

# APPLICATION PACKET



**Lieutenant**

**Deadline: April 10, 2020 @1600CST**



## OZARK FIRE PROTECTION DISTRICT

**Rob Crawford**

*Interim Fire Chief*

*rcrawford@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)

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Dear 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 Lieutenant.

The testing process will consist of a general aptitude test (written), and assessment center. Written test and assessment center are held at a location TBD, watch your email for further information. Successful completion of the written test will allow for advancement to the assessment center.

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 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.

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

Best Regards,

Robert Crawford  
Interim Fire Chief



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**Interim Fire Chief**

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Dear 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 **Application Addendum**
- Completed and signed **Application Letter** (*attached*)
- Proof of current **Fire Certification** (*one of the following*)
  - Copy of Missouri Division of Fire Safety Fire Officer I Certificate
  - Copy of Missouri Division of Fire Safety Letter of Verification
  - Copy of IFSAC Seal issued from another state
- Proof of current **State of Missouri Emergency Medical Technician-Basic** 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. 3<sup>rd</sup> Street  
Ozark, MO 65721

**Fax**

(417) 581-4496

**Email**

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

If you meet the above requirements, 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.

Best Regards,

Robert Crawford  
Interim Fire Chief

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■ Professionalism

■ Responsibility

■ Accountability



# 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**

<input type="checkbox"/> <b>Position for which you are applying (one per application):</b>			<b>Date</b> _____
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer _____	

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

<input type="checkbox"/> OFPD Website	<input type="checkbox"/> Other Website: _____	<input type="checkbox"/> OFPD Employee: _____
<input type="checkbox"/> Published Ad	<input type="checkbox"/> Other: _____	

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

<input type="checkbox"/> Home Phone _____	<input type="checkbox"/> Work Phone _____
<input type="checkbox"/> Cell Phone _____	<input type="checkbox"/> E-Mail Address _____

**Name** (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

<b>Street Address</b> _____	<b>Apt./Suite</b> _____	<b>Have you ever worked for the Ozark Fire Protection District?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>City</b> _____	<b>State</b> _____	
<b>Zip Code</b> _____		<b>When to When</b> _____ / _____ / _____ _____ / _____ / _____

<b>Are you legally authorized to work in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can you provide evidence of your eligibility to work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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

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



## 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 <sup>th</sup> ) 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. 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 for employment 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 Application Addendum Completed and
- signed Application Letter (*this letter*)
- Proof of current Missouri State Emergency Medical Technician Basic 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 MO Division of Fire Safety Fire Officer I 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)