



**Girard Fire Department**  
Employment Application  
Full-Time / Part-Time / PRN Firefighters



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Do You Have Any Experience In The Fire Service / EMS:       Yes       No

If Yes, Please List Your Previous Three Agencies, Otherwise, Please Skip To The Next Page

(Please Note – There Is No Need To Duplicate Information If These Agencies Have Already Been Listed On The *Previous Employment* Section Of Page 2 Of The City of Girard Employment Application)

Agency Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Your Rank / Title: \_\_\_\_\_

Full-Time       Part-Time / PRN       Volunteer / Pay-Per-Call

From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Your Rank / Title: \_\_\_\_\_

Full-Time       Part-Time / PRN       Volunteer / Pay-Per-Call

From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Your Rank / Title: \_\_\_\_\_

Full-Time       Part-Time / PRN       Volunteer / Pay-Per-Call

From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What Fire Service Certifications Do You Hold: (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> HazMat Awareness       | <input type="checkbox"/> HazMat Operations      | <input type="checkbox"/> HazMat Technician               |
| <input type="checkbox"/> Firefighter I          | <input type="checkbox"/> Firefighter II         | <input type="checkbox"/> ARFF Firefighter                |
| <input type="checkbox"/> Driver/Operator Pumper | <input type="checkbox"/> Driver/Operator Aerial | <input type="checkbox"/> Driver/Operator ARFF            |
| <input type="checkbox"/> Instructor I           | <input type="checkbox"/> Instructor II          | <input type="checkbox"/> Structure Collapse Rescue Tech. |
| <input type="checkbox"/> Officer I              | <input type="checkbox"/> Officer II             | <input type="checkbox"/> Inspector I                     |

What NIMS / ICS Classes Have You Taken & Passed: (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> IS-100 / ICS-100 | <input type="checkbox"/> IS-200 / ICS-200 | <input type="checkbox"/> IS-700 / ICS-700 |
| <input type="checkbox"/> IS-800 / ICS-800 | <input type="checkbox"/> IS-300 / ICS-300 | <input type="checkbox"/> IS-400 / ICS-400 |

Are You Currently Certified In CPR / AED?  Yes  No

CPR Card Expiration Date: \_\_\_\_\_

What Is Your Current Highest Level Of EMS/Medical Licensure:

- |                                       |                                    |                              |                                       |   |
|---------------------------------------|------------------------------------|------------------------------|---------------------------------------|---|
| <input type="checkbox"/> None         | <input type="checkbox"/> EMR / MFR | <input type="checkbox"/> EMT | <input type="checkbox"/> AEMT / EMT-I | <input type="checkbox"/> Paramedic / MICT |
| <input type="checkbox"/> LPN          | <input type="checkbox"/> RN / BSN  | <input type="checkbox"/> NP  | <input type="checkbox"/> PA           | <input type="checkbox"/> MD / DO          |
| <input type="checkbox"/> Other: _____ |                                    |                              |                                       |   |

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do You Possess A Current National Registration With  
The National Registry of EMTs (NREMT)?  Yes  No

National Registry Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Level:  EMR / MFR  EMT  AEMT / EMT-I  Paramedic / MICT

Please List Any Other Fire Service / EMS Training Classes You Have Taken And Passed: \_\_\_\_\_

---

---

---

---

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have You Had Any Moving Violations In The Last 5 Years?     Yes     No

If Yes, Please List Violation(s) & Date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Had Any Vehicle Accidents In The Last 7 Years  
In Which You Were Partially Or Fully At Fault?     Yes     No

If Yes, Please List Accident(s) & Date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Ever Had A Driver's License Suspended Or Revoked?     Yes     No

If Yes, Please List Date(s) & Circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List Any Organizations, Clubs, or Trade Associations In Which You Are Or Have Been A Member  
(please exclude any organization, clubs, or trade associations related to race, religion, ancestry, age, disability status, national origin,  
gender, ethnicity, & sexual orientation) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Been Provided A Copy Of The Job Description & Statement Of Expectations  
For The Position For Which You Are Applying?     Yes     No

Are You, To The Best Of Your Knowledge, Able To Perform All Of The Duties/Tasks Listed In The Job  
Description/Statement of Expectations?     Yes     No  
If No, Please Explain (please note that inability to perform all duties does not necessarily disqualify an applicant and  
reasonable accommodation may be provided to individuals with disabilities ): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turn in this completed application to Girard City Hall, located at 120 N. Ozark in Girard.

Additionally, you may scan & email it to [firechief@girardkansas.gov](mailto:firechief@girardkansas.gov)  
or you may send it via mail to:

City of Girard  
Attn: Fire Chief Chase D. Waggoner  
120 N. Ozark Street  
Girard, KS 66743



| APPLICANT INFORMATION  |                        |                  |      |
|--|------------------------|------------------|------|
| Last Name  | First                  | M.I.             | Date |
| Street Address   |                        | Apartment/Unit # |      |
| City   | State                  | ZIP              |      |
| Date Available   | Social Security Number | Desired Salary   |      |
| Position Applied for   |                        |                  |      |
| Are you a citizen of the United States?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.?    Yes <input type="checkbox"/> No <input type="checkbox"/> |                        |                  |      |
| Have you ever worked for this company?    Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?  |                        |                  |      |
| Have you ever been convicted of a felony?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?   |                        |                  |      |

| EDUCATION   |    |   |        |
|-------------|----|---|--------|
| High School |    | Address   |        |
| From        | To | Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |
| College     |    | Address   |        |
| From        | To | Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |
| Other       |    | Address   |        |
| From        | To | Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |

**City of Girard Employment Application Page 2 of 2**

| PREVIOUS EMPLOYMENT  |                    |                    |
|--|--------------------|--------------------|
| Company  |                    | Phone ( )          |
| Address  |                    | Supervisor         |
| Job Title  | Starting Salary \$ | Ending Salary \$   |
| Responsibilities   |                    |                    |
| From   | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |                    |
| Company  |                    | Phone ( )          |
| Address  |                    | Supervisor         |
| Job Title  | Starting Salary \$ | Ending Salary \$   |
| Responsibilities   |                    |                    |
| From   | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |                    |
| Company  |                    | Phone ( )          |
| Address  |                    | Supervisor         |
| Job Title  | Starting Salary \$ | Ending Salary \$   |
| Responsibilities   |                    |                    |
| From   | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |                    |

| MILITARY SERVICE                 |                          |
|----------------------------------|--------------------------|
| Branch                           | From                  To |
| Rank at Discharge                | Type of Discharge        |
| If other than honorable, explain |                          |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |