

Firefighter / Paramedic

The City of Frontenac is accepting applications **to establish a hiring list** for the position of Firefighter/Paramedic, for 2018. Minimum 21 years of age, Certified Firefighter I & II, St. Louis County Fire Academy required, valid Missouri State Paramedic License, ACLS, PALS, PHTLS and valid Driver's License.

Applications due at City Hall, 10555 Clayton, Frontenac, MO 63131 by 12:00 hours January 8, 2018 no exceptions. Go to www.cityoffrontenac.org to view the application.

Fill out as much as possible on line only. Use key board 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

Frontenac Fire Department Application Requirements

The following are the requirements needed to fill out an application for the position of Firefighter / Paramedic for the City of Frontenac Fire Department. Anyone who does not currently have all the items listed below will not be considered for the position and need not fill out an application.

- **Minimum of 21 years of age**
- **Valid Missouri State Paramedic License**
- **ACLS**
- **PALS**
- **PHTLS**
- **Valid Driver License**
- **Certified Firefighter I & II by the St. Louis County Fire Academy**
- **Use the keyboard on your computer to fill out the application, then print.**
- **Applications must be submitted no later than by 12:00 p.m. on Wednesday, January 8, 2018 at Frontenac City Hall, 10555 Clayton Road, Frontenac, MO. 63131.**
- **Attention Fire Chief**

APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

Use Computer Key Board

	DATE							
NAME				SEX		RACE		
ADDRESS								
OTHER NAMES USED I.E., MAIDEN, ALIAS, ETC.								
CITY				STATE			ZIP CODE	
DATE OF BIRTH				PLACE OF BIRTH				
SOCIAL SECURITY NUMBER								
LICENSE PLATE NUMBER				STATE/YEAR				

(THIS SECTION TO BE COMPLETED BY PERSONNEL SERVICES)

✓ RECORDS CHECKLIST

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MOI
<input type="checkbox"/> ALERT
<input type="checkbox"/> HISTORY
<input type="checkbox"/> CORRECTIONS
<input type="checkbox"/> SUMMONS
<input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> MULES RECORD
<input type="checkbox"/> NCIC RECORD
<input type="checkbox"/> DOR
<input type="checkbox"/> SIL (COUNTY)
<input type="checkbox"/> LICENSE PLATE
<input type="checkbox"/> LMU STARS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CLERK		DSN		DATE	
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RETURN TO THE DEPARTMENT HEAD WITH ATTACHED REPORT(S) AND PRINTOUT SHEET(S).

APPLICANT PERSONAL HISTORY QUESTIONNAIRE

PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED

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 City of Frontenac. An extensive background investigation may be conducted into your personal history. Applicants for City positions may be required to take a CVSA (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

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 City of Frontenac.

I confirm that I have read and that I understand the above, and that all statements. And documents presented to the City of Frontenac are true, correct, complete, and made in good faith.

Signature

Date

Please indicate position(s) for which you are applying: _____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 9 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. Use your computer Keyboard to fill out application. If you need any special accommodations in completing this questionnaire, contact Frontenac City Hall at 314-994-3200.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on Pages 10 and 11 for answers that require clarification or further explanation. All entries on Pages 10 and 11 will begin with page, section number (Roman numerals I-XI) and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the City of Frontenac at 10555 Clayton Road, Frontenac, Missouri 63131.

I. PERSONAL DATA

<i>FULL NAME</i>	LAST	FIRST	MIDDLE	HOME PHONE
<i>ADDRESS</i>	NUMBER	STREET	CITY	STATE ZIP CODE
<i>PERMANENT ADDRESS</i>	NUMBER	STREET	CITY	STATE ZIP CODE
AGE	HEIGHT	WEIGHT	HAIR	EYES
DATE OF BIRTH		PLACE OF BIRTH		
E-MAIL ADDRESS		SOCIAL SECURITY NUMBER	OPERATOR'S LICENSE NUMBER	STATE ISSUED

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES?
 Yes No

C. WERE YOU NATURALIZED?
 Yes 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 THE CITY BEFORE?
 Yes No

IF "YES," DATE OF APPLICATION:

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST SIX MONTHS?
 IF "YES," LIST BELOW: Yes No

DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	STATUS OF APPLICATION

G. ARE YOU ACQUAINTED WITH ANY FRONTENAC CITY EMPLOYEES?
 IF "YES," LIST NAMES BELOW: Yes No

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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? Yes No

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHOM 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 ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS	OCCUPATION	

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

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. Yes No

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

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. Yes No

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. Yes No

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. Yes No

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. Yes No

IV. EDUCATION AND SKILLS

A. DO YOU HAVE (CHECK APPROPRIATE BOXES):

GED/HIGH SCHOOL 3-31 COLLEGE CREDIT HOURS 32-63 COLLEGE CREDIT HOURS
 64-119 COLLEGE CREDITS BACHELOR'S DEGREE POST GRADUATE DEGREE

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

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

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES," EXPLAIN IN FULL DETAIL ON Pages 11 and 12.

