

# The Central Taney County Fire Protection District



## Application Packet

# Central Taney County Fire Protection District Application Packet

## **Applicant will complete and/or submit the following documentation:**

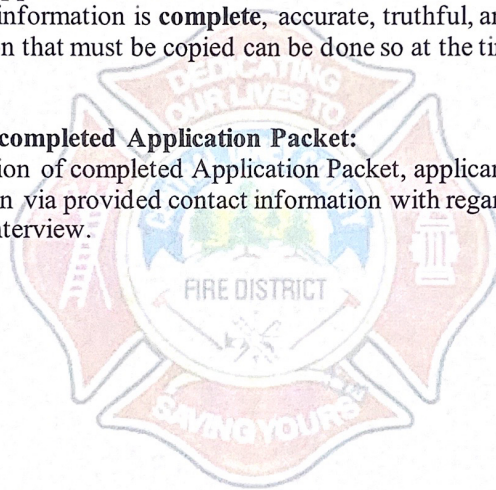
- o Completed application (following pages)
- o Entry Questionnaire
- o Authorization and consent for background check and consumer report
- o Copy of High School Diploma or GED (the District can copy your original at application submission)
- o Copy of Driver License (the District can copy your license at application submission)
- o Copy of vehicle insurance if available (the District can copy your proof of insurance at the time of application submission)
- o Most current copy of shot record (records may be found through your high school, county health department, doctor's office, the district can copy your originals at application submission)

## **Before handing in Application Packet:**

- Ensure given information is **complete**, accurate, truthful, and **legible**.
- Documentation that must be copied can be done so at the time of application submission.

## **After submission of completed Application Packet:**

- After submission of completed Application Packet, applicant can expect communication via provided contact information with regards to an arrangement of a Chief's interview.





# Central Taney County Fire Protection District Application Packet

Central Taney County Fire Protection District  
21060 US Hwy 160 Kissee Mills, MO 65680  
Telephone: 417-546-2775 Fax: 417-546-2606

## VOLUNTEER FIRE FIGHTER APPLICATION

[ Office Use Only ]  
[ \_\_\_\_\_ ]

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

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail Address \_\_\_\_\_  
(If different from above)

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Cell type (Android, Iphone, etc.): \_\_\_\_\_ Carrier (AT&T, Verizon, etc.): \_\_\_\_\_  
If carrier is Straight Talk, please specify which towers are used

Drivers License # \_\_\_\_\_ Class of License \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_-\_\_\_\_-\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Personal References:

\_\_\_\_\_  
(Name) (Address) (Phone #)

\_\_\_\_\_  
(Name) (Address) (Phone #)

Any Physical Disability [ ] Yes [ ] No

If yes, please explain. (A disability will not automatically eliminate you from appointment.)

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

Do you hold any license or certification pertaining to fire dept.?

\_\_\_\_\_

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I hereby certify all above information to be true and correct. I hereby authorize the CTCFPD representative to obtain any information pertinent to appointment and duty with the CTCFPD Volunteer Organization. **Falsification of any information on this application will result in immediate termination.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any applicant under the age of 18 at the time of application must obtain the permission from their legal guardian.

I hereby give my permission for the above named minor under my guardianship to join the CTCFPD as a junior firefighter. I am aware that they will be required to participate in physical and mental challenges that will be conducted in a safe manner but do present the risk of injury. I also hereby authorize the CTCFPD representative to obtain any information pertinent to appointment and duty with the CTCFPD Volunteer Organization.

Printed name of legal guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

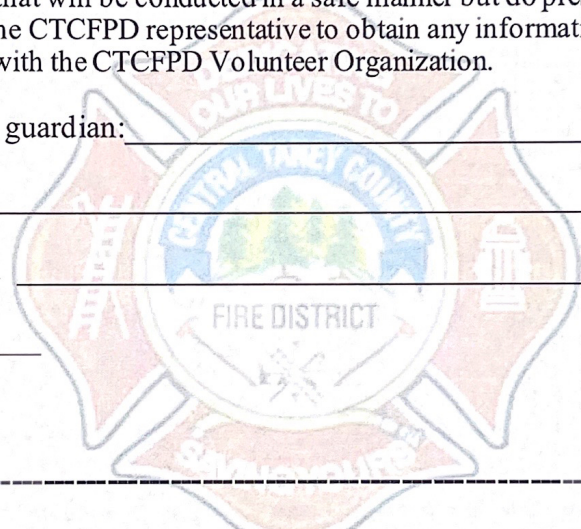
Signature of guardian \_\_\_\_\_

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

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**For Office Use Only: Date** \_\_\_\_\_

