

Shady Valley Fire Protection District



Volunteer Firefighter

Information and Application

HOW IT ALL BEGAN...

The Shady Valley Volunteer Fire Protective Association was born because of a need for fire protection with a quicker response.

At that time the area that now comprises Shady Valley was covered by three fire departments, Rock Community, Antonia Community and Fenton, all which had thirty to forty minute response times to the area.

Several area residents decided to start their own fire department after several fires in the area. They banded together and met with Rock Community and Antonia Community to gather ideas on how to start. These initial meetings started in 1958.

By spring of 1959 the first fire pumper was bought for \$1.00 from Jefferson Barracks Fire Department and land was donated for the fire station.

By 1964 the fleet of apparatus grew to three trucks, a fire station was built and the Shady Valley Volunteer Fire Protective Association was responding to about 15 calls per year. They were supported by tag subscriptions.

In 1974 the residents of Shady Valley voted in the Shady Valley Fire Protection District and tax revenue was their new form of monetary support.

Now with 3 pieces of apparatus, 10 full-time paid, 20 volunteer positions and 18.5 square miles of territory, the District responds to 750+ alarms per year.

TODAY'S SHADY VALLEY FIRE PROTECTION DISTRICT

The Shady Valley Fire Protection District now operates each year on approximately \$550,000.00. Growth is necessary and new volunteers are needed to protect and serve the 10,000 residents within the District.

Ninety five percent (95%) of the District service area consists of single and multi-family residences while the remaining five percent (5%) consists of mercantile businesses and various other commercial enterprises.

The District operates out of a single station with one pumper/tanker, two rescue/pumpers, and a technical rescue trailer. Current staffing level is twenty-nine suppression members and support members.

The District is a political subdivision of the State of Missouri and is governed by three Directors elected by the voters of the District.

The Shady Valley Fire District provides services that include fire suppression, rescue services, hazardous materials response, emergency medical services and community services.

HOW WILL I BE TRAINED?

- As a volunteer firefighter with the Shady Valley Fire District, you will be a ***team member***. As a recruit firefighter you will undergo an initial 40 hours of recruit training prior to responding to any alarms. The training will be a mixture of lecture, practical instruction, and self-study.
- You will be assigned to one of three Shifts. For the first six months of your twelve-month probation you will be assigned a preceptor (veteran firefighter) to help you become familiar with the District's policies and procedures and to monitor your performance.
- The last six months of your probation will be on your own with no preceptor, however, evaluations will be done every three months to determine your progress.
- Within the twelve-month probationary period the probationary fire fighter will complete Fire Fighter I and Basic Life Support courses.

Is this the end of your training? **No**. In fact, serving as a firefighter for the Shady Valley Fire Protection District means life-long, continuing education to stay abreast of the latest equipment and emergency procedures.

HOW MUCH OF MY TIME IS REQUIRED?

- Fire fighting takes a tremendous commitment!
- After the initial 40 hours of recruit training our volunteer's average approximately 50 to 80 hours per month between trainings, duty time, and running alarms.
- That sounds like a lot, and it is if you have a family and demanding full time employment.
- Scheduled training nights are Monday evenings with some Saturday sessions. The shift rotation averages 10 days per month in which we ask that our members commit to a minimum of 5 of those days. Alarms are anytime. We can't schedule them.

HOW DO I APPLY?

- If you are at least eighteen years of age and have a valid Missouri drivers license and dependable transportation, fill out the enclosed application and return it to the Station with all requested information as described on page 1 of the application.
- Your application will be reviewed and if you are qualified, you will be asked to complete an interview process. You will participate in a practical exercise and meet with a panel of members comprised of the command staff of the District, and any further questions you have may be answered at that time.
- The District does conduct an investigation into your background. Becoming a member of the Shady Valley Fire Protection District requires careful selection. Acceptance to the District depends on staffing needs and many other variables,. The selection process is designed to help the District find men and women who would most likely become the safest and most effective fire fighters on the fire ground.

Application Information

- Fill out the application completely and make sure you have signed all pertinent areas.
- Have the physicians release form filled out and signed by a physician and return it with the application.
- Fill out, sign, and return with the application the authorization and consent for release of information form.
- Fill out and return with the application the disclosure form.
- Get a police records check from the county or city in which you reside and turn it in with the application.
- Get a driving records check from the state in which you are licensed in and turn it in with your application.

