



# MEHLVILLE FIRE PROTECTION DISTRICT EMPLOYMENT APPLICATION

*We are proud to be an Equal Opportunity Employer*

## APPLICANT INFORMATION – please print

Full Name: \_\_\_\_\_ Date Available: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position(s) applied for:  12-Hour CCP  24-Hour CCP  Firefighter/Medic  Other: \_\_\_\_\_

Are you authorized to work in the US for any employer without sponsorship?  Yes  No

Are you age 20 or older? Yes  No

Have you ever worked for MFPD?  Yes  No

Do you have a current, valid drivers' license?  Yes  No

Have you ever been convicted of a Felony? If so, please explain, otherwise write N/A:  
\_\_\_\_\_

## EDUCATION

Do you have a High School education or GED equivalent?  Yes  No

College / University: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduate?  Yes  No Degree: \_\_\_\_\_

Technical/Trade School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduate?  Yes  No Degree: \_\_\_\_\_

Are you Certified from the St. Louis County Fire Academy?  Yes  No Date Graduated: \_\_\_\_\_

Do you have a current Missouri EMT-P license?  Yes  No License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Do you have a current CCP license?  Yes  No License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Do you have a current NREMT license?  Yes  No License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

## PERSONAL REFERENCES - Not relatives or supervisors

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EMPLOYMENT – Start with current employer. Include all District employment. Use additional paper, if needed.

Company Name & City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Company Name & City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Company Name & City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May we contact your previous employers for a reference?  Yes  No

## DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge. I also understand that if this application leads to employment, any false or misleading information in my application, resume or interview process may result in termination of employment.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please return this application to [careers@mehlvillefire.com](mailto:careers@mehlvillefire.com) and include copies of any certifications and licenses.*