



Warrenville Fire Protection District
3S472 Batavia Road
Warrenville, IL 60555

Application Date _____
Date _____

Warrenville Fire Protection District Membership Application

Paid on Call (POC) Firefighter []

Part Time Firefighter []

Social Security # _____ Name _____

Other names you have used or been known by _____

Current Address
Street Address _____ City _____ State _____ Zip Code _____

Mailing Address
Street Address _____ City _____ State _____ Zip Code _____

Contact Numbers
Cell _____ Home _____ e-mail _____
business _____ fax _____

Hair Color _____ Eye Color _____ Weight _____ Height _____

Have you any identifying marks such as scars, tattoos or missing digits? []Yes []No

If Yes, state the nature and location of same _____

Have you ever applied to, or worked for, Warrenville Fire Protection District before? []Yes []No

If yes, What date were you hired? _____ What date did you leave? _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? []Yes []No

Do you have any friends and/or relatives working for Warrenville Fire Protection District? []Yes []No

Name _____ Relationship _____

Name _____ Relationship _____

Are you able to perform the essential functions of the job for which you are applying, either with or without, reasonable accomodation? []Yes []No

If no, please describe the functions that cannot be performed _____

Birth Date _____ Birth Place _____

In case of emergency notify _____ Name _____ Telephone # _____ Relationship _____

Current Employer _____

Street Address _____ City _____ State _____ Zip Code _____

Supervisor's Name _____ Tel # _____

Position or Title _____ Nature of work _____

CONVICTION HISTORY

27. Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If Yes, explain below:

Date	Policy Agency	Offense	Disposition of Case

28. List all traffic convictions and accidents you have had in the last four (4) years.

(If more room is needed, please type on a separate page and attach.)

Location (City, State)	Approximate Date	Violation	Disposition

I hereby make application for membership to the Warrenville Fire Protection District.

I agree to obey the by-laws and all the rules of the Warrenville Fire Protection District if I am accepted.

Upon leaving the District, I agree to turn in all equipment belonging to the District which has been entrusted to me during the time of my membership. I declare, to the best of my knowledge, that all the information provided by me on this application is true, correct, and complete.

SIGNATURE OF APPLICANT _____

32. **Employer's name** _____ **Phone** _____

Address _____

Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ **to** _____ **Salary** _____ **Per** _____
Month-year month-year

33. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes _____ No _____ If yes, please explain:

34. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

35. Have you ever taken a civil service exam? Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

36. Are you currently on any eligibility list(s)? Yes _____ No _____

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

37. Have you ever applied to the Warrenville Fire Protection District? Yes _____ No _____

When: _____ What Position: _____

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.

38. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

39. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

40. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

41. List organizations of which you are a member that relate to the position for which you are applying:

42. Explain your reasons for wanting to become a firefighter/EMT-B and/or firefighter/paramedic: _____

43. 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 therein with or without reasonable accommodation.

Yes _____ No _____

44. If accommodation is needed, please explain: _____

45. Person(s) to be notified in case of emergency.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

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 WARRENVILLE FIRE PROTECTION DISTRICT.

Dated at _____ Illinois, this _____ day of _____, 20 .

Signature in Full _____

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.

**Protection District
AUTHORIZATION FORM**

I, _____, hereby authorize the Warrenville Fire Protection District and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for employment made to the Warrenville Fire Protection District. I also consent to the release to the Warrenville Fire Protection District of any and all medical records prepared during the physical examination I am required to undergo for employment with the Warrenville 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 Warrenville 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 Warrenville 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 Village. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II certification by 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 my dismissal from employment with the Warrenville Fire Protection District.

Signature _____

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 20 .

Notary Public

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