

NAME: \_\_\_\_\_

OFFICE USE ONLY

Station Assignment \_\_\_\_\_

ID Number \_\_\_\_\_

Radio Number \_\_\_\_\_

Hire Date \_\_\_\_\_

# MEMBERSHIP APPLICATION

Background Check \_\_\_\_\_

Driver's License \_\_\_\_\_

Proof of Insurance \_\_\_\_\_

High School Diploma/GED \_\_\_\_\_

Driving Record \_\_\_\_\_

*(Will reimburse expense with receipt from DMV)*

Date received \_\_\_\_\_, by

whom \_\_\_\_\_

10965 E. State Highway 76

Branson West, MO

417-272-1510 office

417-272-1509 fax





Southern Stone County Fire Protection District  
Application & Personnel Information Record

**Official Use Only**

Employee I.D. Number: \_\_\_\_\_  
Station Assignment: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Radio # \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Full Middle*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(911 Address)*

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If Different Than 911 Address)*

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: M F

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*(Cell) (Home)*

Spouse's Name: \_\_\_\_\_  
*Last First Middle*

Spouse's Phone ( ) \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Doctor: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_  
*(Doctor's Phone) (Doctor's Alternate Phone)*

Charged or Convicted with any Criminal Offense(s)? \_\_\_\_\_ If "Yes," provide details of any and all convictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Attach copy of proof of insurance

High School Diploma? \_\_\_\_\_ G.E.D. \_\_\_\_\_ Attach copy of diploma or equivalent

*All information is confidential*



Southern Stone County Fire Protection District  
Application & Personnel Information Record

**Official Use Only**

Employee I.D. Number: \_\_\_\_\_  
Station Assignment: \_\_\_\_\_  
Rank: \_\_\_\_\_

**Related Experience & References**

Name of Dept. /District: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Supervisor or Chief: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Current Certification(s), if any: \_\_\_\_\_

Previous Fire Training: \_\_\_\_\_

Please Provide any Certification related to Fire or Medical Service when necessary.

Any other relevant training and/or specialized equipment operation experience? \_\_\_\_\_

**Personal References;** please list 3 people, 2 (two) of which need to be relatives, and 1 (one) a friend that we can contact (how long have you known the friend)

1. Name (Relative) & Phone # \_\_\_\_\_
2. Name (Relative) & Phone # \_\_\_\_\_
3. Name (Friend & How long) & Phone # \_\_\_\_\_

**Work References;** please list 3 work references that we may contact to verify your work history.

Name of Business, Supervisor, phone number, and how long you were employed at each place of employment, and why you left or if you are currently employed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**If you need more writing space, please add a piece of paper or write on the back of one the blank pages**

Valid CPR: YES NO Expiration Date: \_\_\_\_\_

EMS Certification: YES NO EMS Certification Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*I hereby certify that the information provided in the Application for Volunteer Firefighter (Application) is true and complete to the best of my knowledge. I authorized the investigation of all statements contained in the Application, as determined necessary by the District. I further understand that any false and/or misleading information provided in my Application shall constitute a falsification of district document and may result in my ineligibility for employment, or, if discovered following my employment, in my discharge. If employed, I understand that I am required to abide by all the rules and regulations of the District, and that my relationship with the District shall be considered to be of an "at will nature."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All information will be treated as confidential**