

## **BOONE COUNTY FIRE PROTECTION DISTRICT**



2201 I-70 Dr. NW -- Columbia, MO 65202 (573) 447-5000

## An Affirmative Action/Equal Opportunity Employer

**Position Applying For: Volunteer** 

Date Submitted: 6/8/2009 9:06:26PM

		Date Sub	mitted: 6/8/200	9 9:	:06:	26PM				
PERSONAL INFORMATION		İ							1	
Name (Last)		(First)		(1	(Middle)					(SSN)
Anderson	derson			Beth					2869	
(Address)			(City)		(State)			(Zip	))	
2911 Lawnridge Apt. 1			Columbia		MO			652	:02	
Telephone Number (Primary)	ary) Telephone Number (Secondary)			(Email)						
(573)424-5288 (Cell)			sb_andersc		n88@yahoo.com					
								-		
(DOB)	(DLN)			(DLN State & Classificati			cations) (DLN Exp)			
12/03/1988	v2	11082008 Miss			souri F,			12/03/	12/03/2012	
(Felony Conviction) No  (US Citizen) Yes  EMPLOYMENT HISTORY										
		(Decition)			/6	Start Data)		(Contact En		(O.W)
(Current Employer) University of MIssouri Health System		(Position)  Hospital Security Officer		(Start Date) Mar 2009		(Contact Em		ibio	rer)	
(Contact Employer)										
Yes										
(Employer)		(Position)			(S	Start Date)		(End Date)		
St. Mary's of Michigan	chigan Hospital Security Officer		Officer	April 2008		March 2009				

		Tielt due to I was le	g) ocatiing to Missouri.					
(Employer)		(Position)			(Start Date)		(End Date)	
Teachout Security Service		Security Officer			July 2007		April 2008	
(Contact Employer) Yes		(Reason for Leaving) I left to seek other opportunites.						
(Employed Under Other Names)		Yes Sarah Metz						
HIGH SCHOOL								
(School Name)	(Sch	(School Address)			(Gradua		ation Date)	
Mackinaw Academy	Sag	naw, MI			March 2007		2007	
TRADE SCHOOL	Į.							
(Trade Shool)			(Course)					
Mobile Medical Response		EMT-Basic						
(From)	(To	p)		(Hours Completed)				
December 2007								
LICENSES & REGISTRATIONS								
(License/Registration)	(State & Number)				(Issuer)		(Expiration Date)	
EMT-Basic	sic MI 320		MI 3203046742				6/30/2011	
CERTIFICATIONS								
MISCELLANEOUS FIRE DISTRICT	INFO	RMATION						
(Residency Program)	(How Heard About B	ow Heard About BCFPD)			(Emergency Services Organization)			
No		Friend		No				
REFERENCES						_		
(Name)	e) (Address)						(Phone)	
Breezie Travis		11 Lawnridge Ct. Apt Iumbia, MO 65202	1		friend		(573)424-5675	

(Name)	(Address)	(Relationship)	(Phone)
Angela St. Clair	1 Hospital Dr. Columbia, MO 65212	coworker	(573)882-7147
(Name)	(Address)	(Relationship)	(Phone)
Sherl Frandsen-Anderson	1 Hospital Dr. Columbia, MO 65212	coworker	(573)882-7147