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Name \_\_\_\_\_

Date Received \_\_\_\_\_



# FORSYTH FIRE DEPARTMENT



## APPLICATION

Please indicate whether you are applying for a

Volunteer Fire Fighter

Support Team

Emergency Management

EMS

*"The purpose of our Organization /Agency is through our professionalism, dedication, integrity and training the Forsyth Fire Department will work to safeguard the lives and property for its citizens. This will be accomplished by providing a vast range of emergency services, strong public relations and fire safety education. We endeavor to protect and preserve the health of our membership and ensure "Everyone Goes Home" safely to their families.*

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# City Of Forsyth Fire Department

15405 Us Hwy 160 Forsyth, Mo 65653

417-546-3074

WWW.ForsythFireRescue.org

## PERSONAL INFORMATION

Name \_\_\_\_\_ are you over 18 \_\_\_ Yes \_\_\_ No  
 (Last) (First) (M.I.)

Address (Mailing & Physical) \_\_\_\_\_  
 (Street) (City) (State) (Zip)

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

Year at present address? \_\_\_\_\_ If less than two years at present address, list previous address:  
 \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Spouse's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
 (Name) (Phone)

Spouse's Employer \_\_\_\_\_  
 (Name) (Phone)

Please list Three Reference's -not related to you: (Name and Phone Number)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## PHYSICAL REQUIREMENTS

**The City of Forsyth Fire Department Requires a NFPA Physical: Pass /Fail Basis.**  
 Cox Branson Health-Occupation Office: (417) 335-7555 Fax: 417-335-7529  
 121 Cahill Road Suite 201 Branson Mo 65616.  
 Do you have any conditions which may limit your ability to perform the job applied for? \_\_\_ Yes \_\_\_ No

## MOTOR VEHICLE/BACKGROUND CHECK

Automobile Insurance Carrier & Agent \_\_\_\_\_  
 (Company) (Exp Date) (Agent) (Coverage/Limit)

(Please provide a current copy of Insurance card)

Have you ever received a moving traffic violation? \_\_\_ Yes \_\_\_ No  
 (Please provide a copy of a current driver's license record Check)

List any: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
 (Please provide a copy of a current driver's license)

Social Security # \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Have you ever been charged/convicted for criminal offense? \_\_\_ Yes \_\_\_ No  
 (If Yes please provide what state).

List any: \_\_\_\_\_

Do you own a Vehicle? Yes or No License Plate Number \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_  
 (Year) (Make) (Model) (Condition)

## EDUCATION

Circle the Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 If No GED, The state of Mo requires a H.S. Diploma or GED to certify for Fire Fighter I & II  
 (Please provide a Copy of all Certificates)

HIGH SCHOOL	VOCATION/TRADE SCHOOL	COLLEGE/UNIVERSITY
Name		
City/State		
Year Graduated		
Area/Degree/Diploma		

## MILITARY

Branch	Highest Rank	Dates	Assignment
Are you Currently Inlisted?	Yes No	Honorable Discharged?	Yes No

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**Fire Service History**

Have you ever served on a fire district/department? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list district/department \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
(Name & Contact Number)

Do you know anyone who is currently serving with Fire the Department \_\_\_\_\_ Yes \_\_\_\_\_ No

Forsyth Fire Department has a standard of training with in one year of joining or next available Class. (Basic FF,FF1,NIMS,HAZ MAT ,ECT)

Do you accept the terms \_\_\_\_\_ Yes \_\_\_\_\_ No

List previous fire service training:  
(Please Attach a Copy of Certificates)

\_\_\_\_\_  
\_\_\_\_\_

List any other fire service/EMS/rescue related training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any specialized equipment you have experience in operating, include trucks, heavy equipment, and Etc:

\_\_\_\_\_  
\_\_\_\_\_

List any hobbies or special areas of interest

\_\_\_\_\_

**Employment**

EMPLOYER/ADDRESS/DATES (Current employer first)	POSITION/SUPERVISOR	REASON YOU LEFT
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your current hours? \_\_\_\_\_ Would you be able to respond from work? \_\_\_\_\_ Yes \_\_\_\_ No  
Additional Comments:

**EQUAL OPPORTUNITY EMPLOYER**

Forsyth Fire Department is an Equal Opportunity Employer and , therefore, does not discriminate because of race, color, religion,sex disability, national origin, ancestry, age or marital status. Forsyth Fire Department does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in programs or activities.(Employment means full time, part time or volunteer)

**CERTIFY INFORMATION STATEMENT**

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. I further understand that any false and /or misleading information provided in my Application shall constitute a falsification of documents and may result in my ineligibility for employment, or ,if discovered following my employment, in my discharge. If employed, I understand that I am required to abide by all the rules and regulations of City of Forsyth –Forsyth Fire Department, and that my relationship with the Forsyth Fire Department shall be considered to be of an “at will nature”

**Pursuant to RSMO. 610, otherwise known as the SUNSHINE LAW, I hereby give the City of Forsyth permission to obtain information and documents regarding my medical, legal, and employment history, to include those files closed under the SUNSHINE LAW.**

\_\_\_\_\_  
APPLICANT’S SIGNATURE DATE