

City of Berkeley
FIRE DEPARTMENT



Minimum Requirements

Eligible for St. Louis County Fire Academy Certification
20/70 Uncorrected Visual Acuity/Corrected to 20/20
Valid Driver's License
Ability to pass Medical screenings for drug, psychological and physical limitations
No Color Blindness

DOCUMENTS

Please follow instructions carefully!

ORIGINALS OR CERTIFIED COPIES plus **ONE (1) SET OF XEROX COPIES** of each document listed below must be presented to the clerk accepting the completed application. The **ORIGINALS OR CERTIFIED COPIES** are used for verification purposes only and will be given back to the applicant at the time the completed application is turned in. This is the purpose for providing the City of Berkeley with **ONE (1) SET OF XEROX COPIES** to keep with the application. The City of Berkeley **will not** make copies for you so please be sure you have them when you turn in your application.

- High School Diploma
- Copy of Missouri Paramedic License (required for paramedic applicants)
- Copy of current EMT license (required for EMT applicants)
- Copy of valid driver's license
- Copy of social security card
- Written proof of birth
- State of Missouri Firefighter I & II Certification and St. Louis County Fire Academy Certification
- DD 214 (This is will only apply if you have been in the Military.)
- Original arrest record check and motor vehicle record within 30 days of application (from the county in which you reside)
- College Transcript (if applicable) – If an original or a certified copy cannot be provided for verification at the time the application is turned in, one will need to be provided at the time of the interview.

City of Berkeley
Supplemental Application
FIRE DEPARTMENT

Background Questionnaire

This questionnaire will be used for reference by those who will be considering your application for employment with the City of Berkeley. Fill out completely and CORRECTLY!

An extensive background investigation will be conducted into your personal history. Any FALSE, MISLEADING, or INCOMPLETE information, which is requested in this form, will be grounds to disqualify you for employment. Please confirm that you have read and understand the foregoing.

Initial the bottom of each page.

SIGNATURE & DATE

Follow the directions CAREFULLY!

1. This application can be completed on your computer in an Adobe Format. Or complete this form in ink, in your own handwriting or printing.
2. Be certain that your answers may be easily read.
3. Read each question carefully.
4. Make certain that each question is answered COMPLETELY and CORRECTLY before you submit this questionnaire. If you need additional space, use Section 15 of the application, or write on the back of the page.
5. Do not leave a question blank. If it does not apply to you, write N/A in the space.

1. PERSONAL DATA

A. Full Name (LAST)

(FIRST)

(MIDDLE)

Height	Weight	Date of Birth	Telephone #	Social Security #(Last 4 Digits)

B. List any other names you have ever used:

C. Are you a citizen of the United States? Yes No
If no, please explain:

D. Starting with your present address, list all addresses you have lived for the past five (5) years.

Dates		Street Address	City	County	State	Zip
From	To					

E. Are you acquainted with, or related by blood or marriage, to any City of Berkeley employees or elected officials? Yes No
Please list them:

2. MARITAL STATUS

A. Are you (check one) Single Married Separated Divorced Widowed

Information Concerning Marriages

Date Married	County & State	Spouse's full name (wife maiden name)	Date of birth
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B. Name and last known address of spouse (s) if separated:

Name _____ Address _____

Name _____ Address _____

C. List all of your children and dependents, and give the following information (Use page 18, if needed):

Name	Birthdate	Place of Birth	Address & zip code

3. RELATIVES

A. Are you presently living with relatives or in-laws? Yes No

B. Beginning with your spouse, list full name of your immediate family such as father, mother's maiden name, brothers, and sisters (use page 18 if needed)

Name	Relationship	Address & Zip	Date of Birth

C. List full name of your spouse's immediate family, such as father, mother, brother, and sister (Use page 18, if needed)

Name	Relationship	Address & Zip	Date of Birth

4. REFERENCES

Provide a list of at least five (5) business or personal references that can provide information about you as an individual.

