

**WEST OVERLAND EMS & FIRE PROTECTION DISTRICT**

**Of St. Louis County  
10789 Midland Blvd.  
St. Louis County, MO 63114  
314/428-6069  
314/428-3767**

**We consider applicants for all positions without regard to race, color, religion, creed, sex, ancestry or national origin, age, physical or mental handicaps, marital or veteran status, sexual orientation, or any other legally protected status.**

**APPLICATION FOR EMPLOYMENT  
WEST OVERLAND EMS & FIRE PROTECTION DISTRICT**

1. NAME

\_\_\_\_\_ SS # \_\_\_\_\_  
FIRST MIDDLE LAST

2. PRESENT ADDRESS

\_\_\_\_\_ ZIP  
NUMBER STREET CITY STATE

3. HOME TELEPHONE NUMBER \_\_\_\_\_

4. BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

5. ARE YOU A U.S. CITIZEN?

YES  NO

6. POSITION APPLIED FOR \_\_\_\_\_

7. ON WHAT DATE WILL YOU BE AVAILABLE FOR  
WORK? \_\_\_\_\_

Are you presently a licensed driver in the State of your residence? \_\_\_\_\_ If so, attach a copy of your States operators or chauffeurs license to this application.

Are you presently licensed as a paramedic by the State of Missouri? \_\_\_\_\_ If so, attach a copy of your Missouri paramedic license to this application.

Have you been certified as having completed the training program for MO Firefighter I and Firefighter II \_\_\_\_\_ If so, give the date that you were certified as having completed each level of training \_\_\_\_\_

Have you completed St. Louis County Fire Academy? \_\_\_\_\_ If so give the date of completion. \_\_\_\_\_

Are you willing to provide a specimen of urine, blood or hair for purposes of drug testing to detect the presence of controlled substances in your system, (to be paid for by the District) in connection with this application for employment? \_\_\_\_\_

Are you willing to submit to a medical examination and a physical fitness test (to be paid for by the District and administered by personnel selected by the District) to determine your ability to perform the duties of a firefighter? \_\_\_\_\_

**EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT POSITION)**

Name and Address of Company and type of Business:

\_\_\_\_\_

Telephone# \_\_\_\_\_

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_

Supervisor and Title: \_\_\_\_\_

Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Company and type of Business:

\_\_\_\_\_

Telephone# \_\_\_\_\_

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_

Supervisor and Title: \_\_\_\_\_

Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Company and type of Business:

\_\_\_\_\_

Telephone# \_\_\_\_\_

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary: \_\_\_\_\_

Supervisor and Title:

\_\_\_\_\_

Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Company and type of Business:

\_\_\_\_\_

Telephone# \_\_\_\_\_

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly

Ending Salary: \_\_\_\_\_

Supervisor and Title:

\_\_\_\_\_

Job Duties:

\_\_\_\_\_

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Reason for Leaving:

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I grant permission to contact the employers above concerning my prior work experience

Signed \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you ever in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what Branch? \_\_\_\_\_

Present Membership in National Guard or Reserve Yes \_\_\_\_\_ No \_\_\_\_\_

Did you ever receive any specialized training in the U.S. Armed Forces that is relevant to the position you are applying for?

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**PERSONAL REFERENCES: (NOT FORMER EMPLOYERS OR RELATIVES)**

Name & Occupation

Address

Phone Number

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**EDUCATION**

Did you attend an institute, college or university of higher learning? \_\_\_\_\_

How many years? \_\_\_\_\_

Did you receive a or degree/certification? \_\_\_\_\_ What type? \_\_\_\_\_

Course of Study: \_\_\_\_\_

Date received: \_\_\_\_\_

Name and address of institution:

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Did you receive a high school diploma? \_\_\_\_\_

Date received: \_\_\_\_\_

Name and address of school:

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If no high school diploma, do you have a GED? \_\_\_\_\_ If yes, date received: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

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How long have you lived at present address?

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Have you ever pleaded guilty to or been convicted of a felony or misdemeanor in violation of the criminal laws of the United States or any State thereof? If yes, describe in full:

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**All applicants must sign the following certificate:**

I hereby certify that there are no willful omissions, misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and/or falsifications, my application will be rejected. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

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Signature of Applicant