

APPLICATION PACKET



FIREFIGHTER

Deadline: February 8, 2019



OZARK FIRE PROTECTION DISTRICT

Darren White

Fire Chief

dwhite@ozarkfire.org

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

Dear Firefighter Applicant:

Thank you for your interest in becoming a member of the Ozark Fire Protection District. To determine your eligibility, which is the next step in our application process, we will be conducting testing for the position of Firefighter.

The testing process will consist of a general aptitude test (written), a physical agility test (including a 6 minute, ½ mile run), and a series of interviews. We will be conducting a two part examination on Saturday, February 16, 2019 at 9:00 a.m. The written test will be held at Fire Station 1, 604 N. 3rd Street, Ozark, MO. Park to the north or east of the station. Please make plans to arrive early. Anyone arriving late will not be allowed to participate in the testing.

Successful completion of the written test will allow for advancement to the physical agility test. This test will require helmet, bunker coat and gloves (excluding the ½ mile run). You can bring your own gear or we will provide it for you. Please wear comfortable clothing during this part of the testing

Applicants who have successfully passed all phases of testing will be placed on an eligibility list. This list will remain active for a period of twelve (12) months from the date it is established. This list may be extended or deleted at the fire chief's discretion.

Submitting your application prior to the February 8th deadline will automatically reserve you a seat for the initial phase of the testing process. Call (417) 581-4436 between the hours of 8:00 am–noon or 1:00 pm–4:00 pm, Monday through Friday should you have any questions.

PLEASE NOTE: Testing is scheduled for February 16, 2019 at 9:00 a.m. You will not receive any other notification of this date/time.

Again, thank you for your interest and if you have any questions, please feel free to call me.

Sincerely,

Darren J. White
Fire Chief



OZARK FIRE PROTECTION DISTRICT

Darren White

Fire Chief

dwhite@ozarkfire.org

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

Dear Firefighter 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 current **Fire Certification** (*one of the following*)
 - Copy of Missouri Division of Fire Safety Firefighter II Certificate
 - Copy of Missouri Division of Fire Safety Letter of Verification
 - Copy of IFSAC Seal issued from another state
- 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** (*if desired by applicant*)

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. 3rd Street
Ozark, MO 65721

Fax

(417) 581-4496

Email

applications@ozarkfire.org

If you meet the above, the Ozark Fire Protection District will 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. 3rd 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 _____

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. 3rd Street

P.O. Box 917

Ozark, Mo 65721

Phone: (417) 581-4436

Fax: (417) 581-4496

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



OZARK FIRE PROTECTION DISTRICT



Firefighter Application Addendum

Name: _____ **DOB:** _____ **Date:** _____
 Last, First, Middle mm/dd/yyyy mm/dd/yyyy

The Ozark Fire Protection District (OFPD) requires that all applicants answer the following questions. Your responses will provide the OFPD with essential information to determine your eligibility and overall qualifications to become a firefighter. Please print or type your responses in black or blue ink. Answer all questions accurately and completely. You must respond to ALL questions. If the options presented as responses do not apply to your particular situation, simply write N/A next to the question.

Check one ONLY

1.	Do you have a high school diploma or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever been convicted of anything other than a misdemeanor traffic charge? <small>(A conviction includes probation, community supervision, or deferred adjudication for purposes of this application.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you currently use any illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been convicted of a family violence offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever been in the military? <small>(Please attach any and all paperwork)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you been convicted of a moving traffic violation in the past twelve (12) months, i.e., speeding, ran red light, ran stop sign, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a.	If yes, how many have you received in the past twelve (12) months? _____		
7.	Are you related to the fourth (4 th) degree by blood or affinity to a member of the Board of Directors or a Chief Officer of the Ozark Fire Protection District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORITY TO RELEASE INFORMATION: By signing below, I affirm, agree, and understand that all statements on this form are true and accurate. I further understand that any misrepresentation, falsification, or material omission of information or data on this application for employment (full-time or volunteer status) may result in exclusion from further consideration or, if hired, may result in termination of employment.

Furthermore, I authorize the Ozark Fire Protection District to verify all information I have submitted on this application for employment (full-time or volunteer). I also give consent to the release of information to authorize officers, agents, and/or employees of the Ozark Fire Protection District, which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I authorize appropriate officers, agents, and/or employees of the Ozark Fire Protection District to inquire of third parties such as credit bureaus, educational entities, present and past employers, and fire service organizations. I also absolve the Ozark Fire Protection District and all third parties from any and all claims of any nature that I may have now or in the future as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

SIGNATURE: _____ **DATE:** _____

APPLICATION LETTER

Date

Ozark Fire Protection District
604 N. 3rd 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 a firefighter 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*)
- Proof of current First Responder certification or higher
- Copy of current Cardiopulmonary Resuscitation (CPR) Card
- Copy of current Missouri Driver's License
- Copy of current Automobile Insurance
- Professional Resume (*if desired by applicant*)

One of the following:

- Copy of Missouri Division of Fire Safety Firefighter II Certificate
- Copy of Missouri Division of Fire Safety Letter of Verification
- Copy of IFSAC Seal issued from another state

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

Sincerely,

(signature)