

APPLICATION PACKET

**WARRENTON
FIRE
PROTECTION
DISTRICT**



This packet must be completed and returned to the
District's Station No. 1
606 Fairgrounds Road, Warrenton, MO 63383
during regular business hours
8:00 a.m. - 5:00 p.m.

If you have any questions concerning this application,
please call 456-8935



Warrenton Fire Protection District Application Form Volunteer Firefighter Please Print

Personal Information Confidential when completed		
Last Name	First Name	Initial
Address		
Telephone	Cell Phone	Business
Emergency Contact		Emergency Contact Telephone
What position did you apply for?		
Volunteer Eligibility Requirements		
What hours would you be available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other?	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet Eligibility Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to understand oral and written English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to understand a second oral and written language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Languages? Describe:
Have you ever been convicted of, plead guilty or nolo contendere to, any misdemeanor or felony charge in Missouri or any other state including a suspended imposition of sentence or suspended execution of sentence or any period of probation or parole? If yes, state details. A yes answer does not necessarily exclude you from Membership. <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		

Employment Experience

<p>Present Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Position:</p> <p>How long have you been employed there?</p> <p>Duties:</p> <p>Reason for leaving:</p>
<p>Previous Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Position:</p> <p>How long were you employed there?</p> <p>Duties:</p> <p>Reason for leaving:</p>
<p>Previous Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Position:</p> <p>How long were you employed there?</p> <p>Duties:</p> <p>Reason for leaving:</p>

Volunteer Experience

<p>Present Volunteer Organization:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this organization? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Position:</p> <p>How long have you volunteered there?</p> <p>Duties:</p> <p>Reason for leaving:</p>
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Previous Volunteer Organization: Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long did you volunteer there? Duties: Reason for leaving:
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Related Skills or Experience

Previous firefighting or emergency response experience?
Yes No Describe:

Previous military or police experience?
Yes No Describe:

Other experiences that may apply to this position?
Yes No Describe:

Related Skills
 Indicate skill level by circling the appropriate number and providing explanation.
 1 - A trade, licence, recognized certificate or extensive experience.
 2 - Advanced skills level and/or post secondary courses or apprenticeships.
 3 - Familiarity acquired through personal experience, high school courses or related training.

Mechanics	1	2	3	
Pumps, valves or sprinklers	1	2	3	
Electrical systems	1	2	3	
Electronic systems	1	2	3	
Computer technology	1	2	3	
Breathing apparatus or scuba diving	1	2	3	

Building construction or design	1	2	3	
Blueprint reading	1	2	3	
Fire fighting tasks	1	2	3	
Rescue procedures	1	2	3	
Athletic sports or skills	1	2	3	
Languages	1	2	3	
Occupational health and safety	1	2	3	
Photography	1	2	3	
Fundraising	1	2	3	
Office equipment	1	2	3	
Typing, filing or telephones	1	2	3	
Public speaking	1	2	3	
Teaching, facilitation or coaching	1	2	3	
Events coordination	1	2	3	
Radio communication	1	2	3	
Medical or health sciences	1	2	3	
Professional driver	1	2	3	
Heavy equipment operation	1	2	3	

Other Licences and Certificates	
CPR/First Aid	Expiration Date:
EMT/Paramedic	License number:
Defibrillation	Expiration Date:
Missouri Driver's Licence Class <input type="checkbox"/> A <input type="checkbox"/> CDL <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> other endorsements	Type of endorsements:
Description	Date
Description	Date
Description	Date
Education Background	
High School Name:	Diploma: <input type="checkbox"/> yes <input type="checkbox"/> no
Highest grade/level completed:	GED: <input type="checkbox"/> yes <input type="checkbox"/> no
Under Graduate School Name:	
Highest grade/level completed:	Diploma: <input type="checkbox"/> yes <input type="checkbox"/> no
Vocational/technical School:	
Major or Specialization:	
Level or Degree Achieved:	Diploma: <input type="checkbox"/> yes <input type="checkbox"/> no
Post Graduate Education:	
Major or Specialization:	
Level or Degree Achieved:	

Please provide an accompanying resume and copies of all licences, diplomas or certificates.

Conditions of Acceptance:

I affirm and certify that the information given on, or attached to this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

I authorize Warrenton Fire Protection District to contact my references or previous employers as indicated and to obtain and review my medical assessment.

