



East Dundee Fire Protection District



Part-Time Firefighter 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 other names you have used or been known by (include maiden name)

Address: _____
Number & Street City State Zip

Home Phone No. _____ Cell Phone No. _____ DOB _____

Drivers License Info. _____
State License No. Class

Email Address _____ SSN _____

LIST ALL FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER:

Address _____
Number & Street City State Zip

Address _____
Number & Street City State Zip

Address _____
Number & Street City State Zip

Address _____
Number & Street City State Zip

Address _____
Number & Street City State Zip



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EDUCATION

School	Name, City & State	Years Attended	Did you Graduate	Course of Study & Degree
High School		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Post-College		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical or Trade		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (Specify)		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Highest Grade Completed (circle)

GED Certificate

High School

College 1 2 3 4

Graduate School

M.A.

Ph.D

Other _____

List course work relevant to position for which you have applied: _____

List of any professional licenses or certificates you hold or have held: _____



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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 _____				
	Number & Street	City	State	Zip
Job Title and Description _____				
Employed From (Date) _____ to (Date) _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving _____				
Employer's Description _____				
	Name	Title	Phone	
Address _____				
	Number & Street	City	State	Zip
Job Title and Description _____				
Employed From (Date) _____ to (Date) _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving _____				
Employer's Description _____				
	Name	Title	Phone	
Address _____				
	Number & Street	City	State	Zip
Job Title and Description _____				
Employed From (Date) _____ to (Date) _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving _____				
Employer's Description _____				
	Name	Title	Phone	
Address _____				
	Number & Street	City	State	Zip
Job Title and Description _____				
Employed From (Date) _____ to (Date) _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving _____				



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REFERENCES

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.

Reference #1 _____	_____	_____	_____
	Name	Occupation	Phone
Address _____	_____	_____	_____
	Number & Street	City	State Zip
Relationship _____	How long have you known this person?		_____
Reference #1 _____	_____	_____	_____
	Name	Occupation	Phone
Address _____	_____	_____	_____
	Number & Street	City	State Zip
Relationship _____	How long have you known this person?		_____
Reference #1 _____	_____	_____	_____
	Name	Occupation	Phone
Address _____	_____	_____	_____
	Number & Street	City	State Zip
Relationship _____	How long have you known this person?		_____

Other

List organizations of which you are a member that relates to the position for which you are applying:



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Explain your reasons for wanting to become a firefighter / Paramedic:

Do you have a current CPAT Card? YES NO

Person(s) to be notified in case of emergency

Contact #1	_____			
	Name	Relationship	Phone	
Address	_____			
	Number & Street	City	State	Zip
Contact #2	_____			
	Name	Relationship	Phone	
Address	_____			
	Number & Street	City	State	Zip
Contact #3	_____			
	Name	Relationship	Phone	
Address	_____			
	Number & Street	City	State	Zip

Please review the enclosed job description for the position for which you are applying and state whether you can perform the essential job functions listed. YES NO



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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



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BACKGROUND INVESTIGATION AUTHORIZATION FORM

I, _____, hereby authorize the EAST DUNDEE FIRE PROTECTION DISTRICT and its agents, employees, or representatives to obtain and use all information relating to my previous and current employment, education, criminal background check, personal characteristics, and all other information that may bear favorably or unfavorably upon my application for employment made to the EAST DUNDEE FIRE PROTECTION DISTRICT. I also consent to the release to the EAST DUNDEE FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the EAST DUNDEE 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 EAST DUNDEE 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 EAST DUNDEE FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute a reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the district. At the time of hire, I must qualify for, obtain, and maintain at all times a valid State of Illinois Firefighter II certification and EMT A/P License and CPR card. I do further agree that my failure to obtain and maintain the required certifications will constitute a reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

Signature of Applicant

Date