



## OZARK FIRE PROTECTION DISTRICT

Darren White

*Fire Chief*

*dwhite@ozarkfire.org*

604 N. 3<sup>rd</sup> Street      PHONE: (417) 581-4436  
P. O. Box 917      FAX: (417) 581-4496  
Ozark, MO 65721      WEB: [www.ozarkfire.org](http://www.ozarkfire.org)

Dear Assistant Chief Applicant:

Thank you for your interest in becoming a member of the Ozark Fire Protection District. To determine your eligibility, which is the first step in our application process, you must submit the following information before the established and published deadlines listed on the job announcement for this position (if applicable). For your convenience, we are listing all necessary application documents.

- Completed and signed **Application for Employment**
- Completed and signed **Request for Criminal Background Check**
- Completed and signed **Firefighter Application Addendum**
- Completed and signed **Application Letter** (*attached*)
- Proof of the following **certifications**
  - Diploma or Transcript showing proof of Associates Degree or 60+ college credits
  - Copy of Missouri Division of Fire Safety Fire Officer II Certificate
  - Copy of Missouri Division of Fire Safety Fire Service Instructor I Certificate
  - Copy of Missouri Division of Fire Safety Fire Inspector Certificate
  - Copy of Missouri Division of Fire Safety Fire Investigator Certificate
- Proof of current **First Responder Certification** or higher
- Copy of current **Cardiopulmonary Resuscitation (CPR) Card**.
- Copy of current **Missouri Driver's License** (must provide within 6 months of employment offer)
- Professional **Resume**

Submitting copies of any documents not listed above may significantly delay the review of your application and may render your application invalid thereby disqualifying your application.

Completed applications may be mailed, faxed, emailed, or delivered in person. Please refer to the information below when submitting your application. If faxed, emailed, or mailed, please call to verify it was received.

**Mail or Deliver**

604 N. 3<sup>rd</sup> Street  
Ozark, MO 65721

**Fax**

(417) 581-4496

**Email**

[applications@ozarkfire.org](mailto:applications@ozarkfire.org)

If you meet the above, the Ozark Fire Protection District may request additional information as the process continues. We look forward to reviewing the materials requested above and wish you continued success in your career.

Sincerely,

Darren J. White  
Fire Chief



# Ozark Fire Protection District

604 N. 3<sup>rd</sup> Street P: (417) 581-4436  
 P.O. Box 917 F: (417) 581-4496  
 Ozark, MO 65721 www.ozarkfire.org

### INSTRUCTIONS:

Type or print your answers to all questions listed on the application. The Ozark Fire Protection District requires that all individuals interested in employment complete an official application and will accept a professional resume as a supplement to the application form. Applicants must attach copies of all supporting documentation to the official application.

## SECTION I: Personal Information

**Position for which you are applying (one per application):**

Full-Time  Part-Time  Volunteer Title/Rank: \_\_\_\_\_

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

**Please tell us, how did you find out about this position?**

OFPD Website  Other Website: \_\_\_\_\_  OFPD Employee: \_\_\_\_\_  
 Published Ad  Other: \_\_\_\_\_

**Please complete (enter all applicable information and check one preferred method of contact):**

Home Phone \_\_\_\_\_  Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  E-Mail Address \_\_\_\_\_

**Name** (first) (middle) (last)

**Street Address** **Apt./Suite**

**Have you ever worked for the Ozark Fire Protection District?**

Yes  No

**City** **State** **Zip Code**

**When to When** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Are you legally authorized to work in the U.S.?**

Yes  No

**Can you provide evidence of your eligibility to work?**

Yes  No

**Do you have relatives employed by the Ozark Fire Protection District?**  Yes  No

**If so, list name(s) and relationship(s)?** \_\_\_\_\_

**Do you have a valid Missouri Driver's License?**  Yes  No

**The Ozark Fire Protection District may verify all information, including moving violations.**

**High School / G.E.D.** **Do you have a High School Diploma or G.E.D. Certificate?**  Yes  No  
 Prior to an interview, the District may require official copies of college or university transcripts or High School or G.E.D. certificate or Diploma, or professional certificates.

College or University	Name	Location	Dates (To and From)	Credit Hours Earned
		Major	Minor	Type of Degree
College or University	Name	Location	Dates (To and From)	Credit Hours Earned
		Major	Minor	Type of Degree
College or University	Name	Location	Dates (To and From)	Credit Hours Earned
		Major	Minor	Type of Degree

**List all applicable certificates and/or licenses.** \_\_\_\_\_  
 (you may attach a separate sheet if needed)

**SECTION II: Employment Record**

Beginning with current or most recent dates, provide a comprehensive description of your professional experience.  
If you require additional space, attach an additional sheet to this document.

