determination of my suitability for fire department work. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Wright City Fire Protection District to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all the aforementioned listed information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the Wright City Fire Protection District and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photo static copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, 20_____

Notary: _____

Signature (Applicant)

Address

City/State/Zip