SUNRISE BEACH FIRE PROTECTION DISTRICT

30 Porter Mill Spring Road, Sunrise Beach, Missouri 65079 (573) 374-4411

PERSON	AL INFORMA	TION						
Name:					Social Secur	rity#		
	(Last)		(First)	(M.I.)		<u>J</u>		
Address								
	(Street)			(City)		(State)	(Zip)	
Years at pres	ent address?		If less than	2 years at present add	ress, list previous add	dress:		
	(Street)			(City)		(State)	(Zip)	
Home Phone		Work Phor	ne	Cell Phone				
In case of em	nergency please no	tify:						
			(Name)		(Phone)			
Date of Birth	1:		_					
Drivers License Number:				State	Exp. Date			
Have you eve	er received a movi	ng traffic violati	on?	Yes	No			
If so, please	explain							
•	er been charged or u may exclude mir				Yes		No	
If so, please	explain							
Do you own a vehicle? Ye		s No						
					(Year)	(Make)	(Model)	
Automobile Insurance Carrier			(4 ()	(0 11	(Carrier of liability)			
		(Company)		(Agent)	(Coverage/II	(Coverage/limits of liability)		
EDUCAT	ION							
Circle the hig	ghest grade comple	eted: "" >"8	'""" 9 '"' "	10 '""" 11 '""" 12	College:	1 """2	"""3 """4 """ 7-	
HIGH SCHOOL			VOCA	TION/TRADE SCHO	OOL COL	COLLEGE/UNIVERSITY		
Name:								
City/State:								
Year Gradua	ted:							
MILITAR	RY							
Branch:	Highest Rank:		Date:	Occupation:		Type of I	Discharge:	

RELATED EXPERIENCE										
Have you ever served on a fire district/departme	nt? Yes	Yes								
If yes, list district/department										
(Name)	(City/State	e)	(Phone)	(Chief Officer)						
List previous fire service training										
Do you hold a current Missouri EMT License?	If yes,									
		(License Numb	er)	(Expiration Date)						
Do you hold a current Missouri Paramedic Licer	nse?If yes,	(License Numb	.ar)	(Expiration Date)						
Lider of the Country of MC/	.**	(License Numb	er)	(Expiration Date)						
List any other fire service/EMS/rescue related tr										
The second of the second of the second of		4	•							
List any specialized equipment you have experie	List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc.									
EMPLOYMENT HISTORY										
EMPLOYER/ADDRESS/DATES	POSITION/SUPE	RVISOR	REASON FOR LEAVING							
(CURRENT EMPLOYER FIRST)										
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Wile at a second consent having 9	Ward are harehada are) X//N/							
What are your current hours? ORGANIZATIONAL AFFILIATION	Would you be able to res		r res/No							
	(/IIODDILE/II\IER									
List any organizations you are affiliated with										
List any hobbies or special areas of interest										
Do you know anyone who is currently serving w	ith the SUNRISE BEACI	H FIRE PROTE	CTION DIS	TRICT? If so, who?						

HEALTH (Complete for Volu	unteer Position only)		
HeightWei	ghtCo	ndition of Health	
Have you every been treated for med	lical problems involving: (chec	k) 'Back'"""""	""""Heart'"""""""Respiratory
Have you been treated by a physician	n for any condition in the past t	hree years? '""""" Ye	es No
	in tot unit condition in the public	inter years.	
If yes, please describe:			
Have you been hospitalized in the pa	st three years? Yes	a NI.	
•	ist tince years?	s No	
If yes, please describe:			
In your opinion, do you have any con	ndition (physical or mental) that	at may adversely affect	t your performance as a fire fighter
in any way? "Yes No			
If yes, please describe			
Have you had a complete physical w	ithin the past 2 years? "Ye	es No	
Family Physician	1		
(Name)	(Address)		(Phone)
REFERENCES			
Three local references you have known	wn for at least two years. Do n	ot list relatives or form	ner employers.
NAME/ADDRESS	•	ENING PHONE	HOW LONG HAVE YOU KNOWN?
ADDITIONAL INFORMAT	ION		
How did you learn of the Sunrise Be-	ach Fire Protection District?		
Why do you wish to become a memb	per of this organization and why	y do you feel you wou	ld be an asset to the organization?
CONSENT/SIGNATURE			
I testify that all the information conta	ained within this application is	true to the best of my	knowledge. I understand that the
Sunrise Beach Fire Protection Distric	•		1 0
		-	d you knowingly mislead or falsify any
answers to the questions on this appl	ication you shall be disqualifie		h the Sunrise Beach Fire Protection District.
			ach a copy of your driver's license, high liploma or GED, college diploma, and
Applicant's Signature			on of auto insurance to this application
Applicant's Signature		. 32.22.0401	