



MAPLEWOOD FIRE DEPARTMENT

7601 Manchester Road
Maplewood, MO. 63143
Phone: (314) 646-3666
Fax: (314) 646-3663

APPLICATION FOR FIREFIGHTER/EMT-P

Includes: Application, Job Description and Applicant Certification

Applicant Personal History Questionnaire

AN EQUAL OPPORTUNITY EMPLOYER: Subject to all applicable state and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Maplewood Fire Department. An extensive background investigation will be conducted into your personal history. Applicants will be required to complete a physical examination and drug screening.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Maplewood Fire Department.

I confirm that I have read and understand the above and that all information and documents presented to the Maplewood Fire Department are true, correct, complete and made in good faith. I also confirm that I have received the Firefighter/EMT-P Application & Selection Process information sheet, as well as the Essential Job Functions for the position of Firefighter/EMT-P.

Signature

Date

Directions:

1. **Use Black Ink.** Print or type answers.
2. Read each question carefully before answering.
3. Be certain the answers are legible.
4. Initial the lower right corner of each page.
5. **Must** be completed by applicant
6. Entire application must be completed

INITIALS _____

Firefighter/EMT-P Application

E-VERIFICATION NOTIFICATION

Notice to Applicant

The City of Maplewood Participates in the E-Verify Program

Pursuant to Missouri state law, and in accordance with Federal requirements, the City of Maplewood participates in the E-Verify Program to verify the eligibility of every newly hired employee to work in the United States. Missouri state law requires that government employers verify the identity and validate the ability of all persons hired to work in the United States.

The City of Maplewood will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. If the Government cannot confirm that you are authorized to work, the City of Maplewood is required to provide you written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use with the Form I-9.

I confirm that I have read and understand the above as it pertains to the E-Verify Program and further affirm that I have been notified by the City of Maplewood of its participation in the E-Verification Program.

Signature: _____

Print Name: _____

Date: _____

INITIALS _____

I. PERSONAL DATA

FULL NAME		LAST	FIRST	MIDDLE	HOME PHONE		
ADDRESS		NUMBER	STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE/PAGER/CELL
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH		PLACE OF BIRTH
SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED	
A. LIST ANY OTHER NAMES YOU HAVE EVER USED INCLUDING MAIDEN NAME: _____							
B. ARE YOU A CITIZEN OF THE UNITED STATES?					C. WERE YOU NATURALIZED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO		
D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE:							
FROM	TO	STREET ADDRESS			CITY/COUNTY	STATE	ZIP CODE
E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?					<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "YES", DATE OF APPLICATION _____							
F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY?							
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", LIST BELOW.							
DATE	ORGANIZATION NAME		ADDRESS/ZIP CODE		POSITION APPLIED FOR	DISPOSITION	
G. ARE YOU ACQUAINTED WITH ANY MAPLEWOODFIRE DEPARTMENT EMPLOYEES?							
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE LIST:							

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS?							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

INITIALS _____

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHICH ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1 NAME	PHONE NUMBER	YEARS AQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS	OCCUPATION		
2 NAME	PHONE NUMBER	YEARS AQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS	OCCUPATION		
3 NAME	PHONE NUMBER	YEARS AQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS	OCCUPATION		
4 NAME	PHONE NUMBER	YEARS AQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS	OCCUPATION		

III. CRIMINAL HISTORY

A. Have you ever been convicted of a criminal offense?

YES NO IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

DATE	CHARGE	DEPARTMENT / AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

IV. EDUCATION AND SKILLS

A. DO YOU HAVE: (CHECK APPROPRIATE BOXES)

<input type="checkbox"/> GED/HIGH SCHOOL	<input type="checkbox"/> 3-31 COLLEGE CREDIT HOURS	<input type="checkbox"/> 32-63 COLLEGE CREDIT HOURS
<input type="checkbox"/> 64-119 COLLEGE CREDITS	<input type="checkbox"/> BACHELOR'S DEGREE	<input type="checkbox"/> POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, MIDDLE, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED FROM	MONTH & YEAR ATTENDED TO	NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.

