

Kearney Fire & Rescue Protection District
201 E. 6th St. / P.O. Box 341
Kearney, Mo. 64060
(816) 628-4122 • Fax: (816) 628-5696

Attached is my application for employment with the Kearney Fire & Rescue Protection District. I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me employment with the Kearney Fire & Rescue Protection District.

I also certify that I am at least eighteen (18) years of age (14 years of age for Jr. Firefighter); a citizen or legal resident of the United States; hold a current Missouri driver's license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Kearney Fire & Rescue Protection District. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement organization. I understand that I am subject to an agility test, a physical examination, and a drug screen.

I fully understand that should any information provided herein be investigated and found to be false, that I will be subject to immediate dismissal from the Kearney Fire & Rescue Protection District without recourse.

Applicant's Signature: _____ Date of Application: _____

Printed Name: _____

For Junior Firefighter Applicants Only.

Parent/Guardian's Signature: _____

Printed Name: _____

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(Please PRINT all information)

Employment Type	
Position requested:	Jr. FF / Firefighter / Firefighter-EMT / Firefighter-Paramedic / Other: _____
Employment Type:	Full Time / Volunteer

Personal Information		
Last Name:	First Name:	Full Middle Name:
Current Address (No P.O. Boxes):		Sex: Male / Female
		Social Security #:
		Date of Birth:
Home Phone: ()	Work Phone: ()	Cell Phone: ()
Email Address:		

Military Service	
Ever served in Armed Services: Yes / No	Branch:
Dates of Service: ___/___/___ to ___/___/___	Type of Discharge:

Employment History		
Present Employer:	Supervisor:	Supervisor's Phone:
Position Held:	Dates of Employment:	
Work Address:		

If less than five (5) years with present employer, list previous employer(s)	
Employer:	Phone
Reason for Leaving:	Employment Dates: ___/___/___ to ___/___/___
Employer:	Phone
Reason for Leaving:	Employment Dates: ___/___/___ to ___/___/___
Employer:	Phone
Reason for Leaving:	Employment Dates: ___/___/___ to ___/___/___

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Fire Department Experience			
Fire Department	Address	From	Until
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__

Background Information
Do you have charges pending or have you admitted guilt or been found guilty of committing any felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI.): Yes / No
If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case.

Education History				
Institution Name & Address	State	Date of Attendance		Diploma / Degree
		From	Until	
High School:		__/__/__	__/__/__	
College/Trade:		__/__/__	__/__/__	
College/Trade:		__/__/__	__/__/__	
College/Trade:		__/__/__	__/__/__	

Fire and EMS Certifications			
Certification/License	Original Date	Current Date (if applicable)	Expiration Date (if applicable)
Firefighter: (circle appropriate level) I / II	__/__/__	__/__/__	__/__/__
Haz-Mat:(circle appropriate level) Ops / Technician	__/__/__	__/__/__	__/__/__
State of Missouri EMT License	__/__/__	__/__/__	__/__/__
State of Missouri Paramedic License	__/__/__	__/__/__	__/__/__
Please attach a typed list or copies of certifications of other applicable training to this application.			

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Other Skills, Training, Interests
Please list any other skills, training or other interests that you would like for us to consider.

References		
List three (3) references, other than relatives.		
Name:	Address (Street, City, State, Zip)	Phone
		()
		()
		()

Emergency Contact Information		
Name	Relation	Phone
		()
		()
		()

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Health Record		
List the following information concerning all illnesses for which you received medical treatment during the last 5 years.		
Illness or Operation	Month & Year	Name & Address of Physician
Have you ever been examined or treated for any mental disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		
Have you any physical Handicap, chronic disease, or disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		

Physician's Statement
<p>I certify that I have examined _____ and found him/her to be of sound physique, possessing visual acuity to be at least 20/40 in one or both eyes and free of physical defects or disease which might impair the ability to drive fire apparatus or perform any fire fighting activity.</p> <p>Name of certifying physician (please print): _____</p> <p>Date: _____ Address of Physician: _____</p> <p>Signature: _____ Phone #: _____</p>

Application Items Checklist			
Please include a copy of the following.			
Driver's License (Required for full time)	Yes	No	N/A
Official copy of Driving Record (Required for full time)	Yes	No	N/A
Diploma or GED (Required for full time)	Yes	No	N/A
Birth Certificate (Required for full time)	Yes	No	
Firefighter I and/or II (Required for full time)	Yes	No	N/A
Current State or NREMT EMS License (Required for full time)	Yes	No	N/A

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Applicant's Statement	
Review your answers carefully and read the statement below before signing:	
I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.	
I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully.	
I understand that failure to answer all questions completely and truthfully will subject me to dismissal from the Kearney Fire & Rescue Protection District.	
Applicant's Signature: _____ Date: _____	
Parent/Guardian's Signature (Jr. FF Only): _____ Date: _____	
If you have any questions concerning this application, please call the Fire Department at (816) 628-4122, Monday through Thursday between the hours of 8:00 AM and 5:00 PM. You can also visit our website at http://www.kearneyfire.org or E-Mail Rhonda Fort at Rfort@kearneyfire.org	
Please Deliver or mail this application and appropriate copies to the above address.	

Department Use Only			
Did the applicant meet minimum requirements for applied position?		Yes	No
Assessment Center Date:		Interview Date:	
Employment Status:		Full Time	Volunteer
Volunteer	Hire Date:	Start Date:	
Full Time	Hire Date:	Start Date:	

Rank Dates	
Junior Firefighter	Date:
Firefighter	Date:
Firefighter/EMT	Date:
Firefighter/EMT-P	Date: