

## **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: 6/19/2008 4:28:47PM

	Date Sub	initied. 0/ 19/20	00 4.2	0. <del>4</del> 7 F IVI				
PERSONAL INFORMATION							i	
Name (Last)	(First)	(First) (Middle)		ddle)				(SSN)
ELLIOTT	ANDREW		THE	EODORE				5445
(Address)		(City)			(State)		(Zip	)
506 SOUTHAMPTON		COLUMBIA		MO		652		
000 000 11 # ### 1 1011							002	
	1	•		1		•		
Telephone Number (Primary)	Telephone Numb	er (Secondary)		(Email)				
740-248-3521 (Cell)				A.ELLIOTT84@HOTMAIL.COM				
(DOB)	(DLN)		(DLN S	State & Classif	ications)	(DLN Exp)		
08/01/1984	L211003024		Missou		08/01/20			
				·····,				
(Traffic Violation)								
No								
(Felony Conviction)								
No								
(US Citizen)								
Yes								
165								
EMPLOYMENT HISTORY								
(Current Employer)	(Position)			Start Date)	(C	ontact Em	ploy	er)
TRIBUNE PUBLISHING	FINISHER/MAT	ERIAL		11/29/2007	Ye	es		
COMPANY	HANDLER							
(Contact Employer)								
Yes								
(Employer)	(Position)		(	(Start Date)	(E	nd Date)		
UNITED STATES AIR FORCE	EOD TECH		.	12 NOV 2003	20	AUG 200	7	

(Contact Employer)		(Reason for Leaving) HONORABLE DISCHARGE					
(Employed Under Other Names) No							
MILITARY							
(Branch) UNITED STATES AIR FORCE	`	Dates of Service) (Rank at Discharge) 2 NOV 2003 A1C-E3			(Type of Dishcharge) HONORABLE		
(Duties/Special Training)  DUTIES: EXPLOSIVE ORDNANCE DISPOSAL (EOD) TECH ROBOT OPERATOR, VEHICLE CONTROL OFFICER, EQUIPMENT CUSTODIAN, BASE EMERGENCY RESPONSE TEAM, BASE RECOVERY AFTER ATTACK TEAM MEMBER. TRAINING: FIRST AID, CPR, AED, ATV TRAINING, VEHICLE TRAINING, EXPLOSIVES TRAINING, VARIOUS RENDER SAFE TOOLS, GRADUATED NAVAL SCHOOL OF EXPLOSIVE ORDNANCE DISPOSAL (NAVSCOLEOD) WITH A 92%, ACTIVE TOP SECRET SCI CLEARANCE.							
HIGH SCHOOL							
(School Name) CUMBERLAND VALLEY HS	(School Address) MECHANICSBURG, PA				(Graduation Date) 6 JUNE 2003		
LICENSES & REGISTRATIONS	ļ						
(License/Registration) CLASS F		(State & Number)		(Issuer)		(Expiration Date)	
CERTIFICATIONS							
MISCELLANEOUS FIRE DISTRICT	INFO	RMATION					
(Residency Program) No	(How Heard About BCFPD) (Emergenc No			y Services Organization)			
REFERENCES							
(Name) LES SHOEMATE	TR 10			(Relationship) CO-WORKER		(Phone) 408-678-1632	
(Name)	(Ad	ddress)		(Relationship)		(Phone)	

MIKE CHAMBERS	TRIBUNE PUBLISHING CO. 101 N 4TH ST COLUMBIA, MO 65201	CO-WORKER	573-864-1450
(Name)	(Address)	(Relationship)	(Phone)
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