

Firefighter In Training (FIT) Application



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.

Personal Information

Name						
	Last		First		Middle	
List any othe	r names you have	e used or been k	nown by (in	clude maide	en name)	
Address:						
	Number & Street			State	Zip	
Home Phone	e No	Cell Phon	e No		DOB	
Drivers Licen	ise Info					
		State			Class	
Email Addres	ss			SSN	l	
	INTERNADURESSES			NS IIV CIINO	NOLOGICAL ORDER:	
	Number & Street			State	Zip	
Address	 				·	
	Number & Street	City		State	Zip	
Address						
	Number & Street	City		State	Zip	
Address						
	Number & Street	City		State	Zip	
Address	Number 9 Chart			Chata	7:	
	Number & Street	City		State	Zip	



East Dundee Fire Protection District Firefighter In Training Application



EDUCATION

School	Name, City & State	Years Attended		ded	Did you Graduate	Course of Study & Degree	
High School		1	2	3	4	□ YES □ NO	
College		1	2	3	4	□ YES □ NO	
Post-College		1	2	3	4	□ YES □ NO	
Technical or Trade		1	2	3	4	□ YES □ NO	
Other (Specify)		1	2	3	4	□ YES □ NO	

Highest Grade Comp GED Certificate M.A.	•	College 1 2 3 4 Other	Graduate School
List course work rele	vant to position for wh	ich you have applied:	
List of any profession	nal licenses or certifica	tes you hold or have held:	



Firefighter In Training Application



EMPLOYMENT HISTORY

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence with temporary or part-time jobs.

Employer's Description	Name		Title		Phone	
Address			ritie		PHOHE	!
Number & Street Job Title and Description		City	State	Zip		
Employed From (Date) Reason for Leaving		_ :		_ May we contact?	□ YES	□ NO
Employer's Description						
Address	Name		Title		Phone	
Number & Street Job Title and Description		City	State	Zip		
Employed From (Date) Reason for Leaving				_ May we contact?	□ YES	 □ NO
Employer's Description						
Address	Name		Title		Phone	<u> </u>
Number & Street Job Title and Description		City	State	Zip		
Employed From (Date) Reason for Leaving				May we contact?	YES	□ NO
Employer's Description						
Address	Name		Title		Phone	<u> </u>
Number & Street Job Title and Description		City	State	Zip		
Employed From (Date) Reason for Leaving		to (Date)		May we contact? 🗆	YES	□ NO



Firefighter In Training Application



Phone

REFERENCES

Reference #1

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Occupation

Name

Auuress				
	Number & Street	,		Zip
Relationship	tionship How long have you known this person?			
Reference #1				
	Name		pation	Phone
Address	Number & Street	City	Ctata	7in
Relationshin	How lo			
Kelationship	110₩ 10	ng nave you kin	own this person:	
Reference #1				
	Name		pation	Phone
Address				
5 1 1.	Number & Street			="
Relationship	How lo	ng have you kno	own this person?	
applying:	of which you are a mem		·	
 				



Firefighter In Training Application



7	easons for wanting to be	come a fire	fighter / Param	iedic:	
		\/=c	- NO		
-	current CPAT Card?		□ NO		
erson(s) to b			□ NO		
erson(s) to b	e notified in case of emo	ergency	ionship		Phone
erson(s) to b	e notified in case of emo	ergency Relat		Zip	Phone
erson(s) to b Contact #1 _ Address	Name Number & Street	ergency Relat City	ionship State		
Contact #1 Contact #2 _	Name Number & Street	ergency Relat City	ionship		Phone
Contact #1 Contact #2 _	Name Number & Street	ergency Relat City	ionship State		
erson(s) to b Contact #1 _ Address Contact #2 _ Address	Name Number & Street Name Number & Street	Relat City Relat City	ionship State ionship State	Zip	Phone
erson(s) to b Contact #1 _ Address Contact #2 _ Address	Name Number & Street Name Number & Street	Relat City Relat City	ionship State ionship	Zip	



East Dundee Fire Protection District Firefighter In Training Application



SUBMISSION OF DOCUMENTATION AND CREDENTIALS

I understand that I must provide COPIES of the following documentation and/or certifications at the time of application. EMT-A or P, CPR Card, Drivers License, Firefighter II / Basic, Firefighter III / Advanced, Hazardous Material Operations, FSVO, NIMS, Courage to be Safe, Technical Rescue Awareness.

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 EAST DUNDEE FIRE PROTECTION DISTRICT.

Signature of Applicant	Date



East Dundee Fire Protection DistrictFirefighter In Training Application



BACKGROUND INVESTIGATION AUTHORIZATION FORM

l,	, hereby authori	ize the EAST DUNDEE FIRE PROTECTION	
previous and current emp all other information that to the EAST DUNDEE FIRE PROTECTION DISTRICT of required to undergo for e	employees, or representatives to ployment, education, criminal ba may bear favorably or unfavora PROTECTION DISTRICT. I also co any and all medical records pre mployment with the EAST DUNI person or persons providing or r	o obtain and use all information relating to mackground check, personal characteristics, and ably upon my application for employment maconsent to the release to the EAST DUNDEE FIRE PROTECTION DISTRICT. I further receiving any such information in connection	d de
PROTECTION DISTRICT, I required to operate all ve my failure to maintain sai of hire or just cause for m qualify for, obtain, and m A/P License and CPR card	must maintain at all times a valid hicles of the EAST DUNDEE FIRE d driver's license will constitute by dismissal from employment waintain at all times a valid State. I do further agree that my failuste a reason for withdrawal of a	mployment with the EAST DUNDEE FIRE id State of Illinois Driver's License, of the Class E PROTECTION DISTRICT. I do further agree the a reason for withdrawal of a conditional offewith the district. At the time of hire, I must of Illinois Firefighter II certification and EMT ure to obtain and maintain the required conditional offer of hire or just cause for my	at
Signature of Ap	 olicant	Date	_