Signature of Applicant

Date



AUTHORIZATION FOR DRIVING RECORD HISTORY

I, _____, authorize the
(FULL NAME)

Driver's License Bureau of the Missouri Department of Revenue to release all information concerning my driving record to the Chief of the Warrenton Fire Protection District. A photostatic or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature: _____ Date: _____

Birth Date: _____ Social Security No.: _____

Driver's License No.: _____

Please send the driving record report to:

Warrenton Fire Protection District
Attention: Chief Michael Owenby
606 Fairgrounds Road
Warrenton, MO 63383-4420

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. _____
(office use only)

SHP-158D 9/93 - Please print or type

Name (last, first, middle) _____

(maiden/alias) _____ Date of Birth _____

Sex male female Race _____ Social Security No. _____

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search. See reverse side for details.

PURPOSE

Employment Child Care Nursing Home Home Health Care Other Employment

Licensing Other (specify) Membership – Volunteer Fire Protection District

SEND REPLY TO

Michael D. Owenby, Fire Chief
Warrenton Fire Protection District
606 Fairgrounds Road
Warrenton, MO 63383-4422

Telephone (include area code) (636) 456-8935

PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$5.00 per individual

Search based on FINGERPRINTS and NAME: \$14.00 per individual

Fee is payable either by check, warrant, or money order to “State of Missouri, Criminal Record System.”
Please forward the request and fee to:

Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 568
Jefferson City, MO 65102

QUESTIONS OFTEN ASKED ABOUT CRIMINAL HISTORY RECORDS

WHAT IS CRIMINAL HISTORY RECORD INFORMATION (CHRI)?

Criminal history record information is defined by statute as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, information, or other formal criminal charges, and any disposition arising therefrom, sentencing, correctional supervision, and release.

The Patrol further describes CHRI as being in one of three categories: open records, closed records, and incomplete records. *Open records* are records of convictions, pending charges and suspended impositions of sentence during the term of probation. *Incomplete records* are created when an arrest is reported, no disposition information is received within 30 days, and the status of the record is unknown. State statutes require these records to be closed. *Closed records* include incomplete records, records of suspended imposition of sentence upon termination of probation, arrests over 30 days old where charges have not been filed, the accused is found not guilty, or the charges were nolle prossed (not prosecuted) or dismissed.

WHAT CHRI IS AVAILABLE?

It depends on the reason for obtaining the record. Generally, open records are public records and are distributed without restrictions. Incomplete records and closed records have limited use.

WHO MAY RECEIVE CHRI?

Any requestor may receive open record information. Closed records are accessible by the following:

1. criminal justice agencies and some federal agencies
2. child care agencies
3. facilities as described in Section 198.006, RSMo., which include nursing homes and related facilities
4. in-home service provider agencies as defined in 660.250, RSMo.

HOW MAY THESE AGENCIES USE CLOSED CHRI?

Closed records may be used for purposes of prosecution, sentencing, parole consideration, criminal justice employment, and nursing home employment, and may be used only for the purpose obtained. CHRI status can change at any time and should not be used if over 30 days old.

(The receiver of closed records may wish to consult an attorney concerning the use or disclosure of closed record information.)

WHAT ARE THE CENTRAL REPOSITORY'S DISSEMINATION POLICIES?

Open records will be disseminated based on a search using a name identification information only for a fee of \$5.00. For positive identification, fingerprints can be submitted for a processing fee of \$14.00.

Closed records and incomplete records will not be disseminated without the submission of fingerprints to assure positive identification. Blank fingerprint cards are available, free of charge, from the Central Repository.

(It is the responsibility of the requestor to inform the Central Repository what records are desired and to provide the information necessary to conduct the appropriate search.)





WARRENTON FIRE PROTECTION DISTRICT

JUNIOR FIREFIGHTER APPLICATION SUPPLEMENT

This supplement must be completed and signed by the applicant's parent or legal guardian.

I give my permission for my son / daughter, _____,
to apply for membership in the Warrenton Junior Firefighter Program. I have read and approve of the
policies as established by the Warrenton Fire Protection District.

Signature: _____

I give my permission for my son / daughter to leave school during regular school hours with the Warrenton
Junior Firefighter Program at such times deemed necessary by an authorized representative of the
Warrenton Fire Protection District.

Signature: _____

I give my permission for my son / daughter to respond to Fire District calls at any time between the hours
of 3:00 PM Friday and 10:00 PM Sunday while school is in session.

Signature: _____

I give my permission for my son / daughter to respond to Fire District calls at any time (24-hour response)
while school is not in session (i.e.: School breaks, vacation.)

Signature: _____
