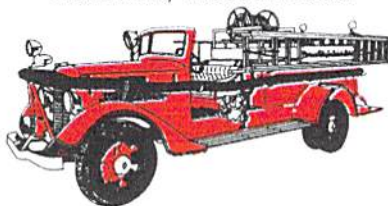


(314) 837-4894

FAX: (314) 837-4744

# Florissant Valley Fire Protection District

661 St. Ferdinand Street  
Florissant, Missouri 63031



**DAN LUBIEWSKI**  
*Director*

**MIKE MAHAFFY SR.**  
*Director*

**BOB CARMACK**  
*Director*

**JASON HOEVELMANN**  
*Chief of Department*

## Application for Employment (Firefighter/Paramedic) (Please Print)

Date Of Application \_\_\_\_\_

\_\_\_\_\_

Last Name	First Name	Middle Name
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\_\_\_\_\_

Address – Number	Street	City	State	Zip Code
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\_\_\_\_\_

How long have you lived at Present Address?	Social Security Number
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\_\_\_\_\_

Date of Birth	Place of Birth (City, State & Country)
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\_\_\_\_\_

Cell Phone Number	Home Phone Number	Email Address
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I am a Citizen of the United States of America ( ) Yes ( ) No

If (No), Are you legally eligible for employment in this country ( ) Yes ( ) No  
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last 7 years? ( ) Yes ( ) No  
(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain

**ARMED FORCES**

Branch \_\_\_\_\_ Period of Service \_\_\_\_\_ to \_\_\_\_\_

Type & Date of most recent Discharge \_\_\_\_\_

*Optional* – Describe any specialized training, job related, apprenticeship, skills and extra curricular activities received in the United States Military

**EDUCATION**

**Elementary School** \_\_\_\_\_ Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ to \_\_\_\_\_

**High School** \_\_\_\_\_ Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Graduated ( ) Yes, When \_\_\_\_\_ ( ) No \_\_\_\_\_

Date of successful completion of Equivalence Test \_\_\_\_\_

**College** \_\_\_\_\_ Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Graduated ( ) Yes, When \_\_\_\_\_ ( ) No \_\_\_\_\_

Degree Received \_\_\_\_\_ Major \_\_\_\_\_

**EDUCATION – (Cont.)**

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<b>Other / College</b>	<b>Address</b>
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Dates Attended	to	Graduated ( ) Yes, When ( ) No
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Degree Received	Major
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**St. Louis Fire Academy**

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Dates Attended	to	Graduated ( ) Yes, When ( ) No
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**Paramedic License**

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Date Certified	to	Date Expires
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*Optional – Describe any specialized training, job related, apprenticeship, skills and extra curricular activities received in with/or in conjunction with the above Education history.*

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**EMPLOYMENT EXPERIENCE**

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*List your complete work history, use a separate sheet of paper if necessary. Start listing with your current employer and work backwards.*

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May we contact your current employer ( ) Yes ( ) No

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<b>1) Employer Name &amp; Address</b>	<b>Telephone Number(s)</b>
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Supervisor	From To	Position	Reason for Leaving
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<b>2) Employer Name &amp; Address</b>	<b>Telephone Number(s)</b>
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Supervisor	From To	Position	Reason for Leaving
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**EMPLOYMENT EXPERIENCE – (Cont.)**

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**3) Employer Name & Address** Telephone Number(s)

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Supervisor From To Position Reason for Leaving

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**4) Employer Name & Address** Telephone Number(s)

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Supervisor From To Position Reason for Leaving

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*Optional* – State any additional information you feel may be helpful to us in considering your application.

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**REFERENCES**

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Name & Address Telephone Number(s)

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Name & Address Telephone Number(s)

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Name & Address Telephone Number(s)

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Name & Address Telephone Number(s)

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**All applicants are to read and certify their understanding of the following paragraphs and the statements on this application by their signature.**

I hereby certify all statements, representations, additional listings and answers to questions are complete, accurate and contain no misrepresentations or falsifications. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

It is understood it is the Fire District's policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA (Americans with Disabilities Act).

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.

I agree, if employed to submit to medical examination including substance abuse test and/or any psychological evaluation, as directed by the Florissant Valley Fire Protection District.

I am in possession of a valid state motor vehicle operator's license for the State of Missouri.

**Prior to the written examination**, I will provide the Florissant Valley Fire Protection District with copies of Firefighter 1 and 2, St. Louis County Fire Academy Certificate, valid Paramedic, ACLS, PHTLS, PALS, and CPAT certifications, valid Missouri Driver's License, Police Background Check and driving record check through the DMV. I understand, I **will not** be allowed to take the examination without first providing this report.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_