

APPLICATION
FIRE DEPARTMENT
City of Ladue

Instructions to Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of *Ladue Fire Fighter or Paramedic*.

- It is your responsibility to complete this form and provide all information.
- All entries must be printed legibly in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- Initial EACH page on the bottom right corner.
- Pursuant to Public Law 93-579, the disclosure of your social security number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The social security number assists the Department in differentiating between applicants with similar or identical names.
- If you need more space for any response, use the second to last page of this form (page 19) and identify the additional information by the question number.
- Upon completion, this application must be returned to the Ladue Fire Department via email (slynn@cityofladue-mo.gov) or hand delivered to the following address: Attn Chief Lynn 9213 Clayton Road, Ladue MO, 63124

Disqualification

There are very few *automatic* bases for disqualification. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or convictions are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and will result in your application being rejected, regardless of the nature or reason for the misstatement/omissions.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

The City of Ladue is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, age, sex, disability, veteran status, national origin or other characteristics protected by law. If you need any accommodation in completing this Application, please contact the Ladue Fire Chief at (314) 993-0181.

APPLICATION CHECKLIST

The following documents must be included with this application or explain fully why they are not included. All documents submitted become the property of the Ladue Fire Department and will not be returned.

1. Completed Certificate of Applicant and Authorization for Release of Information.
 ___ YES ___ NO

2. **Police Record Search from County of Current Residency.**
 ___ YES ___ NO

3. Copies of Current Driver's License.
 ___ YES ___ NO

4. Copy of military discharge papers - DD Form 214
 ___ YES ___ NO

5. Naturalization papers (if applicable)
 ___ YES ___ NO

6. Copy of current Missouri paramedic's license, ACLS, PHTLS or ITLS, PALS,
 and if have, EMT-P National Registry certificate.
 ___ YES ___ NO

7. Copy of St. Louis County Fire Academy Certificate.
 ___ YES ___ NO

8. Copy of applicable State certifications.
 ___ YES ___ NO

9. Copy of current CPAT card, not required but preferred
 ___ YES ___ NO

IF UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

City of Ladue Fire Department Data Sheet

SECTION 1: PERSONAL DATA		
1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)		<input type="checkbox"/> N/A
3. PRESENT ADDRESS		
NUMBER/STREET _____		APT/UNIT _____
CITY _____ STATE _____		ZIP _____
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)		
5. CONTACT NUMBERS		
HOME ()	WORK ()	EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL	7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	
8. DRIVER'S LICENSE NUMBER		9. STATE ISSUED
10. CITIZENSHIP		
Are you a U.S. citizen..... <input type="checkbox"/> YES <input type="checkbox"/> NO If		
NO, are you a resident alien who is eligible and has applied for U.S. citizenship..... <input type="checkbox"/> YES <input type="checkbox"/> NO If		
naturalized citizen give: Date: _____ Place: _____ Certification # _____		
11. SOCIAL SECURITY NUMBER (OPTIONAL)		
-		
12. Based on the essential functions of the position for which you are applying (as described in the job description which is located at https://www.cityofladue-mo.gov/departments/fire-department-202), are you able, with our without reasonable accommodation, to perform these essential job functions?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		

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SECTION 2: RESIDENCE HISTORY

2. LIST OF RESIDENCES
- List all residences **during the last 10 years**, excluding your present address.
 - Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
 - If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
 - If more space is needed, continue your response on page 15.*

2.1	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

2.2	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

2.3	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

2.4	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

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SECTION 3: REFERENCES

3. LIST OF REFERENCES

- List 4 people (not relatives, former employers, fellow employees, or schoolteachers) who you have known well during the past five years.

3.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?		BEST TIME TO CONTACT THIS PERSON?		
	HOW DO YOU KNOW THIS PERSON? _____ _____				

3.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?		BEST TIME TO CONTACT THIS PERSON?		
	HOW DO YOU KNOW THIS PERSON? _____ _____				

3.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?		BEST TIME TO CONTACT THIS PERSON?		
	HOW DO YOU KNOW THIS PERSON? _____ _____				

3.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?		BEST TIME TO CONTACT THIS PERSON?		
	HOW DO YOU KNOW THIS PERSON? _____ _____				

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SECTION 4: EDUCATION
4. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

4.1	NAME OF COLLEGE/UNIVERSITY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		
	TYPE OF DEGREE EARNED	MAJOR/AREA OF STUDY	YEAR OF DEGREE

4.2	NAME OF COLLEGE/UNIVERSITY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		
	TYPE OF DEGREE EARNED	MAJOR/AREA OF STUDY	YEAR OF DEGREE

4.3	NAME OF COLLEGE/UNIVERSITY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		
	TYPE OF DEGREE EARNED	MAJOR/AREA OF STUDY	YEAR OF DEGREE

SECTION 4: EDUCATION *continued*
4.4. LIST ALL TRADE VOCATIONAL, AND BUSINESS SCHOOLS/INSTITUTES ATTENDED N/A

4.5	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING

4.6 LIST ALL FIRE ACADEMIES ATTENDED: N/A

4.7	NAME OF ACADEMY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT #

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4.8 Have you ever been subject to any disciplinary action, including academic probation, suspension, or expulsion from any high school, college/university, business, or trade school?..... Yes No

4.9 If **YES**, describe in detail below. Starting with high school, list all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s) and explanation of circumstances.

