



Owensville Volunteer Fire Department
107 West Sears Avenue
Owensville, Missouri 65066

Volunteer Firefighter Application

Full 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 Department 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 on separate sheet of paper. Indicate offense committed and case number(s).

The City of Owensville requires a pre-employment drug screening. 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: _____

Department Use Only:

Date voted on by membership: _____

Criminal background check Date: _____ Pass Fail

Drug screening Date: _____ Pass Fail

Station assigned: _____ Mentor: _____