Name	Street, City, State, & Zip Code	Phone Number	How Long Acquainted?	Business	Personal

5. EDUCATION

A. If you presently attend school, list the name, address and number of courses you are taking:

School Presently Attending	Address	Number of Course(s) completed

B. List all high schools, technical schools, colleges, and/or universities you have attended:

Dates Attended		Name of School	Complete Address	Major	Minor	Degree or Certification Received
From	To					

D. Do you speak or write any foreign language? Yes No If yes, what languages and how well?

6. EMPLOYMENT HISTORY

A. Have you ever been dismissed or asked to resign from any employment? Yes No If yes, please explain

B. Have you ever applied for a position with any fire department? Yes No If yes, please explain

When	What position?	What department?	Disposition of the application process

C. Have you ever received any fire training? Yes No If yes, please explain

Dates attended?	Where?

D. Beginning with your **PRESENT OR MOST RECENT EMPLOYER**, list in the space provided on the following pages all of the places you have worked in the proper order. List periods of school, military service, and unemployment. List everything. Keep in proper sequence. Omit none!

Name & Complete Address of Current or Last Employer	Dates Employed		Your Title	Name & Phone No. of Supervisor	Salary
	From:	To:			Start: \$
					Final: \$

Description of general duties:

Reason for leaving:

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

Previous Employment				
Name & Complete Address of Previous Employer	Dates Employed	Your Title	Name & Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Final: \$
Description of general duties:				
Reason for leaving:				

7. FINANCIAL STATUS

A. List the sources of all your income at the present time:				
Type of Income	Amount	Firm or Source	Address & Zip	
Your salary				
Spouse's salary				
Dividends/Interest				
Military				
Other (Itemize) (Use page 18, if needed)				
Obligation	Name and address of creditor	Balance	Monthly Payment	Past Due
Mortgage				
Auto payment				
Loans				
Other (Itemize) (Use page 18, if needed)				

8. ARREST HISTORY

A. Have you ever been arrested for any offense or alleged violation of any statute, ordinance, law, and regulation by any municipal, state, federal or military authority?

Yes No If yes, describe below or attach additional sheets (do not include juvenile offenses).

Date	Charge	City, County, State	Disposition	Police Agency

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS?

Yes No If yes, explain in detail:

Date	Charge	City, County, State	Disposition	Police Agency

9. DRIVING HISTORY

A. List all driver's or chauffeur's license you hold now:

Date	Type of License	Expiration Date	License #	Revoked or suspended

B. Number of accidents you have been cited for within the last five (5) years: _____

C. Have you in the last five (5) years been denied automobile insurance or had your insurance canceled?
 Yes No If yes, explain in detail:

D. Has your driver's license ever been suspended or revoked? Yes No If yes, indicate date or period of *each* offense.

E. List all traffic citations or summons you have received as an adult (other than parking tickets), beginning with the most recent:

Date	Type of citation	City, county, state	Disposition	Points assessed against license

10. GAMBLING

A. What forms of gambling have you participated in the past five (5) years

B. If any of the following questions are answered yes, explain on page 18.

- 1. Do you now, or have you ever had any gambling debts? Yes No
- 2. Have you ever used an employer's money to gamble with? Yes No
- 3. Have you ever worked for a gambling operation or booked any bets? Yes No

11. LIQUOR

A. Do you drink alcoholic beverages? Yes No How often? _____

12. ORGANIZATION MEMBERSHIP

A. List all organizations, which you are, or have been a member or associate within the last ten (10) years. Also furnish its locations:

Name of organization	Location

B. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Missouri, or which seeks to alter the form of government of the United States or the State of Missouri, by any unlawful or unconstitutional means?

Yes No If yes, explain on page 18

City of Berkeley
8425 Airport Road
Berkeley, Missouri 63134
(314) 524-3313

CERTIFICATION of APPLICATION

Authorization for release of information
(Read carefully before signing)

I, (print full name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to employment as a Firefighter/Paramedic.

I hereby authorize all law enforcement agencies, the Veterans Administration, U. S. Navy, U.S. Air Force, U.S. Army, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the holder of this release with all and any available information regarding me in order that he may determine my suitability for fire safety work.

I authorize the holder of this release to make inquiry of my employment, credit, or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release.

A Photostat or Xeroxed copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

***This questionnaire, your application, and all documents submitted become the property of the City of Berkeley and will not be returned.**