F. ARE YOU A GRADUATE OF THE GREATER ST. LOUIS COUNTY FIRE ACADEMY?
 YES NO

ACADEMY CLASS _____ DATE OF GRADUATION _____

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS – SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?
 YES NO

1. EMPLOYER				ADDRESS			
CITY			STATE		ZIP CODE		PHONE NUMBER
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL			JOB TITLE		
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

2. EMPLOYER				ADDRESS			
CITY			STATE		ZIP CODE		PHONE NUMBER
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL			JOB TITLE		
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

3. EMPLOYER				ADDRESS			
CITY			STATE		ZIP CODE		PHONE NUMBER
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL			JOB TITLE		
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

4. EMPLOYER				ADDRESS			
CITY			STATE		ZIP CODE		PHONE NUMBER
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL			JOB TITLE		
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.

INITIALS _____

VI. ORGANIZATIONAL MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS FOR WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. REGISTRATION NUMBER		C. LOCATION WHERE REGISTERED	
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNIT		ADDRESS/PHONE	COMMANDER
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS). <input type="checkbox"/> YES <input type="checkbox"/> NO					
MONTH/YEAR ENTERED	BRANCH ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12. REDUCED FROM _____ TO _____					
G. WERE YOU EVER COURT MARTIALED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12. TYPE OF COURT MARTIAL <input type="checkbox"/> SUMMARY <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL SENTENCE RECEIVED: _____ HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.					
H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN: _____ _____ _____					

INITIALS _____

XIII. DRIVING HISTORY

A. LIST ALL DRIVER OR CHAUFFEUR LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED?
 YES NO IF "YES," EXPLAIN:

C. LIST ALL DRIVING CITATIONS, TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.

MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION

D. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE YEARS? EXPLAIN CIRCUMSTANCES OF EACH.

INITIALS _____

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (1-11)	SECTION (I-XIII)	LETTER (A-L)	

INITIALS _____

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (1-11)	SECTION (I-XIII)	LETTER (A-L)	

APPLICATION CHECK LIST

A copy of the following documents **must** be included with this application or, explain fully as to why they are not included. All documents submitted become the property of the Maplewood Fire Department and will not be returned.

The following items should be submitted by all applicants:

ITEM		YES	NO
1.	State of Missouri Emergency Medical Technician/Paramedic License		
2.	High school diploma and certified transcript or GED certificate		
3.	College diploma and certified transcripts (if applicable)		
4.	Fire Academy certificate		
5.	Military discharge DD214, indicating type of discharge (if applicable)		
6.	Special awards (school, military, etc.)		
7.	Naturalization papers (if applicable)		
8.	Copy of any license including state issued or motor vehicle operator's license, pilot's license, radio operator's license, etc.		

Document number and reason not included:	

PROBATIONARY PERIOD

Please read thoroughly before signing below.

All employees must complete at least a twelve (12) month probationary period.

This probationary period shall commence with the date of employment and shall conclude twelve (12) months from that date with the approval of the Fire Chief before their appointment is considered complete.

This probation period shall be used as an on the job test of one's capabilities to perform the duties of the position. Unsuccessful completion of the probationary period will result in dismissal.

Signature of Applicant

Date

INITIALS _____

MAPLEWOOD FIRE DEPARTMENT
7601 Manchester Road
Maplewood, MO. 63143
(314) 646-3666

**CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION
(Read Carefully Before Signing)**

To whom it may concern: I, _____, am an applicant for a position
(Print Full Name)

with the Maplewood Fire Department. I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to employment by the Maplewood Fire Department.

The Maplewood Fire Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Maplewood Fire Department.

I hereby authorize any representative of the Maplewood Fire Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Maplewood Fire Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Maplewood Fire Department to consider in determining my suitability for employment in the Maplewood Fire Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the Maplewood Fire Department with any and all available information regarding me in order to determine my suitability for police work.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of this organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may

INITIALS _____

CONFIDENTIAL

at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Maplewood Fire Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Maplewood Fire Department's acceptance and processing of my application for employment, I agree to hold this organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Maplewood Fire Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the privacy act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Maplewood Fire Department in conjunction with employment procedures.

