

Park Hills Fire and Rescue

9 Bennett Street
Park Hills, MO 63601

Telephone 573-431-3577

Application for Volunteer Firefighter

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

Phone # () - _____ Alt. Phone # () - _____

Are you 18 years of age or older? Yes _____ No _____

Operator's License Number: _____

Do you have a High School Diploma or GED? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain:

Please give name and phone number of nearest relative

Relative _____ () - _____
Phone #

Do you live in the area protected by the Park Hills Fire and Rescue Department?

Yes _____ No _____

Do you have any fire fighting training or certifications? Yes _____ No _____

If yes, list qualifications:

Do you have any fire fighting experience? Yes _____ No _____

If yes, please list:

REFERENCES: Please provide information of at least three persons, other than relatives, who have a personal knowledge of your character and qualifications.

Name	Address or Phone	Occupation

I understand that, if accepted, my firefighting service would be “voluntary” and could be terminated at any time by either party, with or without cause and with or without notice.

I understand that the City of Park Hills has a drug and alcohol policy that provides for applicant testing as well as random testing (for certain classifications) after acceptance. I understand that consent to and compliance with the policy is a condition of my service.

If accepted by the City of Park Hills Fire Department, I agree to abide by its Standard Operating Guidelines. I understand that the City of Park Hills Personnel Policy does not apply to volunteer fire fighters. I understand that the City of Park Hills Fire Department may change or revise its benefits, policies, and procedures, and that such changes may include a reduction in benefits.

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for service, whether on this document or not, may be cause for failure to accept or for immediate termination should I be accepted by the City of Park Hills Fire Department.

I authorize the City of Park Hills to investigate all statements contained in this application, including the contact of schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City of Park Hills from any liability as a result of such contact.

I hereby warrant that I have read and fully understand the foregoing and seek to serve as a volunteer under these conditions of my own free will and in accordance with my own free judgement.

SIGNATURE

DATE

This application shall be considered active 45 days. Any applicant wishing to be considered for acceptance beyond this time period must reapply for further consideration.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **City of Park Hills** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

I wish to receive a copy of any report on me that is requested.

Signature

TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

Protect Youth Sports, Inc.
14499 Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 877-319-5587 Fax: 800-319-5582