

Signature of Applicant

FAIR GROVE FIRE PROTECTION DISTRICT

340 W. Eagle Ridge Ct.
FAIR GROVE, MISSOURI 65648
(417) 759-7908
www.fairgrovefire.org

DATE:
Fair Grove Fire Protection District 340 W. Eagle Ridge Ct. Fair Grove, MO 65648
Dear Sir or Ma'am,
As you requested, please find my completed Application and supporting documentation for your review, then determine if I meet the qualifications you have established to become a Firefighter with the Fair Grove Fire Protection District. To ensure that I submit all required information, I have completed the checklist you provided below. Please note that I have read and I am submitting only the information you requested.
 Completed and Signed Application for Employment Completed and Signed Application Letter (this letter) Copy of Missouri Division of Fire Safety Firefighter I & II certificate Copy of Missouri Division of Fire Safety Hazardous Materials Awareness & Operations Copy of current First Responder certification or higher Copy of current Driver's License Professional Resume (if desired by applicant) Copy of any other National and/or State Training Certifications for consideration
Thank you for your attention to this application and I look forward to hearing from you.
Sincerely,



FAIR GROVE FIRE PROTECTION DISTRICT

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JOB DESCRIPTION: FIREFIGHTER (CAREER)

The Firefighter is responsible for responding to incidents and performing the appropriate level of care for personal injuries or illnesses and firefighting duties. The Firefighter shall be able to perform these operations under both emergency and non-emergency conditions, within the policies and procedures set by the District. The Firefighter is under the general supervision of the Captain. During emergency incidents the Firefighter is under the general supervision of the Incident Commander.

DESCRIPTION OF DUTIES

The Firefighter shall respond to all alarms as assigned, evaluate patient condition, administer appropriate medical services in accordance with adopted protocols and/or physician direction in proper relationship to, type of the alarm, conditions found, and be able to perform as required on the fire scene to meet the mission of the District. The Firefighter shall perform apparatus and equipment checks, routine maintenance and care of District apparatus and equipment to maintain a state of readiness, adhere to the policies and procedures to complete the mission of the District, and upon request, perform any other duties as prescribed.

REQUIRED QUALIFICATIONS

Candidates for the position of Firefighter must possess a State of Missouri Firefighter I & II certification, possess a current First Responder or higher certification, and possess a current CPR certification. The candidate shall have a valid operator's license with no suspensions, revocations, or any other significant moving violations within the last three (3) years. The candidate shall meet all District application requirements by the application closing date.

The candidate will also be required to have the following requirements:

- 1. NIMS 100, 200, 700, & 800 within 90 days of hire date
- 2. MO EMT within 2 years of hire date

SALARY: Starting \$35,500-\$44,500.

APPLICATION DEADLINE: November 8, 2024



FAIR GROVE FIRE PROTECTION DISTRICT

P.O. Box 103
Fair Grove, Missouri 65648
Phone: (417) 759-7908
Fax: (417) 759-1160
www.fairgrovefire.org

INSTRUCTIONS:

Type or print your answers to all questions listed on the application. The Fair Grove Fire Protection District requires that all individuals interested in employment complete and official application and will accept a professional resume as a supplement to the application form. Applicants must attach copies of all supporting documentation to the official application.

Position Applying For:	

