

## **Firefighter / Paramedic**

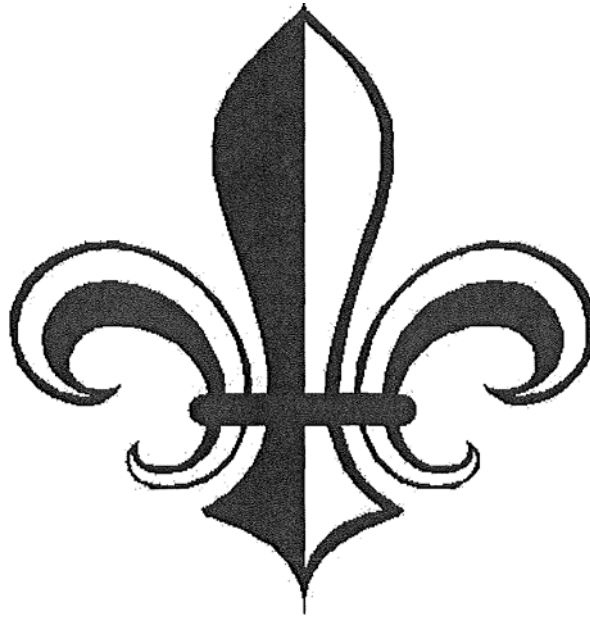
The City of Frontenac is accepting applications **to establish a hiring list** for the position of Firefighter/Paramedic, for 2020. Minimum 21 years of age, Certified Firefighter I & II, St. Louis County Fire Academy preferred, valid Missouri State Paramedic License, ACLS, PALS, PHTLS, CPAT and valid Driver's License.

Applications due at City Hall, 10555 Clayton, Frontenac, MO 63131 by 12:00 hours September 11<sup>th</sup>, 2020 no exceptions. Go to [www.cityoffrontenac.org](http://www.cityoffrontenac.org) view the application.

**Fill out as much as possible on line only. Use keyboard to fill out then print.**

# **The City of Frontenac Fire Department**

10555 Clayton Road, Frontenac, Missouri 63131  
314-994-1801



## **PERSONAL HISTORY QUESTIONNAIRE**

The City of Frontenac resolves that, subject to all applicable State and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

**AN EQUAL OPPORTUNITY EMPLOYER**

[www.cityoffrontenac.org](http://www.cityoffrontenac.org)

# CITY OF FRONTENAC

10555 Clayton Road  
Frontenac, MO 63131  
Employment Application



## APPLICANT INFORMATION

Last Name		First		M.I.	Date ____/____/____
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Driver's License No.	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been employed here before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever filed an application here before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been bonded?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you are under 18, can you furnish a work permit?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If necessary, best time to call you at home is?					
May we contact you at work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you on lay-off and subject to recall?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Will you work overtime if required?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Will you relocate if job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

**REFERRAL SOURCE**

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Other _____	

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national Origin, age, color, disability or other protected status.)


List any special accomplishments, publications, or awards you may have. (Exclude memberships which would reveal sex, race, religion, national Origin, age, color, disability or other protected status.)


List any additional information you would like us to consider.


**DISCLAIMER AND SIGNATURE**

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancelation of this application and/or separation from the employ's service if I have been employed.

I give the Employer the right to investigate all reference s and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is it used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if you have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature

Date



City of Frontenac  
Missouri

**PREEMPLOYMENT INQUIRY RELEASE**

Applicant: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-

Address: \_\_\_\_\_ Zip \_\_\_\_\_

In connection with my application for employment with the City of Frontenac, I understand that inquires will be made concerning my employment and credit histories, criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including but not limited to consumer reporting agencies and similar entities, to release any and all information maintained by them concerning my personal history. I understand that if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting agency, I will be entitled to receive from the city only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators, and assigns, release and forever discharge the City and it's employees from all claims, demands, actions, and cause of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquires made into my personal history, and release and forever discharge all former employers from all liability arising out disclosure to the City of Des Peres of information pertaining to my personal history.

signature: \_\_\_\_\_ Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witness: \_\_\_\_\_



Missouri Highway Patrol/St. Louis Co.  
Criminal History Record Release

Last Name	First	M.I.	Date ____/____/____
Street Address			Apartment/Unit #
City	State	ZIP	
Length of Residence Yrs ._____ Mos._____	Date of Birth ____/____/____		
Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	

I hereby acknowledge that I must provide my personal criminal history record to the City of Frontenac.

Signature \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Emergency Medical Experience  
Emergency Medical Technician License (yes/no)  
Expires: \_\_\_\_\_

Paramedic License (yes/no)  
Expires: \_\_\_\_\_

Firefighter Experience  
Graduate of St. Louis County Fire Academy (yes/no)  
Year Graduated: \_\_\_\_\_

Current CPAT Certification (yes/No)

Certified as a State of Missouri Firefighter I & II (yes/no)

Experience as a volunteer or career firefighter. Please indicate the Department and Years of Experience: \_\_\_\_\_