

# Jackson Fire Rescue

APPLICATION INFORMATION City of Jackson 101 Court St. Jackson, MO. 63755 Page #1

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

**Personal Information (please print)**

Name: \_\_\_\_\_

(Last) (First) (MI)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a current EMT or Paramedic License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EMS License #/Epiration	Which State
Are you first responder trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____

Are you authorized to work in the United States?  Yes  No

**Position Information (please print)**

Position Applied For: \_\_\_\_\_

Type of Employment:  Full Time  Part Time  Paid on Call  Volunteer

Have you ever worked for this organization? \_\_\_\_\_ If so, date(s): \_\_\_\_\_

Prior Position(s): \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

**Education (please print)**

School / Institution	Major or Area of Study	Degree or Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Technical Education (please print)**

	Name of Training Entity	City and State	Year Graduated
EMT Training	_____	_____	_____
Paramedic Training	_____	_____	_____
Class/Certification	Month and Year of Expiration	Location of Course	Other training you have completed
Fire Fighter 1	_____	_____	_____
Fire Fighter 2			
Instructor 1 or 2			
CPR			

**Achievements (please print)**

\_\_\_\_\_

\_\_\_\_\_

Employment History (please print)

List Current First

Current: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Position: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Pay \_\_\_\_\_

Previous: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Position: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Pay \_\_\_\_\_

Previous: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Position: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Pay \_\_\_\_\_

Previous: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Position: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Pay \_\_\_\_\_

Previous: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Position: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Pay \_\_\_\_\_

References (please print)

Name	Relationship to Applicant	Telephone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of friends and / or relatives employed by this City \_\_\_\_\_

Position held:

**Driving Background**

Have you ever driven an emergency vehicle?  Yes  No

If so, what type and for how long?

If any questions were answered yes, describe the event in full.

State DMV licensed License number  
 Has your license ever been suspended or revoked?  Yes  No

If so, when and for what?

List most recent traffic offense citation, including: date, place, and disposition

List next most recent traffic offense citation, including: date, place, and disposition

List any other traffic offense citation, including: date, place and disposition

List any accidents for which you were cited in the last five years

**Special Skills Summary (indicate which of the following skills you have performed in the last year)**

<input type="checkbox"/> Air Monitoring	<input type="checkbox"/> Confined Space Rescue	<input type="checkbox"/> Hose Testing	<input type="checkbox"/> Stretcher Ambulance
<input type="checkbox"/> Aircraft/Crash Rescue	<input type="checkbox"/> Decontamination	<input type="checkbox"/> Hydrant Inspection	<input type="checkbox"/> Stretcher, Chair
<input type="checkbox"/> Airway Oral/Nasal	<input type="checkbox"/> Dike/Dam Construction	<input type="checkbox"/> Ice Rescue	<input type="checkbox"/> Stretcher, Portable
<input type="checkbox"/> Apparatus Driving	<input type="checkbox"/> Defibrillation Automatic	<input type="checkbox"/> Incident Command	<input type="checkbox"/> Structure (Occupant) Rescue
<input type="checkbox"/> Auto Extrication	<input type="checkbox"/> Dispatching	<input type="checkbox"/> Oxygen Administration	<input type="checkbox"/> Suction: Oral
<input type="checkbox"/> Automatic Sprinkler Insp	<input type="checkbox"/> Drafting Water Supply	<input type="checkbox"/> Port. Extingisher Insp	<input type="checkbox"/> Triage
<input type="checkbox"/> Bleeding Control	<input type="checkbox"/> EKG Interpretation	<input type="checkbox"/> Public Inform. Officer	<input type="checkbox"/> Trench Rescue
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Forcible Entry	<input type="checkbox"/> Pump Testing	<input type="checkbox"/> Vehicle Fires
<input type="checkbox"/> Brush Fire Management	<input type="checkbox"/> Fracture Management	<input type="checkbox"/> SCBA Utilization	<input type="checkbox"/> Vehicle Maintenance
<input type="checkbox"/> Burn Management	<input type="checkbox"/> Haz Mat Management	<input type="checkbox"/> Salvage and Overhaul	<input type="checkbox"/> Ventilation
<input type="checkbox"/> CPR	<input type="checkbox"/> Helicopter Operations	<input type="checkbox"/> Spinal Immobl. Short	<input type="checkbox"/> Water Rescue
<input type="checkbox"/> Childbirth	<input type="checkbox"/> High Angle Rescue	<input type="checkbox"/> Spinal Immobl. Long	<input type="checkbox"/>

Why do you want to work for our service?

**Emergency Contact**

In the event of an emergency, who should we contact?

Name	Relationship to Applicant	Phone Number
_____ (Last)                      (First)	_____	_____
Name	Relationship to Applicant	Phone Number
_____ (Last)                      (First)	_____	_____

**Acknowledgement (please read carefully)**

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the City of Jackson unless I have indicated to the contrary. I authorize the references listed above to provide the City of Jackson any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City of Jackson as well as from the use or disclosure of such information by the City of Jackson or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if hired, in my dismissal from employment. I also authorize the City of Jackson to do a Police background check.

Attachments: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date