



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

Cadet

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** \_\_\_\_\_