

City of Sarcoxie Fire Department

401 Cross Street | PO Box 130 | Sarcoxie, MO 64862

Phone: 417-548-7242 | Fax: 417-548-3108

Website: www.sarcoxiemo.com



Application for Volunteer City of Sarcoxie Fire Department

All applicants are considered for all positions regardless of race, color, creed, national origin, ethnic origin, age, religion, marital or veteran status, presence of non-job-related medical condition, handicap or other legally protected status. Making an application is no guarantee of an interview or employment. **The City of Sarcoxie is an Equal Opportunity Employer.**

Junior (13-17) **Firefighter (18+)** **First Responder (18+)**

Last Name		First Name		Middle Initial			
Street Address			City/State		Zip Code		Phone Number
Email				Cell Phone			
Do you have any relatives working for the City of Sarcoxie?				Date Available for work?			
Have you ever been convicted of a crime, aside from traffic violations?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:		City & State		Graduate?		GED?	
Name of college or technical school:	City & State	Graduate?	Degree?		Major		
Are you presently enrolled in school?				If yes, give name & address of school and expected degree date:			
List any job-related skills or accomplishments, including military service:							

Applicant Name: _____

-Provide Three References Who Are Not Former Employers Who We May Contact-		
Name and Occupation	How do you know them and for how long?	Phone Number

Your Employment History

List names of employers with present or last employer listed first

May we contact current employer before you are offered a position? _____	
Name of employer:	Job Title:
Address:	Dates of Employment: From: To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason For Leaving:
Duties:	Additional Comments:
Name of Employer:	Job Title:
Address:	Dates of Employment: From: To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason for Leaving:
Duties:	Additional Comments:
Name of Employer:	Job Title:
Address:	Dates of Employment: From: To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason for Leaving:
Duties:	Additional Comments:

Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires us to determine this information by visual survey and/or other available information.

NAME: _____

JOB APPLIED FOR: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

____ Male

____ Female

____ I do not wish to identify

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

___ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example,

Applicant Name: _____

Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

___ I do not wish to disclose.

VETERAN STATUS:

___ I am a protected veteran**

___ I am NOT a protected veteran

___ I do not wish to self-identify

****PROTECTED VETERAN DEFINITION**

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Applicant Name: _____

Use this Parental Consent Form if applicant is under 18

The Application will not be deemed complete until this form is provided with appropriate signatures.

PARENTAL AUTHORIZATION FOR DRUG SCREEN

I do hereby give parental authorization for the pre-employment drug testing of minor listed _____ for consideration regarding a position with the City of Sarcoxie. The drug screen will be administered at Freeman Occumed and the result will be kept confidential and only released to the City of Sarcoxie for review.

Parental Authorization Signature: _____

Parental Authorization Print Name: _____

Date: _____

Fill this form out ONLY if you are under 18 at the time you are filling out the application.

If you are under 18, A parent's signature is required so they know you are applying and together you have considered all aspects of this position.

Job involves driving, equipment handling/use, sun exposure and exposure to potentially hazardous (if not handled properly) chemicals like pool chemicals, fuels and/or pesticides.

Parent Signature: _____

Date: _____

Applicant Name: _____

VETERAN'S	
A DD214 Member-4 version MUST be attached to verify military service and type of discharge.	
Have you ever served in the military? (If no, skip this section)	Yes _____ No _____
Branch of Service Serial # Type of Discharge Dates of Service	_____ _____ _____ _____

<p>Do you possess a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you possess a valid Commercial Driver's License (CDL)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, must check Class Code: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></p> <p>Endorsements-check: T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> X <input type="checkbox"/> TPXS <input type="checkbox"/></p> <p>CODE: T-Double-Triple Trailer/P-Passenger Transport/N-Tank Vehicle/H-Hazardous Materials/S-School Bus Authorized/X-N and H combined/TPXS-All CDL Endorsements</p> <p>If YES, to either or both License, what state(s)? _____</p>	<p>Do you operate a computer? YES _____ NO _____</p> <p>Speed on computer-WPM _____</p> <p>List office equipment and computer programs you work with. (e.g. Word, Excel, Outlook, etc.)</p>

In case of Emergency Notify:

Name	Address	Phone Number

Applicant Name: _____

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE
BOTTOM**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

I have read, understand, and agree to the above statements.

Signature:

Date:

REFERRAL SOURCE(S)

HOW DID YOU LEARN OF THIS POSITION?

- City Employee
- College/University
- Human Resources Dept. Posting
- Job Fair
- Newspaper Advertisement

PLEASE CHECK ONE BOX

- Other (Specify) _____
- Relative or Friend
- Trade Magazine
- Unemployment Office
- Web site