

SUNRISE BEACH FIRE PROTECTION DISTRICT

30 Porter Mill Spring Road, Sunrise Beach, Missouri 65079

(573) 374-4411

PERSONAL INFORMATION

Name: _____ Social Security # _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip)

Years at present address? _____ If less than 2 years at present address, list previous address:

(Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____ Cell Phone _____

In case of emergency please notify: _____
(Name) (Phone)

Date of Birth: _____

Drivers License Number: _____ State _____ Exp. Date _____

Have you ever received a moving traffic violation? Yes No

If so, please explain _____

Have you ever been charged or convicted of a criminal offense? Yes No
(You may exclude minor non-moving traffic offenses)

If so, please explain _____

Do you own a vehicle? Yes No _____
(Year) (Make) (Model)

Automobile Insurance Carrier _____
(Company) (Agent) (Coverage/limits of liability)

EDUCATION

Circle the highest grade completed: "" "">'8 """" 9 "" "" 10 """" 11 """" 12 College: 1 """"2 """"3 """"4 """" 7-

HIGH SCHOOL	VOCATION/TRADE SCHOOL	COLLEGE/UNIVERSITY
Name: _____	_____	_____
City/State: _____	_____	_____
Year Graduated: _____	_____	_____

MILITARY

Branch:	Highest Rank:	Date:	Occupation:	Type of Discharge:

HEALTH (Complete for Volunteer Position only)

Height _____ Weight _____ Condition of Health _____

Have you every been treated for medical problems involving: (check) "Back" "Heart" "Respiratory"

Have you been treated by a physician for any condition in the past three years? "Yes" "No"

If yes, please describe: _____

Have you been hospitalized in the past three years? "Yes" "No"

If yes, please describe: _____

In your opinion, do you have any condition (physical or mental) that may adversely affect your performance as a fire fighter

in any way? "Yes" "No"

If yes, please describe _____

Have you had a complete physical within the past 2 years? "Yes" "No"

Family Physician _____
(Name) (Address) (Phone)

REFERENCES

Three local references you have known for at least two years. Do not list relatives or former employers.

NAME/ADDRESS	DAY/EVENING PHONE	HOW LONG HAVE YOU KNOWN?

ADDITIONAL INFORMATION

How did you learn of the Sunrise Beach Fire Protection District? _____

Why do you wish to become a member of this organization and why do you feel you would be an asset to the organization?

CONSENT/SIGNATURE

I testify that all the information contained within this application is true to the best of my knowledge. I understand that the Sunrise Beach Fire Protection District will verify all information contained within this application and perform the following reference checks: Driver's License Record check and Criminal Background check. Should you knowingly mislead or falsify any answers to the questions on this application you shall be disqualified for membership with the Sunrise Beach Fire Protection District.

Applicant's Signature _____

Please attach a copy of your driver's license, high school diploma or GED, college diploma, and verification of auto insurance to this application