



# Battlefield Fire Protection District

4117 West Second, Battlefield, MO 65619

(417) 881-9018 Fax (417) 887-9914

Submit by Email

Print Form



Date

## Personal Information

Name

Last

First

Middle

Address

Street

City

State

Zip

Phone #

## Employment Desired

Position

Date you can start

Salary Desired

Currently employed?

What is your salary?

Ever applied here?

When?

## Education

School Level

Name & Location

Yrs. Att

Graduate?

Studied?

High School

College

Trade, Business,  
Correspondence

Fire Department  
Volunteer Service

## References

Give the names of three persons not related that you've known one or more years

Name

Address

Phone

Years Known

## Check all certifications that apply

MO Fire Fighter I

☐

EMT-B

☐

MO Fire Officer I

☐

MO Fire Fighter II

☐

Paramedic

☐

MO Fire Officer II

☐

Hazmat Awareness

☐

Fire Instructor I

☐

MO Fire Inspector

☐

Hazmat Operations

☐

Fire Instructor II

☐

MO Fire Investigator

☐

Please provide copies of listed certifications with application

**Fire Fighting Experience**

Fire Department	Rank	Years Served	Vol. or Career	Additional Info

**Former Employers**

Name & Address							
Started		Salary		Date Left		Final Salary	
Job Title				May we contact your supervisor?			
Name & Title of Supervisor					Phone Number		
Job Description							
Reason for Leaving							

Name & Address							
Started		Salary		Date Left		Final Salary	
Job Title				May we contact your supervisor?			
Name & Title of Supervisor					Phone Number		
Job Description							
Reason for Leaving							

Have you ever been convicted of a felony?

I certify that the facts in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for my dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you

I understand and agree that, if hired, my employment is for no definite period and may, regardless of payment of my wages and salary be terminated at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_