

## **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: 8/9/2009 7:29:15PM

|                              | Date Sur         | omittea: 8/9/200             | 9 7:29 | 7. 15PW              |           |           |       |          |  |
|------------------------------|------------------|------------------------------|--------|----------------------|-----------|-----------|-------|----------|--|
| PERSONAL INFORMATION         |                  |                              |        |                      |           |           | Ť     |          |  |
| Name (Last)                  | (First)          | (First) (Middle)             |        |                      |           |           | (SSN) |          |  |
| Darr                         | David Russell    |                              |        |                      |           | 7308      |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
| (Address)                    |                  | (City)                       |        |                      | (State)   |           | (Zip  | <b>)</b> |  |
| 400 West Walker              |                  | Marceline                    |        |                      | МО        |           | 646   | 58       |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
| Telephone Number (Primary)   | Telephone Numb   | er (Secondary)               |        | (Email)              |           |           |       |          |  |
| 16603763505 (Home)           | 6603469477 (Cell | Telephone Number (Secondary) |        | davey.darr@yahoo.com |           |           |       |          |  |
| Todada (Tollid)              | 0000100177 (0011 | ,                            |        | uavey.uame           |           |           |       |          |  |
| (DOB)                        | (DLN)            |                              | (DLNS  | Stato & Classif      | ications) | (DLN E    | Eyn)  |          |  |
|                              | P030240001       |                              |        |                      | 06/10/2   |           |       |          |  |
| 00,10,1303                   | 1 000240001      | Missouri F,                  |        | 00/10/2011           |           |           |       |          |  |
| (Traffic Violation)          |                  |                              |        |                      |           |           |       |          |  |
| No No                        |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
| (Felony Conviction)          |                  |                              |        |                      |           |           |       |          |  |
| No                           |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
| (US Citizen)                 |                  |                              |        |                      |           |           |       |          |  |
| Yes                          |                  |                              |        |                      |           |           |       |          |  |
| EMPLOYMENT HISTORY           |                  |                              |        |                      |           |           |       |          |  |
|                              | (Donition)       |                              | ,      | 04t Dt)              | (0        |           |       |          |  |
| (Current Employer)           | (Position)       |                              |        | Start Date)          |           | ontact Em | іріоу | er)      |  |
| self employed                | odd jobs         |                              | n      | may/98               | Ye        | es        |       |          |  |
| (Contact Employer)           |                  |                              | !      |                      |           |           |       |          |  |
| Yes                          |                  |                              |        |                      |           |           |       |          |  |
|                              |                  |                              |        |                      |           |           |       |          |  |
| (Employed Under Other Names) | Yes              |                              |        |                      |           |           |       |          |  |

| MILITARY         |                           |                  |                     |            |             |  |
|------------------|---------------------------|------------------|---------------------|------------|-------------|--|
| (Branch)         | (Dates of Service)        |                  | (Rank at Discharge) | (Type of   | Dishcharge) |  |
| na               | na                        |                  | na                  | na         |             |  |
|                  |                           |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
| (Discharge Date) | (Duties/Special Training) |                  |                     |            |             |  |
| na               | na                        |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
| HIGH SCHOOL      |                           |                  |                     |            |             |  |
| (School Name)    | (School Address)          |                  |                     | (Graduatio | on Date)    |  |
| Marceline R-5    | Marceline schools         |                  |                     | 05/24/08   |             |  |
|                  | 314 East Santa Fe         |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
| COLLEGE          |                           |                  |                     |            |             |  |
| (College)        |                           | (From)           |                     | (To)       |             |  |
| na               |                           | na               |                     | na         |             |  |
|                  |                           |                  |                     |            |             |  |
| (Units)          | (Major)                   | (Major) (Degree) |                     | (Year)     |             |  |
| na               | na                        | na               |                     | na         |             |  |
|                  |                           |                  |                     |            |             |  |
| (College)        |                           | (From)           |                     | (To)       |             |  |
| na               |                           | na               |                     | na         |             |  |
|                  |                           |                  |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |
| (Units)          | (Major)                   |                  | (Degree)            |            | (Year)      |  |
| na               | na                        |                  | na                  |            | na          |  |
| (Collogo)        |                           | (Erom)           |                     | (To)       |             |  |
| (College)        |                           | (From)           |                     | (To)       |             |  |
| na               |                           | i ia             |                     | na         |             |  |
|                  |                           |                  |                     |            |             |  |
| (Units)          | (Major)                   |                  | (Degree)            |            | (Year)      |  |
| na               | na                        |                  | na                  |            | na          |  |
| TRADE SCHOOL     |                           |                  |                     |            |             |  |
| (Trade Shool)    |                           | (Course)         |                     |            |             |  |
|                  |                           |                  |                     |            |             |  |

| na   |                    | na       |                                   |                |                   |  |
|--|--------------------|----------|-----------------------------------|----------------|-------------------|--|
| (From)   | (То)               |          | (Hours Completed)                 |                |                   |  |
| na   | na                 |          | na                                |                |                   |  |
| (Trade Shool)  |                    | (Course) |                                   |                |                   |  |
| na   |                    | na       |                                   |                |                   |  |
|  |                    |          |                                   |                |                   |  |
| (From)   | (To)               | To) (Hou |                                   | rs Completed)  |                   |  |
| na   | na                 | na na    |                                   |                |                   |  |
| LICENSES & REGISTRATIONS                               |                    |          |                                   |                |                   |  |
| (License/Registration)                                 | (State & Number)   |          |                                   | (Issuer)       | (Expiration Date) |  |
| na   | na                 |          |                                   | na             | na                |  |
|  |                    |          |                                   |                |                   |  |
| CERTIFICATIONS   |                    |          |                                   |                |                   |  |
|  |                    |          |                                   |                |                   |  |
| MISCELLANEOUS FIRE DISTRICT IN                         | IFORMATION         |          |                                   |                |                   |  |
| (Residency Program)                                    | (How Heard About B | CFPD)    | (Emergency Services Organization) |                |                   |  |
| Yes  | Friend             |          |                                   | No             |                   |  |
| BCFPD KNOWN MEMBERS                                    |                    |          |                                   |                |                   |  |
| (Name)   |                    | (Statio  | n)                                |                |                   |  |
| na   |                    | na       |                                   |                |                   |  |
|  |                    |          |                                   |                |                   |  |
| (Name)   |                    | (Statio  | on)                               |                |                   |  |
| na   |                    | na       |                                   |                |                   |  |
|  |                    |          |                                   |                |                   |  |
| (Name)   |                    | (Statio  | on)                               |                |                   |  |
| na   |                    | na       |                                   |                |                   |  |
|  |                    |          |                                   |                |                   |  |
| REFERENCES   |                    |          |                                   |                |                   |  |
| (Name)   | (Address)          |          |                                   | (Relationship) | (Phone)           |  |
| Jon Burkholder 116 Vine ST Apt A. macon missouri 63552 |                    |          |                                   | friend         | 1-660-395-8590    |  |
|  |                    |          |                                   |                |                   |  |
|  |                    |          |                                   |                |                   |  |

| (Name)      | (Address)                                      | (Relationship) | (Phone)        |
|-------------|--|----------------|----------------|
| Larry Ervie | 218 west santa fe, marceline missouri<br>64658 | Friend         | 1-660-376-3697 |
|             |  |                |                |
| (Name)      | (Address)                                      | (Relationship) | (Phone)        |