

**Owensville Volunteer Fire Department**

**107 W Sears Ave**

**Owensville, MO 65066**

**Volunteer Firefighter Application**

Name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Valid Driver's License **Yes No**

Has your license ever been suspended or revoked **Yes No** If yes please explain:

\_\_\_\_\_

DL#: \_\_\_\_\_ Class: \_\_\_\_\_

List traffic citations over past year: \_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Time Employed: \_\_\_\_\_

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

Work Hours: \_\_\_\_\_

Previous Fire Experience:    **Yes**    **No**

Dept Name: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

**Criminal/Disciplinary History: Everyone MUST answer "Yes or No" to all of the following questions.**

**Do not answer, "Yes" if you only have minor traffic violations.**

Have you ever been convicted of a misdemeanor    **Yes**    **No**

Have you ever been convicted of a felony    **Yes**    **No**

Have you ever received deferred adjudication for a felony or misdemeanor    **Yes**  
**No**

If you have answered yes to ANY of the questions above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation of separate sheet of paper. Indicate offense committed and case number(s).

The City of Owensville requires a pre-employment drug screen. Health screening is provided by Owensville EMS.

By signing, you are stating that all information provided is true and accurate, and you are giving the Owensville Volunteer Fire Department permission to do a criminal background check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Department use only:

Date voted on by membership: \_\_\_\_\_

Criminal background check: Date \_\_\_\_\_ **Pass Fail**

Drug screening: Date \_\_\_\_\_ **Pass Fail**

Station assigned \_\_\_\_\_ Mentor \_\_\_\_\_