**Approved [ ] Disapproved [ ]**





# Central Taney County Fire Protection District Application Packet

## Entry Questionnaire

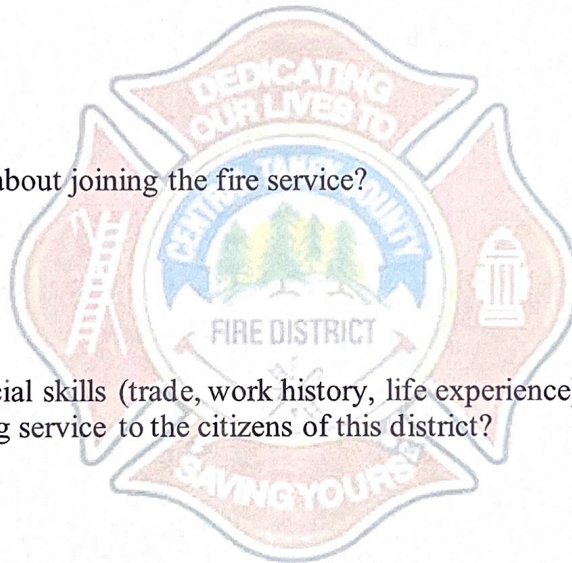
Applicant name:

How or where did you hear about the CTCFPD? Please check one.

- Word of mouth
- Public relations/education event
- Social media
- "Always known"
- Contact with a district member
- Other:

Do you have previous experience in emergency services? If yes, please provide a description.

What appeals to you about joining the fire service?



Do you have any special skills (trade, work history, life experience) that you believe will assist you in providing service to the citizens of this district?

How long have you been interested in joining the fire service?

What are your expectations for your time in the fire service? What do you hope to be able to put in or take away?



AUTHORIZATION AND CONSENT TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES AND STATE DISCLOSURES (except California)

Consistent with the written disclosure dated \_\_\_\_\_ and provided to me, I hereby consent to and authorize the Central Taney County Fire Protection District (the "COMPANY") to obtain a consumer report and/or investigative consumer report ("Report") from JD Palatine, LLC DBA JDP ("Agency"), 301 Grant Street, Suite 4300, Pittsburgh, PA 15219, telephone number 1-877-745-8525, a consumer reporting agency for employment purposes as part of the COMPANY's hiring process. If hired, I also consent to the COMPANY obtaining further Reports from a consumer reporting agency for an employment purpose at any time during my employment.

If an investigative consumer report is requested, I understand that I may request a copy of the federal Fair Credit Reporting Act Summary of Rights as well as information regarding the nature and scope of any such requested investigative consumer report.

**Minnesota and Oklahoma applicants and residents.** I have the right to request a copy of any Report obtained by the COMPANY from a consumer reporting agency by checking the box. (Check only if you wish to receive a copy).

**Minnesota applicants only.** You may request a complete and accurate disclosure of the nature of any Report obtained by the Company.

**NY applicants only.** I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that upon request I will be advised if any investigative consumer reports are requested and provided the name and address of the consumer reporting agency, and I may receive a copy of any Report by contacting such agency.

**Washington State applicants only.** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**MA and NJ applicants only.** You have the right to request an investigative consumer report from a consumer reporting agency. If one has been requested, the specific nature and scope of the Report requested will be as follows:

\_\_\_\_\_.

I hereby provide my ongoing consent for the COMPANY to procure Reports from a consumer reporting agency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Consumer or Investigative Consumer Report – Multi-State (Except California)

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES

Date \_\_\_\_\_

To:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant's First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