**Current or Most Recent Employer** \_\_\_\_\_

**Starting Date** \_\_\_\_\_ **Ending Date** \_\_\_\_\_ **Total Time Employed** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Title** \_\_\_\_\_ **Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Duties** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Starting Date** \_\_\_\_\_ **Ending Date** \_\_\_\_\_ **Total Time Employed** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Title** \_\_\_\_\_ **Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Duties** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Starting Date** \_\_\_\_\_ **Ending Date** \_\_\_\_\_ **Total Time Employed** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Title** \_\_\_\_\_ **Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Duties** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Starting Date** \_\_\_\_\_ **Ending Date** \_\_\_\_\_ **Total Time Employed** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Title** \_\_\_\_\_ **Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Duties** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Have you ever been convicted, plead guilty or no contest, or placed on deferred adjudication or probation for any offense other than traffic violations?**

Yes       No

**Provide details (charges, penalties, where, when, and disposition)** \_\_\_\_\_

\_\_\_\_\_

**By signing below, I certify, authorize, or acknowledge:**

That all of the information provided by me on this application for employment and any attachments or supporting documents I submit are accurate. Recognizing that the Ozark Fire Protection District may rely upon information I provide to make an employment decision, I hereby certify that all information herein presented is accurate and free from intentional omission, falsification, or misleading information.

I authorize the Ozark Fire Protection District to conduct background, personal, criminal, employment history, or any type of investigation it may require to determine of my fitness for the position for which I have applied. Additionally, I understand that the District may require a physical, mental, or drug pre-employment screening after the District has made me a conditional offer for employment.

\_\_\_\_\_  
Usual Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date



**OZARK FIRE PROTECTION DISTRICT**

604 N. 3<sup>rd</sup> Street

P.O. Box 917

Ozark, Mo 65721

Phone: (417) 581-4436

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**REQUEST FOR CRIMINAL BACKGROUND CHECK**

**NAME:** \_\_\_\_\_  
Last First Middle Jr. / Sr.

**MAIDEN / ALIAS:** \_\_\_\_\_  
Last First Middle Jr. / Sr.

**SEX:**  Male  Female **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**RACE:**  Caucasian  Black  Hispanic  Asian  Other \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street / P.O. City State Zip Code

**REQUESTING ENTITY**

OZARK FIRE PROTECTION DISTRICT  
P. O. BOX 917  
OZARK, MO 65721  
(417) 581-4436

NON-PROFIT POLITICAL SUBDIVISION

**REQUEST FOR:** \_\_\_\_ EMPLOYMENT \_\_\_\_ VOLUNTEER

This Criminal History Record Check document, signed by the applicant, will serve as written consent to check criminal records and offender information by the requestor. The information obtained shall be confidential and any person who discloses the information beyond the scope allowed in Sections 43, 540 and 589.400 RSMo., shall be subject to prosecution for a Class A misdemeanor.

Signature of Subject of Request

Date



## APPLICATION LETTER

\_\_\_\_\_  
Date

Ozark Fire Protection District  
604 N. 3<sup>rd</sup> Street  
Ozark, MO 65721

Dear Sir or Ms:

As you requested, please find my application, addendum and supporting documentation for your review, then determine if I meet the qualifications you have established to become an employee with the Ozark Fire Protection District. To ensure that I submit all required information, I have completed the checklist you provided below. Please note that I have read and I am submitting only the information you requested.

- Completed and signed Application for Employment
- Completed and signed Request for Criminal Background Check
- Completed and Signed Firefighter Application Addendum
- Completed and signed Application Letter (*this letter*)
- Diploma or Transcript showing proof of Associates Degree or 60+ college credits
- Copy of Missouri Division of Fire Safety Fire Officer II Certificate
- Copy of Missouri Division of Fire Safety Fire Service Instructor I Certificate
- Copy of Missouri Division of Fire Safety Fire Inspector Certificate
- Copy of Missouri Division of Fire Safety Fire Investigator Certificate
- Copy of Missouri Division of Fire Safety Firefighter II Certificate
- Proof of current First Responder Certification or higher
- Copy of current Cardiopulmonary Resuscitation (CPR) Card
- Copy of current Missouri Driver's License
- Professional Resume

Thank you for your attention to this application and I look forward to hearing from you.

Sincerely,

\_\_\_\_\_  
(signature)