I agree to pay any and all charges or fees concerning this request.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I hereby agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which the police department may require to determine my qualifications for employment. I further authorize the results of said tests be furnished to the Maplewood Fire Department and that same shall become part of my application for employment.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Signature of Applicant

Date

Signature of Witness

Date

CITY OF MAPLEWOOD, MISSOURI

Class Code: 7311
Public Safety Group
Fire Prevention Series

INITIALS _____

POSITION TITLE: Fire Fighter - Emergency Medical Technician
DEPARTMENT: Fire
SUPERVISOR: Fire Chief
LOCATION: Maplewood Fire Station

Job Summary:

Engages directly in fire fighting and fire prevention activities and the saving of lives and property, engages in the performance of emergency and non-emergency medical care activities and the savings of lives and property. Responsible for maintaining and cleans fire department buildings and equipment and performs other duties as assigned.

Essential Job Functions:

- + Reports to fire scenes and operates hose, ladder, hand and power tools and extinguishers.
- + Performs rescue operations as directed by supervisor.
- + Assists in fire or emergency scene clean up.
- + Performs daily preventative vehicle maintenance inspections and routing repairs.
- + Enters businesses and apartment buildings to inspect fire hazards and to gain familiarity with structural layout, nature and location of hazards and location of fire protection systems.
- + Drives ambulance and maintains radio contact with dispatcher and medical facilities.
- + Transports victims to medical facility.
- + Provides emergency and non-emergency medical treatment, including cardio-pulmonary resuscitation and the use of required medical equipment.
- + Prepares and ensures the proper transport of victims to medical facilities and completes necessary run reports.
- + Ensures that ambulance and fire truck are adequately stocked with all necessary medical and emergency supplies and cleans all ambulance equipment.
- + Drives pumper to the scene of fire and positions vehicle taking into consideration such factors as sources of water, wind direction, utility lines, hazards from falling structures.
- + Connects hose from hydrant to pumper, lays hose and operates the pumper to maintain proper pressure to effectively combat fires.
- + Keeps records of all equipment leaving the truck at fire and oversees packing up after fire fighting.
- + Participates in in-service training and fire drill operations.

Marginal Job Functions:

- + Ensures all loaned ambulance equipment is returned.
- + Performs daily housekeeping duties.
- + Performs all other duties as assigned by supervisor.

INITIALS _____

**Fire Fighter - Emergency Medical Technician
Class Code: 7311**

Knowledge, Skills and Abilities Required:

At Entrance Level: Ability to understand and follow oral and written instructions. Ability to establish and maintain effective working and living relationships with other employees. Ability to learn a wide variety of fire fighting duties and methods and required medical care techniques within a reasonable working test period. Ability and sufficient strength to perform prolonged and arduous work under adverse conditions. Ability to develop skills in the operation and maintenance of fire and ambulance equipment. Ability to communicate effectively, both verbally and in writing, with the general public, fellow employees and supervisors.

At Full Performance Level: Working knowledge of the operation and maintenance of fire and ambulance equipment and apparatus. Working knowledge of modern fire fighting methods and techniques and the principles of hydraulics as applied to fire suppression. Working knowledge of fire prevention and safety principles, methods, rules, codes and ordinances and departmental rules. Ability to perform maintenance and minor mechanical repairs to fire equipment and apparatus. Ability to react quickly, calmly and efficiently in emergency and life-threatening situations. Ability to recognize fire hazards common to places of public assemblage and to business and residential buildings and must be continually licensed by the proper licensing agency to administer emergency medical treatment at level required by this class position.

Equipment Used to Perform the Job:

- + Automotive equipment
- + A vast variety of power and hand tools
- + Specialized fire fighting, rescue and emergency medical service equipment
- + General office equipment including, but not limited to calculator, typewriter, copier, etc.

Education, Qualifications and Experience Required:

Possession of motor vehicle driver's license valid in the State of Missouri. Requires a minimum of graduation from high school or high school equivalency. Must be continually licensed by the proper licensing agency to administer emergency medical treatment at the level required by the Class Title. Graduation from the fire academy is required before full duties can be assumed.

Applicant Certification:

I have read and understand the essential functions of the job for which I am applying. I can meet these requirements with or without reasonable accommodation.

Signature of Applicant: _____ Date: _____

Applicant Name in Print: _____

INITIALS _____