# **Employment Application**

Please notify us immediately of any changes of address or phone number

### 1090 W Spring Street South Elgin, IL 60177 Date: Phone: 847-741-2141 Last Name: Fax: 847-741-2184 southelginfire.com First & Middle Initial: List any other names you have used or been Address: known by (include maiden name): Other Name: City & State Zip Code: Other Name: County: Are you currently employed? **Email Address:** ☐ Yes ☐ No Home Phone: May we contact your present employer? Cell Phone: ☐ Yes Nο **Business Phone:** Are you a Citizen? Yes No Date of Birth: If not, are you an alien with evidence of intention to Position applying for: become a U.S. Citizen? Full time Firefighter/Paramedic ☐ No ☐ Yes Part Time Firefighter/EMT/Paramedic When available to begin work? Administration Specify position Other Specify position **Education** Type of School **Dates Attended** Graduate? Yes or No Name of School and Complete Mailing Address High School Undergraduate Education Graduate Education Trade School What college degrees have you attained?

South Elgin & Countryside

**Fire Protection District** 

PR Certification, Param	edic License, Firefig	ghter Training and/or	other Firefighter Courses: N	Aust submit copies of certifications.	
<b>Employment Hi</b>	story - Curre	nt and Previo	US		
1.					
CURRENT Employer:					
Name of Supervisor:					
Dates of employment:			_		
From:	То	:			
Salary:			_		
From:	То	:			
Complete Address:					
Phone #:					
Job title:					
Reason for Leaving (be		ills used or learned, c	dvancements, or promotion	ns while you worked at this compan	y:
	uties performed, ski	ills used or learned, o	dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be List the jobs you held, d	uties performed, ski		dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  May we contact your en	uties performed, ski		dvancements, or promotion	ns while you worked at this company	уу:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:	uties performed, ski		dvancements, or promotion	ns while you worked at this company	уу:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:	uties performed, ski		dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:	uties performed, ski	no	dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:  Dates of employment:  From:	uties performed, ski	no	dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:  Dates of employment:  From:	uties performed, ski	no e:	dvancements, or promotion	ns while you worked at this company	y:
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Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:  Dates of employment:  From:  Salary:  From:  Complete Address:	uties performed, ski	no e:	dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:  Dates of employment:  From:  Salary:  From:  Complete Address:  Phone #:	uties performed, ski	no e:	dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  And we contact your en  2.  Name of Employer:  Name of last supervisor:  Dates of employment:  From:  Salary:  From:  Complete Address:  Phone #:  Last job title:	nployer: yes  To	no e:	dvancements, or promotion	ns while you worked at this company	y:
Reason for Leaving (be  List the jobs you held, d  May we contact your en  2.  Name of Employer:  Name of last supervisor:  Dates of employment:  From:  Salary:	nployer: yes  To	no e:	dvancements, or promotion	ns while you worked at this company	y:

May we contact your employer:

yes no

<b>3</b> .	
Name of Employer:	
Name of last supervisor:	
Dates of employment:	
From:	То:
Salary:	
From:	То:
Complete Address:	
Phone #:	
Last job title:	
Reason for leaving (be sp	ecific):
List the jobs you held, du	ties performed, skills used or learned, advancements, or promotions while you worked at this company:
May we contact your emp	oloyer: yes no
4.	
Name of Employer:	
Name of last supervisor:	
Dates of employment:	
From:	To:
Salary:	
From:	То:
Complete Address:	
Phone #:	
Last job title:	
Reason for leaving (be sp	ecific):
List the jobs you held, du	ties performed, skills used or learned, advancements, or promotions while you worked at this company:
	plover ves no

	☐ No	If yes, please explain:
	r resigned from a or while under in	any employment position because of misconduct or unsatisfactory exestigation?
☐ Yes	☐ No	If yes, please explain:
Have you eve	r taken a civil sei	rvice exam? Yes No
Agency		Date: Position on List
•	ntly on any eligik	or, status on list and expiration date of each:
use this shace		
		itional information necessary to describe your full qualifications for the position
which you are	applying:	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.  If accommodation is needed, please explain:
which you are	applying: the enclosed jok	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.
which you are Please review perform the es Yes	the enclosed jok ssential job func	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.
Please review perform the es	the enclosed jok ssential job function No	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.
Please review perform the es	the enclosed jok ssential job function No	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.  If accommodation is needed, please explain:
Please review perform the est Yes  lilitary Seave you ever seanch of Service you now or	the enclosed jok ssential job function No  Prvice served in any brace were you ever as	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.  If accommodation is needed, please explain:
Please review perform the est Yes  Iilitary Service you ever seranch of Service you now or	the enclosed jok ssential job function No  Prvice served in any brace were you ever any	o description for the position for which you are applying and state whether you cartions listed therein with or without reasonable accommodation.  If accommodation is needed, please explain:
Please review perform the est Yes  lilitary Service you ever seranch of Service te you now or ational Guard?	the enclosed jok ssential job function No  Prvice served in any brace were you ever any	o description for the position for which you are applying and state whether you can tions listed therein with or without reasonable accommodation.  If accommodation is needed, please explain:  anch of the United States Armed Forces? Yes No