SECTION 5: EXPERIENCE AND EMPLOYMENT

5.0 JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, indicate such on from and continue to Section 6.
- List **ALL** periods of unemployment in **excess of 30 days**.
- If more space is needed, continue your response on page 19.*

5.1	NAME OF CURRENT EMPLOYER			SUPERVISOR	
	FROM (MM/YYYY)	TO (MM/YYYY)	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
	/	/	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)				
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL	
	DUTIES/ASSIGNMENTS				
	REASON FOR WANTING TO LEAVE				
	Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____				

5.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

5.3	NAME OF PREVIOUS EMPLOYER			SUPERVISOR	
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)				
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL	
	DUTIES/ASSIGNMENTS				
	REASON FOR LEAVING				

5.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			FROM (MM/YYYY) /	TO (MM/YYYY) /
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5.6	NAME OF PREVIOUS EMPLOYER			SUPERVISOR	
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)				
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL	
	DUTIES/ASSIGNMENTS				
	REASON FOR LEAVING _____ _____				

5.7	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			FROM (MM/YYYY) /	TO (MM/YYYY) /
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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

5.8. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)..... Yes No

5.9. Have you ever been fired, placed on probation, or asked to resign from any place of employment?..... Yes No

5.10 Have you ever been involved in a physical / verbal altercation with a supervisor, co-worker, or customer?..... Yes No

5.11 Have you ever quit without giving notice?..... Yes No

5.12 Have you ever resigned in lieu of termination?..... Yes No

5.13 Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)
by a co-worker, superior, subordinate or customer?..... Yes No

5.14 Have you ever been the subject of a written complaint at work?..... Yes No

5.15 Have you ever been counseled at work due to lateness or absences?..... Yes No

5.16 Did you ever receive an unsatisfactory performance review?..... Yes No

5.17 Have you ever sold, released, or given away legally confidential information?..... Yes No

5.18 Have you ever stolen any money or merchandise from any place of employment, or any time while working as a paramedic or firefighter? Include final disposition of all items (i.e., sold, retained, returned, etc.).....
 Yes No

5.19 Have you ever called in sick when you were neither sick nor caring for a sick family member?..... Yes No
If YES, how many sick days have you used in the past five years which were not due to illness? _____ days.
If you answered "YES" to any of **Questions 20-30**, explain (include when, where, and circumstances – *reference corresponding numbers*).

SECTION 6: MILITARY EXPERIENCE

6. Are you required to register for the Selective Service?..... Yes No
If YES, have you registered?..... Yes No
If NO, explain: _____

6.1. Have you ever served in the military?..... Yes No
• *If more space is needed, continue your response on page 19.*

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6.2 If you answered "YES" to Question 35, include the following service information:

6.3	BRANCH OF SERVICE		FROM (MM/YYYY) /	TO (MM/YYYY) /
	SERIAL NO.	HIGHEST RANK HELD	PRIMARY DUTY	
	TYPE OF DISCHARGE <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214: _____			

6.4	BRANCH OF SERVICE		FROM (MM/YYYY) /	TO (MM/YYYY) /
	SERIAL NO.	HIGHEST RANK HELD	PRIMARY DUTY	
	TYPE OF DISCHARGE <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214: _____			

6.5 Are you currently participating in one of the following?..... Yes No

Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

6.6 Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)?..... Yes No

6.7 Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?..... Yes No

6.8 Have you ever taken military property without permission for personal use, to sell, or to give away?..... Yes No

SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any Questions 37-40, explain (include dates and circumstances).

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SECTION 7: MOTOR VEHICLE INFORMATION
 7.0 LIST **ALL** TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED IN THIS STATE OR ELSEWHERE
If more space is needed, continue your response on page 19.

7.1	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

7.2	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

7.3	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

7.4	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

7.5 Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine

If YES, explain circumstances:

7.6 Have you **EVER** been involved as the driver in a motor vehicle accident..... Yes No

If YES, give details below.

List **ALL** traffic accidents you have ever been involved in.

If more space is needed, continue your response on page 19.

7.7	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

7.8	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

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SECTION 10: CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the City of Ladue to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the City any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the City of Ladue, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that the City of Ladue may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the City of Ladue. In addition, I understand and agree that if I am employed my employment relationship with the City of Ladue is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the City of Ladue, and that no promises or representations contrary to the foregoing are binding on the City of Ladue unless made in writing and signed jointly by the Mayor, Department Head, and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or the City of Ladue benefits, policies and procedures will not alter the at-will nature of my employment relationship with the City.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Missouri or Illinois driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the City of Ladue auto insurance, if required for my position.

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall result in rejection of this application or immediate discharge if I am employed; regardless of the time elapsed by discovery.

I understand that, if hired, I am required to abide by all rules and regulations of the City of Ladue and to comply with all policies and procedures in an employee handbook, any policy and procedure manual or other communications to employees including but not limited to safety rules. I further understand that the City of Ladue's policy and procedures are subject to modification without notice.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date