

SCOTT COUNTY RURAL FIRE PROTECTION DISTRICT

Volunteer Employment Application

-----Applicant Information-----

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Date Available: _____ Social Security Number: _____

Position Applied For: _____

Are you a United States citizen? YES ___ NO ___ .

If no, are you authorized to work in the U.S.? YES ___ NO ___

Have you ever worked for the Fire District? YES ___ NO ___ If so, when? _____

Have you ever convicted of a felony? YES ___ NO ___ If yes,
explain: _____

-----Education-----

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ___ NO ___ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ___ NO ___ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ___ NO ___ Degree: _____

-----**References**-----

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

-----**Current Employment**-----

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? YES _____ NO _____

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? YES _____ NO _____

-----Disclaimer and Signature-----

Initial Each

_____ I currently possess a valid Missouri Drivers License and give the District authorization to check my driving history as duties may include operation of emergency vehicles.

_____ I give the District permission to conduct a criminal background check as a condition of employment.

_____ I understand that as part of the application process, applicants must successfully complete a physical training exercise to evaluate their ability to perform the duties associated with emergency response.

_____ I understand that as a condition to employment, I must submit to a medical exam including drug screening

_____ I certify that my answers are true and complete to the best of my knowledge.

_____ If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____

PLEASE READ COMPLETELY BEFORE SIGNING

- I AGREE AND UNDERSTAND THAT IN VOLUNTEERING AS A MEMBER OF THE SCOTT COUNTY RURAL FIRE PROTECTION DISTRICT I AM VOLUNTEERING TO PERFORM ALL REASONABLE TASKS THAT BE ASKED OF ME. I WILL FOLLOW ALL REASONABLE ORDERS OF THE OFFICERS OF THE DISTRICT AND UNDERSTAND I MAY REFUSE IF I FEEL I AM NOT PROPERLY TRAINED TO ACCOMPLISH THE TASK IN ACCORDANCE WITH SUGGESTED OPERATIONAL PROCEDURES AND POLICIES OF THE DISTRICT OR FEEL MY SAFETY OR THE SAFETY OF OTHERS MAY BE JEOPARDIZED.
- I AGREE AND UNDERSTAND THAT A PART OF THE “JOB” I HAVE VOLUNTEERED FOR INCLUDES THE CLEANING, MAINTENANCE AND PROPER USE OF ALL DISTRICT EQUIPMENT AND FACILITIES. I AGREE AND UNDERSTAND THAT I AM RESPONSIBLE FOR THESE TASKS AND THAT I WILL FULFILL MY DUTIES AS ASSIGNED.
- I AGREE AND UNDERSTAND THAT I AM RESPONSIBLE FOR READING THE SUGGESTED OPERATIONAL PROCEDURES AND POLICIES OF THE DISTRICT AND THAT IF I FAIL TO OBEY AND FOLLOW THESE POLICIES I AM LIABLE FOR DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.
- I AGREE AND UNDERSTAND THAT I AM RESPONSIBLE FOR THE PROPER CARE AND USE OF ANY DISTRICT EQUIPMENT ASSIGNED TO ME AND THAT I WILL FOLLOW ALL DISTRICT SUGGESTED OPERATIONAL PROCEDURES AND POLICIES REGARDING SUCH EQUIPMENT.
- I AGREE AND UNDERSTAND THAT THE DISTRICT WILL CONDUCT A BACKGROUND CHECK THROUGH THE SCOTT COUNTY SHERIFF’S DEPARTMENT AND THAT I WILL BE ON PROBATION FOR A PERIOD OF SIX (6) MONTHS. I FURTHER ACKNOWLEDGE THE NECESSITY OF TRAINING AND PRACTICE AND THAT I WILL ATTEND THESE TRAINING AND PRACTICE SESSIONS.
- I AGREE AND UNDERSTAND THAT IN RETURN FOR MY SERVICE AS A MEMBER IN GOOD STANDING THAT THE DISTRICT WILL PROVIDE PROPER EQUIPMENT AND SUPPLIES FOR USE IN MY DUTIES AND THAT IN THE EVENT I AM NO LONGER A MEMBER IN GOOD STANDING I AGREE TO SURRENDER ALL EQUIPMENT TO THE PROPER OFFICER. I AGREE AND UNDERSTAND THAT I MAY BE HELD LIABLE FOR DAMAGE TO SUCH EQUIPMENT THROUGH MY NEGLIGENCE.
- I UNDERSTAND THAT I WILL BE REQUIRED TO ATTEND THE NEXT DISTRICT BOARD MEETING TO GAIN FINAL APPROVAL OF MY APPLICATION AFTER BEING INTERVIEWED BY THE BOARD. (YOU WILL BE NOTIFIED OF THE DATE OF THAT MEETING AT YOUR INITIAL INTERVIEW.) I UNDERSTAND THAT AFTER MY PROBATION PERIOD OF SIX (6) MONTHS, I WILL AGAIN BE REQUIRED TO ATTEND THE NEXT BOARD MEETING TO EITHER BE INSTATED AS A MEMBER IN GOOD STANDING OR TO BE TERMINATED.

PRINT NAME _____

SIGNATURE _____

DATE _____ **ACCEPTED BY** _____ **TITLE** _____

APPROVED _____ **DATE** _____

PERSONNEL DATE SHEET

NAME: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER: (_____) _____

CELL PHONE NUMBER: (_____) _____

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____

MARITAL STATUS: _____

SPOUSES NAME: _____

IN CASE OF EMERGENCY, CONTACT: _____

EMERGENCY PHONE NUMBER: (_____) _____

FAMILY PHYSICIAN: _____

BLOOD TYPE: _____

SCRFPD DEPT. ID #: _____

SIGNATURE:

SCOTT COUNTY RURAL FIRE PROTECTION DISTRICT

PERSONNEL EQUIPMENT LIST

PRINT

ISSUED

TO: _____ DSN _____ DATE _____

Equipment Name	# Issued	Size	Issued (Date & Initials)	Returned (Date & Initials)
Structural Helmet				
Neck & Ear Cover				
Quick Hood				
Bunker Coat				
Bunker Pants				
Rubber Boots				
Leather Boots (Structural)				
Leather Boots (Brush)				
Structural Gloves				
Brush Gloves				
Brush Goggles				
Brush Helmet				
Brush Coveralls				

Equipment Name	Number Issued	Make	Model	Serial Number	Issued Date & Initial	Returned Date & Initial

Upon termination of employment with SCRFPD you will have 30 days to turn in all the above items in the state they were in when issued to you. Failure to comply will result in you being subject to financial responsibility.

Print Employee Name: _____ **Print Witness Name:** _____

Sign Employee Name: _____ **Sign Witness Name:** _____