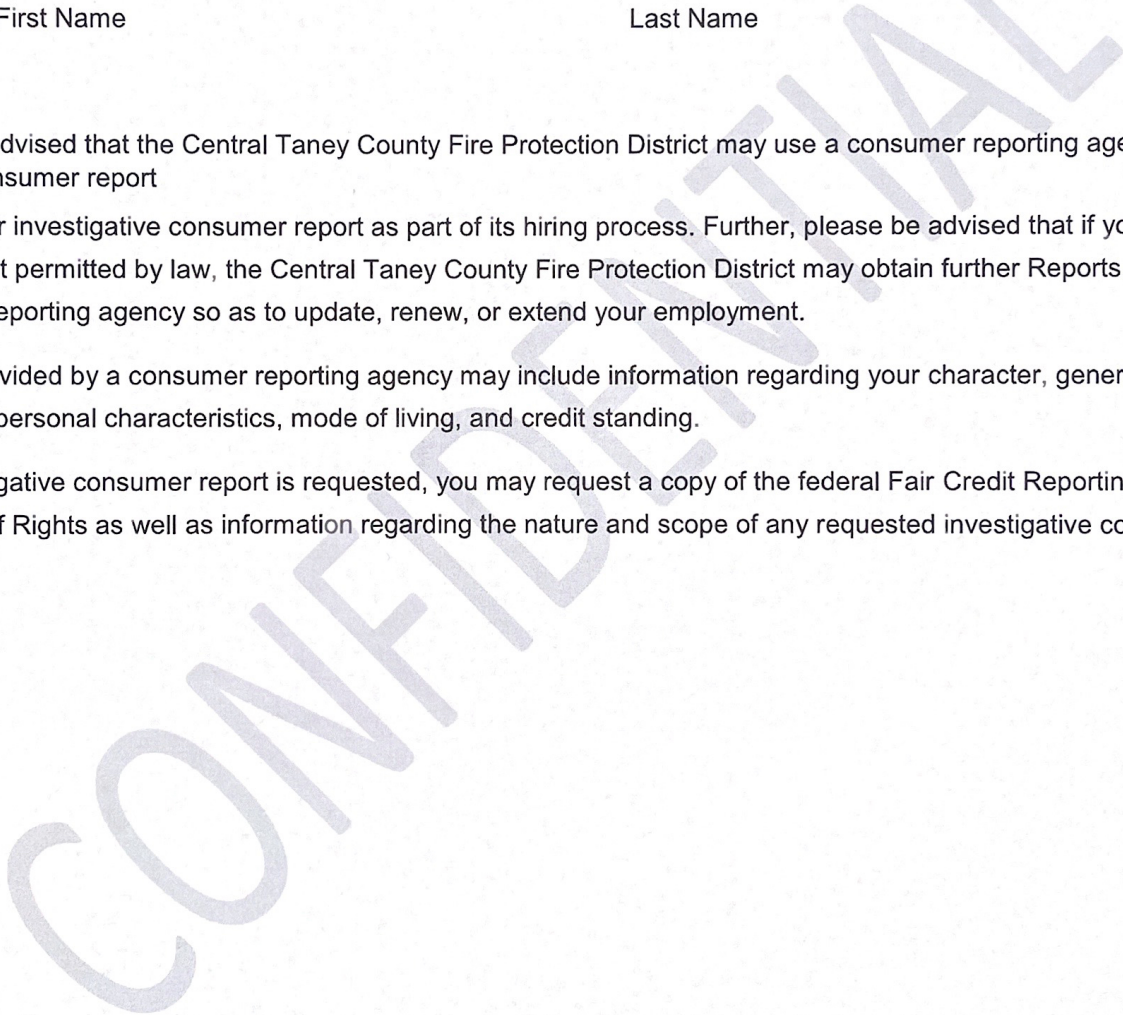
Last Name

Please be advised that the Central Taney County Fire Protection District may use a consumer reporting agency to obtain a consumer report

("Report") or investigative consumer report as part of its hiring process. Further, please be advised that if you are hired, to the extent permitted by law, the Central Taney County Fire Protection District may obtain further Reports from a consumer reporting agency so as to update, renew, or extend your employment.

Reports provided by a consumer reporting agency may include information regarding your character, general reputation, personal characteristics, mode of living, and credit standing.

If an investigative consumer report is requested, you may request a copy of the federal Fair Credit Reporting Act Summary of Rights as well as information regarding the nature and scope of any requested investigative consumer report.





First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By  
Female

Male

Social Security Number

Primary Telephone Number

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Signature

Today's Date (MMDDYYYY)

JD Palatine LLC | 301 Grant St, Suite 4300 | Pittsburgh PA |15219

Telephone 855.940.3232 | Facsimile 724.799.8460