

Part-Time Employment Application

Hampshire Fire Protection District

202 Washington Avenue
Hampshire, IL 60140
Phone: 847-683-2629
hampshirefire.org



Date: _____

Last Name: _____

First Name: _____ MI: _____

Date of Birth: _____

Address: _____

City & State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

List any other names you have used or been known by (include maiden name):

Other Name: _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you a United States Citizen?

Yes No

If not, have you applied for United States Citizenship?

Yes No

Education

Type of School	Name of School and Complete Mailing Address	Dates Attended	Graduate?
High School			
Undergraduate Education			
Graduate Education			
Trade School			

What college degrees have you attained?

Employment History

Name of Employer: _____

Name of Supervisor: _____

Dates of employment: From: _____ To: _____

Address: _____

Phone Number: _____

Job Title: _____

Reason for Leaving (be specific):

May we contact your employer: Yes No

Name of Employer: _____

Name of Supervisor: _____

Dates of employment: From: _____ To: _____

Address: _____

Phone Number: _____

Job Title: _____

Reason for Leaving (be specific):

May we contact your employer: Yes No

Name of Employer: _____

Name of Supervisor: _____

Dates of employment: From: _____ To: _____

Address: _____

Phone Number: _____

Job Title: _____

Reason for Leaving (be specific):

May we contact your employer: Yes No

Name of Employer: _____

Name of Supervisor: _____

Dates of employment: From: _____ To: _____

Address: _____

Phone Number: _____

Job Title: _____

Reason for Leaving (be specific):

May we contact your employer: Yes No

Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment?

Yes No If yes, please explain:

Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation?

Yes No If yes, please explain:

Have you ever taken a civil service exam? Yes No

Agency: _____ Date: _____ Position on List: _____

Are you currently on any eligibility list? Yes No

If yes, indicate position applied for, status on list, and expiration date of each:

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Please state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes No If accommodation is needed, please explain:

Military Service

Have you ever served in any branch of the United States Armed Forces? Yes No

Branch of Service: _____

Period of Service: _____

Are you now or were you ever an active member of any branch of the United States Military Reserve Forces or National Guard?

Yes No

Branch of Service: _____

Period of Service: _____

Discharge Status: _____

Criminal History

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

All applicants will be subjected to a background check and required to divulge their criminal history. If yes, please explain including date, police agency, offense, and disposition of case:

List all traffic convictions and accidents you have had in the last four years including locations, approximate date, violation, and disposition.

References

Please list at least three references other than relatives and previous employers, who have known you for more than three years. All the people to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____

Position: _____

Organization: _____

Telephone: _____

Name: _____

Position: _____

Organization: _____

Telephone: _____

Name: _____

Position: _____

Organization: _____

Telephone: _____

Part-Time Employment Minimum Qualifications

Please complete all pertinent information. Include copies of applicable certificates, CPAT Card, EMT B/P and Drivers License.

Office Of The Illinois State Fire Marshal Certification:

Basic Operations Firefighter Yes No Certification Date: _____

Fire Academy Attended: _____

Illinois Department Of Public Health (EMT-B OR PARAMEDIC)

EMT-B Yes No Certification Date: _____

Paramedic Yes No Certification Date: _____

Institution Of Class Attendance: _____

Primary Medical System: _____

Candidate Physical Ability Test

CPAT Card Yes No Certification Date: _____

Place of Issue: _____

Secretary Of State / Department Of Transportation:

Driver's License State Of Issue: _____

Class: B D B Non-CDL CDL

Please Add All Additional Certifications That You Obtained Through The Office Of The Illinois State Fire Marshall, The Illinois Department Of Public Health, Or Other Certifying Agency.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE HAMPSHIRE FIRE PROTECTION DISTRICT.

HAMPSHIRE FIRE PROTECTION DISTRICT AUTHORIZATION FORM

I, _____, hereby authorize the HAMPSHIRE FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for employment made to the HAMPSHIRE FIRE PROTECTION DISTRICT. I also consent to the release to the HAMPSHIRE FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the HAMPSHIRE FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I hereby acknowledge and agree that as a condition of employment with the HAMPSHIRE FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the HAMPSHIRE FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Basic Operations Firefighter certification and EMT B/P License, and CPR card. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

Signature _____ Date: _____

APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTS WITH THEIR APPLICATION

1. Copy of High School or GED diploma
 - a. (Do not send college certificates as substitutes)
2. Valid State of IL Driver's License
3. CPAT with Ladder Certification (within 1 year of application)
4. Basic Operations Firefighter Certification
5. State of Illinois EMT-B or EMT-P License
6. Birth Certificate (One of the following):
 - a. Birth certificate issued by the State Department, Form FS-545
 - b. Birth certificate issued abroad by the State Department, Form DS-1350
 - i. Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal
 - ii. Native American tribal documents
 - iii. U.S. citizen identification card, INS Form 1-197
 - iv. Identification card for use of a resident citizen in the U.S., INS Form 1-179

APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENT AT TIME OF CONDITIONAL OFFER (IF NOT SUBMITTED WITH APPLICATION)

- CPAT with Ladder Certification (within 1 year of time of conditional offer)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age or physical or mental handicap. All information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities if you are employed with us.