

Kearney Fire & Rescue Protection District  
201 E. 6<sup>th</sup> 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 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 under the age of eighteen (18) years of age, and a citizen or legal resident of the United States.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership of 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 also understand that my parent/legal guardian need to sign on my behalf to ensure that we both understand the requirements of the position I am willing to accept.

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

Applicant's Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Parent/Legal Guardian's Signature: \_\_\_\_\_

Printed Name and Relationship to the Applicant:  
\_\_\_\_\_



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(Please PRINT all information)

| Employment Type                           |  |  |
|---|--|--|
| Position requested:                       | Jr. Firefighter  |  |
| Employment Type:                          | Volunteer  |  |
| Personal Information                      |  |  |
| Last Name:                                | First Name:  | Full Middle Name:                                |
| Physical Address (No P.O. Boxes):         |  | Sex:      Male / Female / Prefer not to disclose |
| Mailing Address (If Different from Above) |  | Date of Birth:<br>/           /                  |
| Home Phone #:<br>(    )                   | Parent #1 Cell Phone #:<br>(    )                                      | Parent #2 Cell Phone #:<br>(    )                |
|   |  | Applicant Social Security Number:<br>-       -   |
| Email Address:                            |  |  |
| Employment History (if any)               |  |  |
| Present Employer:                         | Supervisor:  | Supervisor's Phone #:<br>(    )                  |
| Position Held:                            | Dates of Employment:<br>/       /                   to       /       / |  |
| Work Address:                             |  |  |
| Last Employer:                            | Supervisor:  | Supervisor's Phone #:<br>(    )                  |
| Position Held:                            | Dates of Employment:<br>/       /                   to       /       / |  |
| Work Address:                             |  |  |

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| 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 and Address  | State        | Date of Attendance           |                                 | Grade Point Average (GPA) |
|   |              | From                         | Until                           |                           |
| High School:  |              |                              |                                 |                           |
|   |              |                              |                                 |                           |
|   |              |                              |                                 |                           |
|   |              |                              |                                 |                           |
| Fire and EMS Certifications (If any)  |              |                              |                                 |                           |
| Certification/License   | Initial Date | Current Date (if applicable) | Expiration Date (if applicable) |                           |
| Firefighter : (circle appropriate level) I / II   |              |                              |                                 |                           |
| HazMat : (circle appropriate level) Aware / OPS   |              |                              |                                 |                           |
| State of Missouri EMT License   |              |                              |                                 |                           |
| State of Missouri AEMT License  |              |                              |                                 |                           |
| State of Missouri Paramedic License   |              |                              |                                 |                           |
| Current AHA BLS for the Healthcare Provider   |              |                              |                                 |                           |
| Please attach a typed list, or copies of certifications of other applicable training, to this application.  |              |                              |                                 |                           |



|  |
|--|
| <p>2. What experience are you expecting to gain while being a member of our organization?</p> <hr/> <hr/> <hr/> <hr/> <hr/>  |
| <p>3. What qualities do you have to offer this organization and this community we serve?</p> <hr/> <hr/> <hr/> <hr/> <hr/>   |
| <p>4. Are you interested in this field as a full-time career or are you interested in just gaining experience?</p> <hr/> <hr/>   |
| <p>5. Are you willing to pursue further Fire and EMS training? <span style="float: right;">Yes / No / Undecided</span></p>   |
| <p>6. Would you be willing to attend a lower cost/free- Basic Firefighter or Emergency Medical Responder (EMR) course to help you gain knowledge and skills to be able to function as a more versatile member of the organization? <span style="float: right;">Yes / No / Undecided</span></p> |
| <p>7. If you decide to attend Basic Firefighter and/or EMR, are you interested in attending our Firefighter I/II academy or EMT-Basic course and complete all requirement? <span style="float: right;">Yes / No / Undecided</span></p>   |
| <p>8. When are you available to start volunteering for our organization? <span style="float: right;">/ /</span></p>  |
| <p>9. Do you participate in any extracurricular activities like sports, volunteering, church functions, etc.? If yes, what do you do and how do you think this will benefit your learning as well as our organization? Yes/ No</p> <hr/> <hr/> <hr/>   |

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**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:

If you have any questions concerning this application, please call the Fire District 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](mailto: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 / Part Time |             |
| 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:                 |             |

