

# **LIMESTONE FIRE PROTECTION DISTRICT**

Read and complete all three (3) Parts of the Application, this is a total of (7) pages:

1. Limestone Fire Protection District Application for Employment
2. Disclosure to Employment Application
3. Consent to Release Records(s)

Print and Sign the Application:

Mail the Signed Applications to:

Limestone Fire Protection District  
5262 East Highway 20  
Claremore, OK 74019



# LIMESTONE FIRE PROTECTION DISTRICT

5262 East Hwy 20, Claremore, OK 74019 918-341-6430 FAX 918-343-2302  
Website: www.limestonefd.org

## Application of Employment

Please give concise, complete answers to all questions. All prospective employees tentatively offered a paid position are required to submit to and satisfactorily pass a drug screen, and are required to submit to and satisfactorily pass the OFPRS medical examination AND physical agility test.

### APPLICANT INFORMATION

- -			
Last Name: First Name: Middle Initial:			Social Security No.:
Address (street, city, state, zip) ( ) - ( ) - ( ) - / /			
Home Phone No.:	Work Phone No.:	Cell Phone:	Date of Birth:

### GENERAL INFORMATION

How did you learn about the job for which you are applying? \_\_\_\_\_

Indicate all types of employment you are interested in:  Full Time  Volunteer

Position Desired:  
The position you are applying for requires you to work under extreme conditions including heat, cold, smoke, weather, loud noise, dirt, mud, insects, dust, grass, etc. Are you willing to work under extreme conditions?  Yes  No

The position that you are applying for requires heavy lifting, are you aware of any physical limitations that would prevent you from doing so?  Yes  No

Do you understand that you must have corrected lenses no more than 20/30 in each eye and uncorrected vision no less than 20/100?  Yes  No

Are you color blind?  Yes  No

In the past 5 years have you had your driver license revoked or suspended, or have you had an application for driver's license denied?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

In the past 5 years have you been convicted of careless or reckless driving or of operating or being in actual physical control of a motor vehicle while under the influence or impaired by alcohol or drugs (I.E. DUI, DWI, APC, ETC.)?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of more than 2 moving traffic violations in the past 5 years, or have you had more than one at-fault accident and 2 moving traffic violations in the past 5 years?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**\* A legible copy of your valid Driver's License must be attached for consideration of employment.**

Have you previously been a volunteer or employed by the Limestone Fire Protection District?  Yes  No

If yes identify when: \_\_\_\_\_

Do you have any relatives working for Limestone Fire Protection District?  Yes  No

If yes, identify the person and your relationship with them. \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No

(Verification will be required upon initial employment and failure to furnish documentation will be cause for termination.)

Have you ever been convicted of or pled guilty, no contest, forfeited bail or had a suspended imposition of sentence to a crime other than a traffic violation? (This information does not in itself disqualify you for employment.)  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of possession, use, or distribution of any illegal drugs? Or, misuse and/or abuse of a Prescription drug?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Do you have any charges pending against you currently?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation or a deferred sentence for any criminal offense?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Have you been or are you now a party of a civil action?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a Felony or crime of Moral Turpitude?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

	Name of School & Address	Last Years Completed	Did you Graduate	Degree/Course
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade School, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please indicate any fire or medical related training or certifications you possess:**

### Fire Training

- |  |   |  |                                    |  |
|--|---|--|------------------------------------|--|
| <input type="checkbox"/> Hazmat Awareness  | <input type="checkbox"/> Firefighter I  | <input type="checkbox"/> Swiftwater Rescue     | <input type="checkbox"/> Ropes I   | <input type="checkbox"/> Vehicle Extrication |
| <input type="checkbox"/> Hazmat Operation  | <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Trench Rescue         | <input type="checkbox"/> Ropes II  | <input type="checkbox"/> Instructor I        |
| <input type="checkbox"/> Hazmat Technician | <input type="checkbox"/> EVOC           | <input type="checkbox"/> Confined Space Rescue | <input type="checkbox"/> Ropes III | <input type="checkbox"/> Officer I           |
| <input type="checkbox"/> NIMS 100          | <input type="checkbox"/> NIMS 200       | <input type="checkbox"/> NIMS700               | <input type="checkbox"/> NIMS 800  |  |

### Medical Training

- |                                  |                        |                        |                            |
|----------------------------------|------------------------|------------------------|----------------------------|
| <input type="checkbox"/> EMR     | State: _____           | State License #: _____ | National Registry #: _____ |
| <input type="checkbox"/> EMT-B   | State: _____           | State License #: _____ | National Registry #: _____ |
| <input type="checkbox"/> EMT-I85 | State: _____           | State License #: _____ | National Registry #: _____ |
| <input type="checkbox"/> A- EMT  | State: _____           | State License #: _____ | National Registry #: _____ |
| <input type="checkbox"/> EMT- P  | State: _____           | State License #: _____ | National Registry #: _____ |
| <input type="checkbox"/> CPR     | Expiration Date: _____ |                        |                            |

**\* If you have a Oklahoma State Issued EMS License, please attach a copy.**

Empty rectangular box at the top of the page.

### MILITARY EXPERIENCE

\_\_\_\_\_

Date of duty: \_\_\_\_\_ To \_\_\_\_\_ Type of Separation or discharge: \_\_\_\_\_

Where you a member of the U.S. Armed Forces? Yes No Branch: \_\_\_\_\_

Briefly describe duties: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Starting with your present or most recent job. Include any job-related, military service assignment and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone No: ( ) - \_\_\_\_\_

Hourly rate/salary Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work preformed: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone No: ( ) - \_\_\_\_\_  
Hourly rate/salary Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone No: ( ) - \_\_\_\_\_  
Hourly rate/salary Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_

May we contact your present employer?  Yes  No

May we contact your previous employers?  Yes  No

If not, please explain why. \_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATON

If you have any additional information or comment you feel would help us determine your suitability for this position, such as special licenses or training Please describe below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

1. \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Name) (Phone)  
\_\_\_\_\_  
(Address) relationship

2. \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Name) (Phone)  
\_\_\_\_\_  
(Address) relationship

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ ( ) \_\_\_\_\_ :

\_\_\_\_\_ (Address) \_\_\_\_\_ relationship

### READ CAREFULLY

I certify the facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the Limestone Fire Protection District or its agents to investigate any information included in the application and I agree to submit to a drug screen and medical examination if required. I understand that this application is not a contract of employment. I hereby release the Limestone Fire Protection District and its agents from all liability in making any investigation and inquiry relative to information contained in the application. I understand that if employed, false or misleading statements given in this application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the Limestone Fire Protection District

I HEREBY ACKNOWLEDGE RECEIPT:

\_\_\_\_\_ PRINT NAME

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE

### CONSENT TO RELEASE RECORD(S)

DRIVER NAME: \_\_\_\_\_ DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver's license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:



Release Record/Information to: Limestone Fire Protection District

MVR Summary

\_\_\_\_\_  
(DRIVER'S SIGNATURE OF CONSENT)

To be completed by Limestone Fire Protection District

\_\_\_\_\_  
(SIGNATURE OF RECIPIENT OF RECORD)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ADDRESS OF RECIPIENT OF RECORD)

NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to other specified.

----THIS FORM AND PHOTO ID REQUIRED TO OBTAIN RECORD----