



Creve Coeur Fire Protection District

Administrative Center • 11221 Olive Boulevard • Creve Coeur, Missouri 63141-7652
Office (314) 432-5570 • Fax (314) 432-2367 • Email admin@ccfire.org

Thank you for your interest in submitting your application for the position of Paramedic/Firefighter at the Creve Coeur Fire Protection District. We know that it requires a significant amount of time and effort to go through the process, and we are thankful for your willingness and determination.

The written test portion of our hiring list process will take place on:

Tuesday, May 10th at 09:00 A.M.

At: PFEM Local 2665 Hall, 115 McMenamy Rd., St. Peters, MO 63376

You will be notified by telephone if you qualify for interviews.

Please set aside the dates of May 16th & 17th for the Oral Interview, and May 23rd for the Psychological Evaluation.



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FIREFIGHTER-PARAMEDIC POSITION

The Creve Coeur Fire Protection District is actively seeking applicants to establish a hiring list for the position of Paramedic Firefighter. Applications (including updated resume and copies of certifications) will be accepted by the district in person at the District Administrative Building from **April 25, 2022 through May 9, 2022** between the hours of 7:30 a.m. and 4:00 p.m.

Applicants will be required to take a written test on **May 10, 2022**. **Information regarding the testing location will be included in the application packet.** NO applications will be accepted the morning of the test. All applicants must apply in person at the administrative office: 11221 Olive Boulevard, Creve Coeur, MO 63141.

Requirements for employment are as follows and need to accompany the application: Valid State Driver's License and Missouri EMT-P License; St. Louis County Fire Standards Professional Firefighter I and II Certification; High School Diploma or Equivalent; ACLS and PALS certifications; (Hazardous Materials Technician recommended)

Additional employment information can be obtained on our website: www.crevecoeurfire.org



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QUALIFICATIONS FOR EMPLOYMENT

The Creve Coeur Fire Protection District is accepting applications for the position of **FIREFIGHTER/MEDIC**.

PRE-REQUISITE TO EMPLOYMENT:

A valid State driver's license; a valid Missouri EMT-P license; St. Louis County Fire Standards Commission Certification in Firefighter I and II; and a High School Graduate or equivalent; ACLS and PALS certifications. (Hazardous Materials Technician recommended)

HIRING PROCESS:

1. Completion of an employment application and resume including copies of certifications, licenses and training, submitted in person to the Administrative Center, Creve Coeur Fire Protection District, 11221 Olive Boulevard, Creve Coeur, Missouri, 63141.
2. Written examination.
3. Oral interview.
4. Psychological profile.
5. Police records check and background investigation.
6. Physical examination testing provided by the Fire District's physicians. (Physical includes stress, drug, alcohol and ability screening).
7. Chief's recommendation for hiring, subject to approval by the Board of Directors.

CONDITIONS OF EMPLOYMENT:

1. Employment requires the ability to work a standard 3-platoon work schedule.
2. Retention of a valid Missouri Paramedic license.
3. Probationary employment for one year.
4. Mandatory physical examination by Department Physician.
5. ACLS and PALS certifications must be retained.
6. Hazardous Materials Technician certification may be required to be obtained at the discretion of the District.

2022 PAY RATE:

Starting base hourly rate: \$27.33

BENEFITS:

Employee and dependent medical insurance (which includes dental, vision, prescription). Employee life insurance. Short term and long-term disability insurance. District funded pension plan. Paid vacation and sick days. Sick leave incentive, holiday and longevity pay. Clothing/uniform provided within allotted allowance. Protective clothing provided. Educational benefits available.

For additional information, contact the Administrative Center at (314) 432-5570.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ EMPLOYMENT MANAGER 2. _____ DEPARTMENT HEAD 3. _____ GENERAL MANAGER