

# Part-Time Employment Application

# South Elgin & Countryside Fire Protection District



1090 W Spring Street  
South Elgin, IL 60177  
Phone: 847-741-2141  
Fax: 847-741-2184  
southelginfire.com

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 authorize the South Elgin and Countryside Fire Protection District and its agents, employees or representatives to obtain and use all the information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for employment made to the South Elgin and Countryside Fire Protection District.

I also consent to the release to the South Elgin and Countryside Fire Protection District of any and all medical records prepared during the physical examination I am required to undergo for employment with the South Elgin and Countryside 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 South Elgin and Countryside 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 South Elgin and Countryside 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 dismissal of employment with the South Elgin and Countryside Fire Protection District.

At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II or Basic Operations Firefighter certification by the Illinois State Fire Marshal and EMT-P/B by Illinois Department of Public Health.

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 dismissal of employment with the South Elgin and Countryside Fire Protection District.

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 Elgin and Countryside Fire Protection District policies relating to the conditions of employment are subject to modification by the district without notice.

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

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**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)