

APPLICATION PACKET

WARRENTON FIRE PROTECTION DISTRICT



This packet must be completed and returned to the
District's Station No. 1
606 Fairgrounds Road, Warrenton, MO 63383
during regular business hours
8:00 a.m. - 5:00 p.m.

If you have any questions concerning this application,
please call 456-8935



AUTHORIZATION FOR DRIVING RECORD HISTORY

I, _____, authorize the
(FULL NAME)

Driver's License Bureau of the Missouri Department of Revenue to release all information concerning my driving record to the Chief of the Warrenton Fire Protection District. A photostatic or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature: _____ Date: _____

Birth Date: _____ Social Security No.: _____

Driver's License No.: _____

Please send the driving record report to:

Warrenton Fire Protection District
Attention: Chief Michael Owenby
606 Fairgrounds Road
Warrenton, MO 63383-4420

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. _____
(office use only)

SHP-158D 9/93 - Please print or type

Name (last, first, middle) _____

(maiden/alias) _____ Date of Birth _____

Sex male female Race _____ Social Security No. _____

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search. See reverse side for details.

PURPOSE

Employment Child Care Nursing Home Home Health Care Other Employment
Licensing Other (specify) Membership – Volunteer Fire Protection District

SEND REPLY TO

Michael D. Owenby, Fire Chief
Warrenton Fire Protection District
606 Fairgrounds Road
Warrenton, MO 63383-4422

Telephone (include area code) (636) 456-8935

PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$5.00 per individual

Search based on FINGERPRINTS and NAME: \$14.00 per individual

Fee is payable either by check, warrant, or money order to “State of Missouri, Criminal Record System.”
Please forward the request and fee to:

Missouri State Highway Patrol
Criminal Records and Identification Division
Post Office Box 568
Jefferson City, MO 65102

QUESTIONS OFTEN ASKED ABOUT CRIMINAL HISTORY RECORDS

WHAT IS CRIMINAL HISTORY RECORD INFORMATION (CHRI)?

Criminal history record information is defined by statute as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, information, or other formal criminal charges, and any disposition arising therefrom, sentencing, correctional supervision, and release.

The Patrol further describes CHRI as being in one of three categories: open records, closed records, and incomplete records. *Open records* are records of convictions, pending charges and suspended impositions of sentence during the term of probation. *Incomplete records* are created when an arrest is reported, no disposition information is received within 30 days, and the status of the record is unknown. State statutes require these records to be closed. *Closed records* include incomplete records, records of suspended imposition of sentence upon termination of probation, arrests over 30 days old where charges have not been filed, the accused is found not guilty, or the charges were nolle prossed (not prosecuted) or dismissed.

WHAT CHRI IS AVAILABLE?

It depends on the reason for obtaining the record. Generally, open records are public records and are distributed without restrictions. Incomplete records and closed records have limited use.

WHO MAY RECEIVE CHRI?

Any requestor may receive open record information. Closed records are accessible by the following:

1. criminal justice agencies and some federal agencies
2. child care agencies
3. facilities as described in Section 198.006, RSMo., which include nursing homes and related facilities
4. in-home service provider agencies as defined in 660.250, RSMo.

HOW MAY THESE AGENCIES USE CLOSED CHRI?

Closed records may be used for purposes of prosecution, sentencing, parole consideration, criminal justice employment, and nursing home employment, and may be used only for the purpose obtained. CHRI status can change at any time and should not be used if over 30 days old.

(The receiver of closed records may wish to consult an attorney concerning the use or disclosure of closed record information.)

WHAT ARE THE CENTRAL REPOSITORY'S DISSEMINATION POLICIES?

Open records will be disseminated based on a search using a name identification information only for a fee of \$5.00. For positive identification, fingerprints can be submitted for a processing fee of \$14.00.

Closed records and incomplete records will not be disseminated without the submission of fingerprints to assure positive identification. Blank fingerprint cards are available, free of charge, from the Central Repository.

(It is the responsibility of the requestor to inform the Central Repository what records are desired and to provide the information necessary to conduct the appropriate search.)





**APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____
LAST FIRST MIDDLE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES NO
PHONE NO. _____ APT NO. _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

ARE YOU EMPLOYED NOW? _____

EVER APPLIED TO WFPD BEFORE _____ WHEN? _____

EVER WORKED FOR WFPD BEFORE _____ WHEN? _____

REASON FOR LEAVING _____

NAME OF LAST SUPERVISOR AT WFPD _____

WHO REFERRED YOU _____

EMPLOYMENT AGENCY NEWSPAPER AD OTHER WALK IN FRIEND COLLEGE PLACEMENT SVC

EDUCATION

SCHOOL LEVEL NAME AND LOCATION OF SCHOOL # YRS ATTENDED GRADUATE? SUBJECTS STUDIED

GRAMMAR SCHOOL _____

HIGH SCHOOL _____

COLLEGE _____

TRADE BUSINESS OR CORRESPONDENCE SCHOOL _____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

FORMER EMPLOYERS (LIST BELOW THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS FOR RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SERVICE RECORD

BRANCH OF SERVICE _____ RANK / DISCHARGE RANK _____
PRESENT MEMBERSHIP _____ DATE OBLIGATION ENDS _____
NATIONAL GUARD OR RESERVES

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE WARRENTON FIRE PROTECTION DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT EITHER MY OR WARRENTON FIRE PROTECTION DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE WARRENTON FIRE PROTECTION DISTRICT. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS FIRE CHIEF, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE FIRE CHIEF, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENTS FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____

SIGNATURE: _____

