

# OSAGE FIRE PROTECTION DISTRICT APPLICATION PACKET



NAME \_\_\_\_\_

DATE APPLICATION COMPLETED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

*To be completed by OFPD*

ASSIGNMENT \_\_\_\_\_

*To be completed by OFPD*



# OSAGE FIRE PROTECTION DISTRICT

6708 STATE HIGHWAY W · JEFFERSON CITY, MO 65101

(573) 635-4225 · [www.osagefire.net](http://www.osagefire.net)

## PERSONAL INFORMATION

Name \_\_\_\_\_

Are you at least 18 years of age or older?

Yes

No

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Years at present address? \_\_\_\_\_ If less than 2 years at present address, list previous address:

(Street)

(City)

(State)

(Zip)

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you ever received a moving violation?

Yes

No

If so, please explain \_\_\_\_\_

Have you every been convicted of a criminal offense? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Automobile Insurance Carrier \_\_\_\_\_

(Company)

(Agent)

(Coverage/limits of liability)

## EDUCATION

### GED

#### High Shool

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

#### Vocation/Trade School

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

#### College/University

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

## MILITARY

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Dates: \_\_\_\_\_

Occupation: \_\_\_\_\_

## RELATED EXPERIENCE

Have you ever served on a fire district/department?

Yes

No

If Yes, list district/department \_\_\_\_\_

(Name)

(City/State)

(Phone #)

(Chief Officer)

Size of department \_\_\_\_\_

Volunteer

Combo

Paid

List Previous fire service training \_\_\_\_\_

Do you hold a current Missouri EMT License? Yes No If yes: \_\_\_\_\_  
(License Number) (Exp. Date)

Do you hold a current Missouri Paramedic License? Yes No If yes: \_\_\_\_\_  
(License Number) (Exp. Date)

List any other fire service/EMS/rescue related training \_\_\_\_\_

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc. \_\_\_\_\_

## JOB HISTORY

Employer/Address/Phone (*Current employer first*)

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What are your current hours? \_\_\_\_\_

Would you be able to respond from work? Yes No

Employer/Address/Phone

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer/Address/Phone

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer/Address/Phone

Dates of Employment \_\_\_\_\_

Position/Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## HEALTH

The position of Firefighter is a physically demanding position including the ability to climb ladders, crawl in confined spaces, and wear safety equipment weighing up to 75-80 lbs. and perform strenuous activities for long periods of time. Can you perform the essential functions of the position for which you are applying? Yes No

Do you have any back, heart or respiratory problems that would inhibit you from performing the duties of the position for which you are interviewing? Yes No

## REFERENCES

List three references you have known for at least two years. Do not list relatives or former employers.

Name/Address	Day Phone/Evening Phone	Years known
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**ADDITIONAL INFORMATION**

How did you learn about the Osage Fire Protection District? \_\_\_\_\_

Why do you wish to become a member of this organization and why do you feel you would be an asset to the Osage Fire Protection District? \_\_\_\_\_

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**CONSENT/SIGNATURE**

*I testify that all information contained within this application is true to the best of my knowledge. I understand that the Osage Fire Protection District will verify all information contained within this application and perform the following reference checks : Driver's License Record Check and Criminal Background Check. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal. I understand that neither the acceptance of this application by the District nor any statements of the District confer or create any contractual rights of membership.*

\_\_\_\_\_  
Applicant Signature

**Please attach a copy of your driver's license, high school diploma or GED and verification of auto insurance to this application.**

**PLEASE EMAIL COMPLETED APPLICATION TO DIVISION CHIEF RENICK: KRENICK@OSAGEFIRE.NET, OR MAIL TO THE OSAGE FIRE PROTECTION DISTRICT:**

**ATTN: KYLE RENICK  
OSAGE FIRE PROTECTION DISTRICT  
6708 STATE HIGHWAY W  
JEFFERSON CITY, MO 65101**