



**MEHLVILLE FIRE PROTECTION DISTRICT
EMPLOYMENT APPLICATION**
We are proud to be an Equal Opportunity Employer

APPLICANT INFORMATION – Print or type

Full Name: _____ Date Available: _____

Full Address: _____

Phone: _____ Email Address: _____

Position(s) applied for: <input type="checkbox"/> Community Paramedic <input type="checkbox"/> Critical Care Paramedic (circle 12 or 48 hour) <input type="checkbox"/> Critical Care Registered Nurse <input type="checkbox"/> Firefighter Medic <input type="checkbox"/> Transfer EMT <input type="checkbox"/> Transfer Paramedic Other: _____	Are you authorized to work for any employer in the US without sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever worked for MFPD? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a current, valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Have you graduated from the St. Louis County Fire Academy? ☐ Yes ☐ No Date Graduated: _____

PROFESSIONAL LICENSES

Do you have a current Missouri EMT-B license? ☐ Yes ☐ No License #: _____ Exp Date: _____

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

Do you have a current CCP-C or FP-C license? ☐ Yes ☐ No License #: _____ Exp Date: _____

Do you have a current CP-C license? ☐ Yes ☐ No License #: _____ Exp Date: _____

Do you have a current NREMT license? ☐ Yes ☐ No License #: _____ Exp Date: _____

EMPLOYMENT – Start with current employer. Include any MFPD 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

WHO DO YOU KNOW?

Where you referred by a Mehlville Fire employee? If so, who?

PROFESSIONAL REFERENCES - Not relatives or friends.

Name: _____ Phone: _____ E-mail: _____
Name: _____ Phone: _____ E-mail: _____
Name: _____ Phone: _____ E-mail: _____

DISCLAIMER AND SIGNATURE

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Mehlville Fire Protection District to hire me. If I am hired, I understand that either Mehlville Fire Protection District or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Mehlville Fire Protection District has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Mehlville Fire Protection District true and complete information on this application. No requested information has been concealed. I authorize Mehlville Fire Protection District to contact references provided for employment reference checks. If any information I have provided is untrue or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

APPLICANT PRINT NAME: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Please return this application to careers@mehlvillefire.com and include copies of any certifications and licenses.