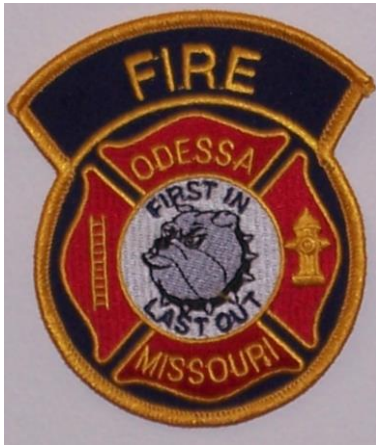


Odessa Fire & Rescue Protection District



301 W. Dryden St., PO Box 345
 Phone (816) 633-7182
 Odessa, MO 64076
 Fax (816) 633-1659

Employment Application

The Odessa Fire & Rescue Protection District is an Equal Opportunity Employer

POSITION APPLIED FOR Mark below the position which applying for.	Full-time or Part-time:
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Thank you for your interest in the Odessa Fire and Rescue Protection District as an employer. Only final candidates for openings will be contacted personally. Fill out all of the information. Applications not filled out completely may be disqualified.

GENERAL INFORMATION		
Name (last, first, middle initial)		Social Security No. (Optional)
Street Address		City, State, Zip
Home Phone No.	Work Phone No.	
Are you authorized to work in the United States? Proof of Authorization will be required post hire.		
Yes No	Date of Birth	
TRAINING AND EDUCATION		
CIRCLE HIGHEST GRADE COMPLETED: 8 9 10		
11 12 GED		
Colleges/other training	Major/subject	Degree/certificates
IF YOU HAVE ADDITIONAL SKILLS AND QUALIFICATIONS PLEASE INCLUDE DOCUMENTATION AND/OR CERTIFICATIONS WITH THIS APPLICATION		

Can you perform the essential functions of the job with reasonable accommodation? Yes			
No			
BACKGROUND INFORMATION			
EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS			
Do you have a valid Missouri State Drivers License?		Yes	No
License Number: _____			
Have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? Yes No If yes please explain:			
Have you been convicted of a felony or served time in prison within the last ten (10) years? Yes No Conviction will not necessarily bar you from employment. If yes, please explain:			
How/where did you hear about the position for which you are applying? (Check one)			
_____ Friend or relative	_____ District Web-site	_____ Employment Security	
_____ Newspaper ad	_____ Career Day	_____ Social Media	
Which? _____ _____ Other please specify _____			

EMPLOYMENT HISTORY			
Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, and volunteer experience. The following sections MUST be completed even if a resume is submitted.			
Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you		May we contact this employer	Supervisor's phone
Reason for leaving			
Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you		May we contact this employer	Supervisor's phone

Reason for leaving		
Employer	Employed from:	To:
Address:		Supervisor
Phone	Hours worked/week	Starting salary
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Primary duties		
Number of employees supervised by you	May we contact this employer	Supervisor's phone
Reason for leaving		
Employer	Employed from:	To:
Address:		Supervisor
Phone	Hours worked/week	Starting salary
Position		Last salary
Primary duties		
Number of employees supervised by you	May we contact this employer	Supervisor's phone
Reason for leaving		
PROFESSIONAL REFERENCES		Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance
Name	Place of employment/title	Phone

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by the Odessa Fire and Rescue Protection District, for dismissal. I authorize the Odessa Fire and Rescue Protection District to solicit information regarding my character, general reputation, credit, and previous employment. I also authorize them to conduct a criminal background check, including federal jurisdictions, multi state sex offender registry, professional licensure, and driving record information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. I understand that I will be required to successfully complete an approved medical physical, pre-employment drug screen, and a physical agility test. If employed, I release the Odessa Fire and Rescue Protection District from any liability for future references it may provide regarding my work history at the firm.

I understand that employment with the Employer is "at-will", which means that either the Odessa Fire and Rescue Protection District or I can terminate the employment relationship at any time,

with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no employee, officer, or director of the board has any authority to alter the foregoing.

Applicant's signature _____

Date _____