

List Licenses and Professional Certificates currently held: _____

List any other training/certification/skills: _____

Do you have any medical conditions that would prevent you from doing the physically demanding work related to the fire department? No Yes

If yes, please explain: _____

Have you had a complete physical exam in the last two years?

Yes; date (if known) _____ No

Date of last tetanus shot: _____

Do you have any allergies? (i.e. medications, etc.) No Yes (please list below)

Have you received or downloaded a copy of the job description of a Jefferson City Reserve Firefighter? Yes No

After viewing the job description of a Firefighter, do you know of any reason why you could not perform this work? Yes No

Do to the “on call” nature of a Reserve Firefighter, do you have a vehicle that you can drive to emergencies and training sessions? Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in departmental activities? Yes No

Has your driver's license been revoked or suspended within the past five years?

Yes No (If yes, please explain below)

Do you have any felony convictions or DUI violations? Yes No

(If yes, please explain below)

If required, are you willing to submit to a drug test? Yes No

Have you served, or are you currently serving, in a branch of the U.S. Military?

Yes No (If yes, please explain below)

Record of Education

School	Name and Address	Dates Attended	Did you Graduate?	Degree and Major
High School				
Technical or Business School(s)				
College(s)				
Graduate				

Employment Record

Please list your present and past employment record. Please start with your current or most recent job and work back.

Employer: _____
Job Title: _____ From: _____ to _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Supervisor: _____
Duties: _____

Employer: _____
Job Title: _____ From: _____ to _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Supervisor: _____
Duties: _____

Employer: _____
Job Title: _____ From: _____ to _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Supervisor: _____
Duties: _____

May we contact your present employer? Yes No

Please list three references that are not related to you:

 Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____
 Phone #: _____

 Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____
 Phone #: _____

 Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____
 Phone #: _____

In case of emergency, notify:

 Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____
 Phone #: _____ Relationship: _____

I certify that all statements given in this application are true. I consent to the research and release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the department. As part of initial entry into the department, I understand that I will be on probationary status for not less than twelve (12) months and may be excused from the department with no fault. If no action is taken within one (1) year of date below, this application will be destroyed.

Signed _____ Date: _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status. Due to the nature of firefighting and rescue work, applicants must be able to meet the department's minimum standards of physical ability to provide for their own safety, as well as the safety of other department members and the public they serve. Please refer to the job description for the position of Reserve Firefighter for more information.

--Department Use Only--	
Date Application Received: _____	Date referred to Membership Committee: _____
Interview Date: _____	Interviewed by: _____
Remarks: _____	
Action on Application: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Date: _____	