# **Criminal History**

Have you eve	er been convicted of a crime other than a minor traffic violation?  YES  NO
	s will be subjected to a background check and required to divulge their criminal history. If 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.
	least three references other than relatives and previous employers, who have known you
for more thar	n three years. All the people to whom you refer will be asked to appraise your character,
ability, experi	ience, personality and other qualities.
Name	
Position	
Company	
Telephone	
Name	
Position	
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Name	
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Position	
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I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interviews, or other employment forms will be significant reason to hire me and shall be grounds for immediate discharge if I am hired. I further understand that this application is not intended to be a contract of employment.

I authorize investigation of all statements in this application for the purpose of employment and/or retention of employment. This might include, but be limited to, criminal conviction records, motor vehicle driving records, previous employment history and education verification. I hereby release from liability the South Elgin and Countryside Fire Protection District and its representatives for seeking, gathering, or using such information and all other persons, corporations and organizations for furnishing such information.

I also understand that, if hired, I am required to abide by all rules, policies, ordinances and regulations of the South Elgin and Countryside Fire Protection District . The South Elgion and Countryside Fire Protection District policies relating to the conditions of employment are subject to modification by the district without notice.

Signature	Date	

I,, hereby auth	orize the South Elgin and Cour	ntryside Fire Protection District and
its agents, employees or representatives to obtain	and use all the information rela	lating to my previous and current
employment, education, military record, criminal c	• • •	•
information which may bear favorably or unfavoral	bly upon my application for em	ployment made to the South Elgin
and Countryside Fire Protection District.		
I also consent to the release to the South Elgin and		
records prepared during the physical examination and Countryside Fire Protection District.	I am required to undergo for er	mployment with the South Elgin
I further release from liability any person or persor	ns providing or receiving any se	uch information in connection with
this pre-employment investigation.	. 0 0 ,	
I hereby acknowledge and agree that as a conditio	n of employment with the Sout	h Elgin and Countryside Fire
Protection District, I must maintain at all times a va	alid State of Illinois Driver's Lic	ense of the Class required to
operate all vehicles of the South Elgin and Country	yside Fire Protection District . I	do further agree that my failure to
maintain said driver's license will constitute reaso		
dismissal of employment with the South Elgin and		
At time of hire, I must qualify for, obtain and maint		
Operations Firefighter certification by the Illinois S		•
Health. I do further agree that my failure to obtain a	•	
withdrawal of a conditional offer of hire or just cau	se for dismissal of employmen	nt with the South Elgin and
Countryside Fire Protection District.		
	Date	
Signature		

## 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, physical handicap, mental handicap, sexual orientation, pregnancy or unfavorable military discharge. 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.

#### FULL TIME APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTS TIME OF SUBMISSION

#### **DOCUMENTATION**

South Elgin & Countryside Fire Protection District Authorization Form------ With this application

One of the following:------With this application

- -Birth certificate issued by the State Department, Form FS-545
- Birth certificate issued abroad by the State Department, Form DS-1350
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal
- Native American tribal documents
- U.S. citizen identification card, INS Form 1-197
- Identification card for use of a resident citizen in the U.S., INS Form 1-179

#### Certification Requirements:

#### Candidates must provide proof for at least one of the below options:

- a. Candidate is currently certified as a State of Illinois Basic Operations Firefighter AND an IL State Certified Paramedic.
- **b.** Candidate is currently a certified State of Illinois Basic Operations Firefighter, and EMT-B who is currently a student in good standing in an IDPH accredited Paramedic training program. (The candidate must provide proof of enrollment and a letter of good standing in the course).
- c. Candidate must be an IDPH-certified Paramedic and a current student in good standing in an OSFM-recognized Illinois Basic Operations Firefighter program. (The candidate must provide proof of enrollment and a letter of good standing in the course).