Application

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Walk-in

Other _____
Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____ Social Security Number - - _____

If necessary, best time to call you at home is
May we contact you at work? €Yes €No
If yes, work number and best time to call () _____ : _____ am/pm

Have you filed an application here before? €Yes €No
If yes, give date..... _____ / _____ / _____

Have you ever been a member here before? €Yes €No
If yes, give date..... From _____ / _____ / _____ to _____ / _____ / _____

Are you legally eligible for employment in this country? €Yes €No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work..... _____ / _____ / _____

Are you on lay-off and subject to recall?..... €Yes €No
Will you relocate if job requires it?..... €Yes €No
Will you travel if job requires it?..... €Yes €No
Are you able to meet the attendance requirements of the position? €Yes €No
Will you work overtime if required?..... €Yes €No
Have you ever been bonded? €Yes €No
Have you been convicted of a felony in the last (7) years?..... €Yes €No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

Driver's license number _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Educational Background

- A. List three (3) schools attended, starting with last one.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any
- D. Grade Point Average or Class Rank
- E. Major and minor field of study (if applicable.)

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, and awards. (Exclude memberships which would reveal sex, race, religion, national origin, age color, disability or other protected status.)

List any additional information you would like for us to consider _____

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Shady Valley Fire Protection District

4535 Old Highway 21

Imperial, MO 63052

Phone (636) 296-3957 Fax (636) 282-4137

Physicians Release Form

This portion to be completed by applicant

Name: _____ SSN: _____

Sex: M F Date of birth: _____ Phone: _____
month day year

I understand that this physicians release form is for the purpose of qualifying my abilities to perform as a fire fighter for the Shady Valley Fire Protection District. It is not meant to be a determining factor with regard to acceptance as a member of the District, but to gauge my overall physical abilities to perform certain tasks.

I further understand that factors beyond the control of the Shady Valley Fire Protection District and the physician completing this form may affect my physical abilities to perform, which were not distinguishable at the time that this form was completed.

I hereby release the Shady Valley Fire Protection District and the physician named on this form from any and all liability with regard to it's content.

signature of applicant date

This portion to be completed by physician

(please read the paragraph below and complete the form - please note any limitations in the comments section)

The position of fire fighter requires the applicant to exert large amounts of energy in a short period of time. This exertion can be expected in high temperatures exceeding 1000°. Fire fighters are protected from this heat with protective garments and self contained breathing apparatus weighing approximately forty pounds. Activities while working include climbing ladders, working overhead, crawling, bending, standing, lifting, carrying, pushing, pulling and operating power tools and motor vehicles.

I _____ have evaluated the above named applicant and release
Physicians name (please print)

him/her to participate as a fire fighter with the Shady Valley Fire Protection District with the

following limitations. Comments: _____

Signature of physician date phone

Shady Valley Fire Protection District

4535 Old Highway 21

Imperial, MO 63052

Phone (636) 296-3957 Fax (636) 282-4137

Applicant Authorization and Consent for Release and Disclosure of Information

We welcome your application with the Shady Valley Fire Protection District (hereinafter referred to as the "District"). We are proud that our success is the result of the quality and caliber of our establishment. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require, as a condition of membership or employment and/or continued membership or employment, all applicants consent to and authorize a pre-screening of the background information submitted on their applications and resumes.

I authorize the District and Pre-Employment Screening Inc., a consumer reporting agency, to retrieve information from all previous employers work history, education institutions, governmental agencies, law enforcement agencies at the federal, state and county level, agencies or individuals, relating to my past activities, to supply information concerning but not limited to previous employment, education, motor vehicle, social security and criminal background checks. I understand that the consumer report may be prepared summarizing this information.

I authorize Pre-Employment Screening Inc. of St. Louis, Missouri (hereinafter referred to as "PES"), and any of its agents/designated representatives, to disclose orally, electronically, and in writing the results of its verification process and/or interview to the designated authorized representatives of the District.

I do hereby forever discharge the District, its agents, PES, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information attained by the District and to receive, orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer.

I do hereby certify that all of the statements and answers set forth on the application form and on my resume are true and complete to the best of my knowledge, and I understand that if subsequent to membership or employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my position.

"Note: The following information is provided voluntarily and is not as part of your application for employment. It is used for identification purposes in verifying background verifications".

_____	_____	_____
Printed name	SSN #	
_____	_____	_____
Signature	Date of birth	Date
_____	_____	_____
Driver's license number	State issued	Expiration date

List any cities and/or states, which you have lived

*Shady Valley Fire Protection District is an Equal Opportunity Entity

Shady Valley Fire Protection District

4535 Old Highway 21

Imperial, MO 63052

Phone (636) 296-3957 Fax (636) 282-4137

Disclosure

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in section 604(b) to the applicant that previous employment, education, social security, motor vehicle report and a criminal background check may be obtained for the purpose of membership and/or employment only.

By the signature below, the applicant acknowledges that Shady Valley Fire Protection District has made this disclosure.

Date

Signature

Print name (last, first, middle)