SECTION 1: Personal Information							
	Position for which you are applying (one pe	er applicat	tion):		Date:		
Full-Time	Part-Time Vo	lunteer _					
Please tell us, how	Please tell us, how did you find out about this position?						
FGFPD Webs	ite Other Web	site:			FGFPD Emp	lovee:	
Published Ad						.0,00	
Please complete (ent	er all applicable information and check one (1) preferr	ed method	of contact)	<u> </u>			
Home Phone	The state of the s	Пм	Vork Phone				
Cell Phone	8	_	-Mail Addres				130
	t, Middle)						
Street Address	A	pt./Suite		Have you eve	r worked or v	volunteered	for the FGFPD?
					Yes		No
City	State	Zip Code		Date From:		_	
				Date To:	2		
Are	you legally authorized to work in the U.S.?		Ca	an you provide ev	idence of yo	our eligibil	ity to work?
_	Yes No			☐ Yes		□ No	0
Do you have relativ	res employed by the Fair Grove Fire Protection D	istrict?			Yes		No
If so, list name(s) a	nd relationship(s)?						
Do you have a valid	Missouri Driver's License?				Yes		No
The Fair Grove Fire	Protection District will verify all information, inc	luding mo	oving viola	tions.			
High School / Do you have a High School Diploma or G.E.D. Certificate?					No		
G.E.D. Prior to an interview, the District may require official copies of college or university tran				ranscripts o	r High Sch	ool or G.E.D.	
	Certificate or Diploma, or professional certificat Name	es. Major		Date (F	rom)		Credit Hours
College or University				•			
,	Location	Minor		Date (T	o)		Degree/Certificate
	Name	Major		Date (F	om)		Credit Hours
College or University	Location	Miner		Date (T			5 15
	Location	Minor		Date (To	9)		Degree/Certificate
	Name	Major		Date (Fi	om)		Credit Hours
College or University	Location	Minor		Date (To	o)		Degree/Certificate
List all applicable certificates and/or licenses.							
(You may attach a sep	parate sheet if needed)						

SECTION 2: Employment Record

Beginning with current or most recent dates, provide a comprehensive description of your professional experience.

If you require additional space, attach an additional sheet to this document.

Current or Most Recent Employer							
Starting Date Ending	g Date	Total Time Er	nployed				
Address	City/State	Phone					
Title	Starting Salary	Endin	g Salary				
Duties							
Reason For Leaving							
Previous Employer							
Starting Date Endin	g Date	Total Time E	mployed				
Address	City/State	Phone	A				
Title	Starting Salary	Endir	g Salary				
Duties							
Reason For Leaving							
Previous Employer							
Starting Date Endin	ng Date	Total Time E	mployed				
Address	City/State	Phone					
Title	Starting Salary	Endi	ng Salary				
Duties							
Reason For Leaving							
Have you ever been in the military? Yes	(If yes, attach a copy of your DD21	4)	No				
Branch:	Dates of Service (From and To):					
Type of Discharge Received:							
Have you ever been arrested?	Yes No						
Have you ever been convicted of a felony?	Yes No						
Have you ever been convicted, plead guilty or no contest, or placed on deferred adjudication or probation for any offense other than minor							
traffic violations? Yes No Please provide details (charges, penalties, where, when and disposition)							
rease provide details (charges, penalties, where, when an							
By signing below, I certify, authorize, or acknowledge:							
That all of the information provided by me on this application for employment and any attachments or supporting documents I submit are accurate.							
Recognizing that the Fair Grove Fire Protection District may rely on information I provide to make an employment decision, I hereby certify that all							
information herein presented is accurate and free from intentional omission, falsification, or misleading information.							
I authorize the Fair Grove Fire Protection District to conduct background, personal, criminal, employment history, or any type of investigation it may							
require to determine my fitness for the position in which I have applied. Additionally, I understand that the District may require a physical, mental,							
or drug pre-employment screening after the District has made a conditional offer for employment.							
All application materials, including transcripts, become property of the Fair Grove Fire Protection District and will not be returned.							
Signature of Applicant	Printed Name of	Applicant	Date				



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CURRENT BENEFITS

HEALTH INSURANCE:

Available after 90 days

Department pays 100% of Employee

Department pays up to \$200 per month on spouse or

Children

AFLAC:

Available after 60 days

Employee pay 100%

LAGERS:

After 6 months

L-6

Employee Contribution 4%

VACATION:

After 1 year: 40 hours

After 3 years: 80 hours After 6 years: 120 hours After 11 years: 160 hours

CAPS AT 2 YEARS OF YOUR RATE

PAID HOLIDAYS

All Federal Holidays

SICK TIME AND LONG TERM SICK LEAVE

WORKMEN'S COMPENSATION ACCIDENT & SICKNESS POLICY