



# Southern Stone County Fire Protection District

Headquarters: 10965 E. State Highway 76—Branson West, MO 65737 417-272-1510

## APPLICATION FOR MEMBERSHIP

Thank you for your interest in joining Southern Stone County Fire!

### POSITION APPLYING FOR:

- Pay-Per-Call Firefighter
- Reserve Firefighter
- Career Firefighter
- Medical Responder Only
- OTHER: \_\_\_\_\_

The following documents **MUST** be submitted **WITH** your application.

- Copy of Missouri State Driver's License
- Copy of Proof of Vehicle Insurance
- Copy of Educational Record (HS Diploma/GED/Transcript/Certificate of equivalency)
- Copy of Driving Record (DMV)

NOTE: Fire District will reimburse applicant's expense with receipt from DMV)

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Street City Zip*

Mailing Address: \_\_\_\_\_  
*(If different than physical address)*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Have you ever been convicted of a felony?  Yes  No

### WORK EXPERIENCE

*Starting with your most recent or current work experience, please fill out the following sections.*

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Zip*

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Zip*

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Zip*

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## EDUCATION

*Please check the box of your highest level of education and the last educational institution, if any, that you attended.*

GED   
  High School/Home School Diploma   
  Trade School   
  College/University   
  Post-Graduate

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ What was your favorite subject to study?: \_\_\_\_\_

## REFERENCES

*List references that you authorize us to contact for the purpose of providing information about your character.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PRIOR TRAINING AND CERTIFICATIONS

*Please check the box of any fire service or emergency medical service training, and certifications you possess.*

General Fire Service Training   
  Firefighter 1 IFSAC/ProBoard Certification   
  Firefighter 2 IFSAC/ProBoard Certification  
 Haz-Mat Awareness Certification   
  Haz-Mat Operations Certification   
  Haz-Mat Technician Certification  
 ICS-700   
  ICS-800   
  ICS-100   
  ICS-200   
  ICS-300   
  ICS-400  
 CPR/AED Training   
  First-Aid Training   
  EMR   
  EMT   
  Paramedic

## YOUR AVAILABILITY (FOR PAY-PER-CALL APPLICANTS)

*To help us have a better understanding of your availability and ensure you are aware of what being a member of our district requires, please fill out this Availability Chart.*

Using the week schedule below, please place a check mark "✓" in the areas you are **AVAILABLE**.

TIME FRAME	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>MORNING</b> 07:00 am - 12:59 pm							
<b>AFTERNOON</b> 1:00 pm - 5:59 pm							
<b>EVENING</b> 6:00 pm - 10:59 pm							
<b>OVERNIGHT</b> 11:00 pm - 6:59 am							

**YOUR AVAILABILITY (CONTINUED)**

Your introductory training will be **six months** in duration. The coursework, during those six months, will require you to attend classes on **Thursday evenings** and the **2nd Saturday of each month**.

Are there any current issues with your ability to attend trainings during these time periods?

Yes       No       Not Sure

Following your introductory training, your station and battalion trainings typically occur every **Tuesday evening**. Are there any current issues with your ability to attend training during that time?

Yes       No       Not Sure

Does your current employer allow for flexibility to respond to emergency calls while at work?

Yes       No       Not Sure

*In this section, please check ( ✓ ) "YES" or "NO" for your response to the question.*

**Are you willing and able to...**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Work outdoors and withstand hot and cold weather conditions?

Lift and carry objects weighing in excess of 50 lbs.?

Respond to incidents at unpredictable hours or overnight?

Perform during situations where you may see blood, seriously injured or dead people?

Professionally respond to sensitive and/or difficult situations involving people?

**CONSENT/UNDERSTANDING**

**Southern Stone County Fire Protection District is an equal opportunity employer and does not discriminate on the bases of race, color, national origin, age, religion, creed, disability, veteran's status, gender, sexual orientation, gender identity or gender expression.**

I understand Missouri follows the Employment-At-Will doctrine. This means that both the employer and employee can terminate the employment relationship at any time and for any reason, as long as there is no employment contract. I understand that neither the acceptance of this application by the District nor any statements of the District confer or create any contractual rights of employment.

I understand this position with the fire district is a physically demanding position and I may be expected to perform strenuous activities for long periods of time in adverse conditions.

I furthermore understand that this application will remain eligible and on file with the fire district for **ONE YEAR** and will be voided after that timeframe.

By signing below, I certify and understand all information contained within this application and the information I have submitted is correct to the best of my knowledge. I acknowledge that providing false information is grounds for refusing to hire me, or for termination should I be hired.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Please sign and fill out the **Penmac Background Information Release Form** on the back of this page.*



For: Southern Stone County Fire Protection District  
Office: (417) 272-1510

## INFORMATION RELEASE FORM

I authorize and allow Penmac Personnel Services, Inc. (Penmac) to furnish any and all information relating to pre-employment testing and screening to my prospective employer. In addition, I release Penmac, my prospective employer, and their respective employees and agents from any and all legal claims that I may have arising from or relating to Penmac's disclosure of the above-described information to my prospective employer(s).

## WAIVER AND RELEASE OF CLAIMS

By signing below, I release Penmac Personnel Services, Inc., and its employees and agents (collectively, "Penmac") from all potential liability relating to your acquisition and use of consumer reports, reference information from my prior employers, pre-employment test results, educational transcripts, degree verification, criminal background checks, driving record, social security verification, credit history and other information. I understand that I release and waive my right to take legal action against Penmac based on this reasons, unless such legal action can be brought under the federal Fair Credit Reporting Act.

- To be completed:**  Criminal Background Check (state ALL)  
 Driving Record  Education  Social Security Verification  Credit History

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Candidate's Name (please print)

\_\_\_\_\_  
Candidate's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Candidate's DOB

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

\_\_\_\_\_  
State

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Southern Stone County Fire Protection District  
Company Name

**PLEASE PROVIDE ALL PAST RESIDENTIAL ADDRESSES FOR THE LAST SEVEN (7) YEARS.**  
(Use additional sheet of paper if needed.)

\_\_\_\_\_  
Street      Apt #      City      State      Zip      From      To

\_\_\_\_\_  
Street      Apt #      City      State      Zip      From      To

\_\_\_\_\_  
Street      Apt #      City      State      Zip      From      To

\_\_\_\_\_  
Street      Apt #      City      State      Zip      From      To