

APPLICATION PACKET



FIREFIGHTER

Deadline: May 27, 2020



OZARK FIRE PROTECTION DISTRICT

Rob Crawford

Assistant Chief

rcrawford@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, May 30, 2020. Due to the current social distancing practices we may have a morning session and afternoon depending on the number of applicants. You will be contacted on Friday May 29, 2020 to give a specific test time. 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 deadline, May 27, will automatically reserve you a seat for the initial phase of the testing process. Call (417) 581-4436 during regular business hours should you have any questions.

PLEASE NOTE: You will be contacted on Friday, May 29, with your scheduled time for the written aptitude and physical agility tests.

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

Rob Crawford
Assistant Chief



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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 **State of Missouri EMT-B** 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

jobs@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,

Rob Crawford
Assistant Chief



Ozark Fire Protection District

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 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"/> Position for which you are applying (one per application): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer _____	Date _____
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	When to When _____ / _____ / _____ _____ / _____ / _____
Zip Code		

Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide evidence of your eligibility to work? <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	Date Graduated
College or University	Name	Location	Dates (To and From)	Credit Hours Earned
	Major	Minor	Type of Degree	Date Graduated
College or University	Name	Location	Dates (To and From)	Credit Hours Earned
	Major	Minor	Type of Degree	Date Graduated

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

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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. 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 State of Missouri EMT-Basic
- 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)