



MEHLVILLE FIRE PROTECTION DISTRICT

Employment Application

RECEIVED BY _____

DATE _____

TIME _____

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	EMAIL ADDRESS
STREET ADDRESS		CITY	STATE	ZIP
				CELL PHONE
				HOME PHONE
Position applied for: <input type="checkbox"/> 12 Hour CCP <input type="checkbox"/> 24 Hour CCP <input type="checkbox"/> Both		When can you begin work?		Over Age 21? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of any violation of the law other than minor traffic regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list convictions, starting date and the nature and location of the offenses. A conviction will not necessarily disqualify you from employment. You are not required to disclose arrests. Consideration of conviction records in employment decisions will take into account the nature and gravity of the offense or conduct; the time that has passed since the offense, conduct and/or completion of the sentence; and the nature of the position.				
CERTIFICATIONS – Please check certifications that you currently possess and include a copy of each certification with application.				
Paramedic EMT-P (REQUIRED): <input type="checkbox"/>		CCP-C <input type="checkbox"/>	PALS <input type="checkbox"/>	<input type="checkbox"/>
License No.: _____ Expiration Date: _____		Mobile Integrated Healthcare/CP <input type="checkbox"/>	PHTLS or ITLS <input type="checkbox"/>	<input type="checkbox"/>
		ACLS <input type="checkbox"/>	AMLS <input type="checkbox"/>	<input type="checkbox"/>
EDUCATION AND TRAINING <i>Please attach a copy of your high school diploma.</i>				
Schools Attended	Name and Address	Major Fields of Study	Diploma, GED or Type of Degree	
High School				
College or University				
Technical, Business or Other Schools				
Other Skills or Training (include any job related training received in the U.S. Military):			Languages Spoken:	
EMPLOYMENT May we contact your present and past employers? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you been discharged or have you resigned after notice that you were subject to possible discharge from employment, for any reason, within the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO If your answer is yes, give details on an extra sheet of paper. Furnish a complete record of every employment since high school. Start with present position and work back to the first position, accounting for all periods of unemployment. Use additional paper if necessary.				
Dates of Employment		Employer	Position	Annual Wage
date employed		name		beginning
date separated		address		last
reason for leaving		city state zip		
		phone		
		supervisor		
date employed		name		beginning
date separated		address		last
reason for leaving		city state zip		
		phone		
		supervisor		
date employed		name		beginning
date separated		address		last
reason for leaving		city state zip		
		phone		
		supervisor		

EMPLOYMENT (continued)			
Dates of Employment	Employer	Position	Annual Wage
date employed	name		beginning
date separated	address		
reason for leaving	city state zip		last
	phone		
	supervisor		
date employed	name		beginning
date separated	address		
reason for leaving	city state zip		last
	phone		
	supervisor		
REFERENCES			
Name	Address and Phone	Occupation	
Are you able to perform, in a reasonable and safe manner, with or without reasonable accommodation, the essential functions of the job for which you have applied?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Mehlville Fire Protection District is an Equal Opportunity Employer. Qualified applicants will receive consideration during the hiring process without regard to race, creed, color, religion, age, sex, sexual orientation, national origin, marital status, ancestry, physical or mental handicap or veteran's status. Mehlville Fire Protection District prohibits discrimination on any characteristic protected by federal, state or local law.

PROBATIONARY SERVICE

All employees of Mehlville Fire Protection District serve a 12-15 month period of probation from the date of employment. During this time, the employee will have the opportunity to demonstrate that he or she has the ability to perform effectively. While the Chief of the District may recommend termination of an employee at any time during the probationary period, he is required at the end of the probationary period to give a recommendation for either termination or continued employment. Termination during the probationary period is not grievable.

ACKNOWLEDGEMENTS AND AGREEMENTS

I authorize Mehlville Fire Protection District and its agents to request, obtain, and use consumer reports, including without limitation, investigative consumer reports, now and at any time, to evaluate hiring, promoting, reassigning, transferring, retaining or discharging me.

I acknowledge that in connection with my application for employment, promotion or reassignment with Mehlville Fire Protection District, an investigative consumer report or other inquiry may be made as to my character, general reputation, personal characteristics and mode of living. If a report is made, I have been advised further that upon written request, within a reasonable time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the Human Resource Administrator of Mehlville Fire Protection District.

I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all non-medical information as permitted by law pertinent to my employment and release the same from any liability resulting from providing such information. Mehlville Fire Protection District and its agents have my permission to make said inquiries and I hereby release Mehlville Fire Protection District and its agents from any liability in making said request or in relying on the information received.

I certify that all statements and answers made on this Employment Application are complete and true. I understand that if subsequent to employment any of such statements and/or answers is found to be false or that information is omitted, such false statements or omissions will be considered grounds for immediate termination of my employment.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER