

Eureka Fire Protection District Reserve Application

Date of application: _____

Name: _____
Last
First
Middle
Social Security Number

Present Address: _____
Street
City
State
Zip
Phone Number

If less than 3 years at the above address, please list previous address:

Previous Address: _____
Street
City
State
Zip

Drivers License Number: _____ **State:** _____ **Class:** _____ **Exp date:** _____

Are you at least 18 years of age?	Are you a citizen of the U.S.?	Date of birth
YES / NO	YES / NO	

In case of emergency notify: _____ **Relationship:** _____

_____ **Street**
City
State
Zip
Phone Number

EDUCATION

Level	Name and Location of School	Dates Attended	Certification or License Number	Expiration Date
High School			N/A	N/A
College			N/A	N/A
Other Schools			N/A	N/A
CPR				
EMT				
EMT-P				
ACLS				
PHTLS				
PALS				
Firefighter I				
Firefighter II				

EMPLOYMENT RECORD (from the most current – backwards)

Name of present or last Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

Name Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

Name of Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

REFERENCES - Please list names of three persons not related to you, whom you have known at least 3 years.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Acquainted</u>

MILITARY SERVICE RECORD

Branch of Service: _____ **Rank:** _____ **Dates Served:** _____

Discharge Date: _____ **Type of Discharge:** _____

GENERAL ITEMS:

List any experience you have in the emergency services field (Fire or EMS).

Briefly describe why you would like to be a reserve for the Eureka Fire Protection District.

AUTHORIZATION:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am successful in obtaining membership, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and other persons, agencies and departments, as follows, but not limited to: all law enforcement agencies for a record check, the Veterans Administration, all branches of the U.S. Armed Forces, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, my membership is for no definite period and may, be terminated at any time without prior notice.”

“I am also aware that if selected for membership, I will be asked to take a pre-placement examination performed by a licensed physician selected by the Fire District. The Fire District will pay all cost for this examination. During the aforementioned examination, I am aware that drug testing will be done to determine the presence of any foreign substance in my body and if confirmed positive, I will not be eligible for membership with the Eureka Fire Protection District.”

“I acknowledge that the District will check my driver’s license status. I am aware that I must maintain a valid driver’s license while a member of the Eureka Fire Protection District.

Signature of Applicant

Date of Application



Eureka Fire Protection District

EMERGENCY FIRE • MEDICAL • RESCUE • FIRE PREVENTION SERVICES



Request for Criminal Record Check and Drivers License Check

Please Print or Type

Name _____
Last First Middle Jr/Sr

Maiden / Alias _____
Last First Middle Jr/Sr

Sex M ___ F ___ Date of Birth _____ SSN _____
MM/DD/YYYY

Drivers License # _____ State _____ Expiration Date _____

[Please provide a copy of your valid Driver's License]

Address _____

I understand that as part of my membership with the Eureka Fire Protection District that a Criminal Background Records Check and Drivers License Check will be run on me at my expense. The Cost for these checks is \$26.00. Payable at time this request is submitted to EFPD.

Signature _____ Date _____

Return this form and either a check made payable to Eureka Fire Protection District or Cash For \$26.00

**Criminal Justice Information Services Division
General Information**

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

•Open records

1. arrest record for 30 days following arrest.
2. arrest record for which charges have been filed.
3. court disposition of guilty.
4. suspended imposition of sentence during probation period.

•Closed records

1. arrest record after 30 days following arrest.
2. nolle prossed.
3. dismissed.
4. found not guilty.
5. suspended imposition of sentence after probation completed.

•Closed records are accessible to certain groups designated in section 610.120, RSMo.

- MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
- Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

FBI Record requests

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
 - The purpose for the record check must be set forth in the federal regulations.
 - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
 - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
 - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 10-01-2007, Federal record checks for noncriminal justice entities are \$19.25 for licensing or employment checks and \$15.25 for volunteers to those covered care facilities.

PENALTY - A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.