Yes No

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4.

Yes No

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

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

G. 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 10 AND 11. IF YOU ARE PRESENTLY EMPLOYED, MAY BE CONTACT YOUR EMPLOYER?

Yes Not at this time

1. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

2. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

3. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

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

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.) IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. ORGANIZATIONAL MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF 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? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.		<input type="checkbox"/> Yes <input type="checkbox"/> No

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? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.		<input type="checkbox"/> Yes <input type="checkbox"/> No	REDUCED FROM	REDUCED TO	
G. WERE YOU EVER COURT MARTIALED? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.					<input type="checkbox"/> Yes <input type="checkbox"/> No
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? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.					<input type="checkbox"/> Yes <input type="checkbox"/> No

H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? IF "YES," EXPLAIN:	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME:		
TYPE OF INCOME	FIRM OR SOURCE NAME	MONTHLY AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDEND/INTEREST		
MILITARY		
OTHER (Specify)		
TOTAL		

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:		
BUSINESS NAME	BUSINESS ADDRESS	ZIP CODE
PHONE NUMBER	JOB TITLE	MONTHLY SALARY

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 10 AND 11 IF ADDITIONAL SPACE IS NEEDED.					
OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NO.	UNPAID BALANCE	MONTHLY PAYMENT	AMT. PAST DUE
<input type="checkbox"/> Mortgage					
<input type="checkbox"/> Rent					
Auto Payment					
Personal Loans					
School Loans					
Credit Card					
Credit Card					
Credit Card					
Other (Specify)					
Other (specify)					
TOTALS					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 10 AND 11. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY FINANCIAL OBLIGATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. HAVE YOU EVER BEEN REFUSED CREDIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. HAVE YOU EVER BEEN SUED IN COURT?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IX. NARCOTIC AND LIQUOR USAGE

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No

X. MARITAL STATUS/FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 10 AND 11 IF EXPLANATION IS NECESSARY.

Single Engaged Married Separated Divorced Widowed

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FINACE(E) OR SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (include maiden name)				DATE DECEASED	
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B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 10 AND 11 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	% SUPPORT PROVIDED

C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU? IF "NO," EXPLAIN. Yes No

D. ALL EMPLOYEES OF THE FIRE DEPARTMENT WORK AN AVERAGE 53-HOUR WORKWEEK. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? Yes No

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. Yes No

F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS:

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

XI. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S 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? IF "YES," EXPLAIN: Yes No

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. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

YEAR	MAKE	MODEL	VEHICLE LICENSE NUMBER	STATE

CONFIDENTIAL

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? GIVE DATES AND EXPLAIN CIRCUMSTANCES OF EACH. USE ADDITIONAL SPACE ON PAGES 10 AND 11 IF NECESSARY.

DATE	CIRCUMSTANCES
DATE	CIRCUMSTANCES

F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE.

NAME OF COMPANY	ADDRESS	CITY	STATE	ZIP CODE
PHONE #	NAME OF AGENT	POLICY #	EXPIRATION DATE	

G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES," EXPLAIN. Yes No

H. IN THE PAST YEAR, HAVE YOU CHANGED AUTOMOBILE INSURANCE COMPANIES? IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY:

NAME OF COMPANY	ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED
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APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE FRONTENAC FIRE DEPARTMENT AND WILL NOT BE RETURNED.

1. Completed Certificate of Applicant and Authorization for Release of Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. A photo copy of birth certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Photo copies of all educational transcripts, including high school and college.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Copy of military discharge papers – DD Form 214.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Two recent facial photographs. Polaroid, passport or photo booth photographs are acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special awards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Naturalization papers (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Copy of your Social Security card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Copy of any license, including state issued motor vehicle operator's license, pilot's license, radio operator's license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Photographs of any existing tattoos. (If no tattoos, check "No")	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Copy of Certificates for Firefighter I & II by St. Louis County Fire Academy	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Copy of Missouri Paramedic License	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you willing to maintain your license as a condition of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What year was your Paramedic license first issued?	_____
15. How many CEU credits do you currently have towards your Paramedic license renewal?	_____

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

