

CRETE TOWNSHIP FIRE PROTECTION DISTRICT
26730 S. Stoney Island
Crete, Illinois 60417
Phone (708)672-3111 Fax (708)672-4596

FIREFIGHTER/PARAMEDIC APPLICATION

PAID-ON-CALL PART-TIME
(circle one)

NOTE: ANY FALSIFICATION IN THIS APPLICATION WILL RESULT IN DISQUALIFICATION

INSTRUCTIONS:

1. Applications must be completed by the applicant.
2. Read all of the questions completely. All answers are subject to verification. If a question does not apply, write N/A. If an answer requires more space than provided, use the back of the paper.
3. All answers must be PRINTED or TYPED, and MUST BE LEGIBLE.

REQUIRED DOCUMENTS:

All applicants are required to submit copies of the following documents to be eligible for consideration of employment:

- birth certificate
- Social Security card
- high school diploma (or GED certificate)
- college certificate (or transcript), if applicable
- Illinois driver's license, Class B (minimum) endorsement
- copy of Illinois certification for F.F., Para., CPR, etc., where applicable

MAILING ADDRESS:

Crete Township Fire Prot. Dist.
c/o Chief Jeff Panega
26730 South Stoney Island
Crete, Illinois 60417

FOR ADDITIONAL INFORMATION:

Should you have any questions or require any additional information, you may call 708-672-3111 (M-F 8:30 a.m. thru 4:30 p.m.).

Revised March 18, 2013

**CRETE TOWNSHIP FIRE PROTECTION DISTRICT
FIREFIGHTER/PARAMEDIC P.O.C & PART-TIME APPLICATION**

Phone Number _____ Date of Hire _____

Highest rank attained _____ Number of Firefighters _____

Have you ever been employed as a Firefighter/Paramedic? No ___ Yes ___

If yes, previous agency _____
Name City State

Employment dates: From _____ To _____

Reason for leaving: _____

5. CERTIFICATION

Have you graduated from a Fire Academy? No ___ Yes ___

If yes, Academy _____
Name City

Academy Hours _____ Date attended: From _____ To _____

Year(s) of Experience _____

Illinois Certificate Number _____ Date _____

Are you certified as an EMT? No ___ Yes ___

If yes, Academy _____
Name City

Academy Hours _____ Date attended: From _____ To _____

Year(s) of Experience _____

Are you certified as a Paramedic? No ___ Yes ___

Have you graduated from an Academy? No ___ Yes ___

If yes, Academy _____
Name City

Academy Hours _____ Date attended: From _____ To _____

Year(s) of Experience _____

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6. MARITAL INFORMATION

MARITAL STATUS:

Check one: Single Married Divorced Separated Widowed

With whom do you reside? _____

Relationship to that person (s) _____

CHILDREN AND OTHER DEPENDENTS

List EVERY child born to you, including stepchildren and adopted children.

Name	Birthdate	Birthplace	Resides with	Supported by
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. CHARACTER REFERENCES

Do not include relatives, former employers, persons who live outside of the United States or its territories, or present supervisors. List only character references who have definite knowledge of your qualifications and fitness for the position as a Firefighter/Paramedic. List four (4) persons:

Name	Address	City/State/Zip	Phone (Area Code + Number)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. EXCLUSIONARY AFFIRMATION

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform your duties as a Firefighter/Paramedic? No ___ Yes ___

If yes, explain: _____

9. MILITARY HISTORY

a. Have you ever served in the US Armed Forces? No ___ Yes ___

If yes, explain _____ Service Date: From _____ To _____
Branch (Army, etc.)

Duty in Service _____ Type of Discharge _____
Military Police, etc.

b. Are you still serving in any branch of the military: No ___ Yes ___

If yes, explain: _____

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c. While in the military service, were you ever arrested for an offense which resulted in a trial by a summary, special, or general court-martial? No ___ Yes ___

If yes, explain: _____

Charge brought	Date of Court/Location	Verdict/Sentence
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10. EMPLOYMENT RECORD

List CHRONOLOGICALLY, all employers, starting with most recent. Include any part-time employment. Provide complete information.

Name of Employer _____				
Address _____				
Street	City	State	Zip	
Position _____		Full-time Y	Part-time Y	
Date of Employment: From _____		To _____		
Supervisor _____	Title _____	Phone Number _____		
Reason for Leaving _____				

Name of Employer _____				
Address _____				
Street	City	State	Zip	
Position _____		Full-time Y	Part-time Y	
Date of Employment: From _____		To _____		
Supervisor _____	Title _____	Phone Number _____		
Reason for Leaving _____				

Name of Employer _____				
Address _____				
Street	City	State	Zip	
Position _____		Full-time Y	Part-time Y	
Date of Employment: From _____		To _____		
Supervisor _____	Title _____	Phone Number _____		
Reason for Leaving _____				

Name of Employer _____				
Address _____				
Street	City	State	Zip	
Position _____		Full-time Y	Part-time Y	
Date of Employment: From _____		To _____		
Supervisor _____	Title _____	Phone Number _____		
Reason for Leaving _____				

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10. EMPLOYMENT RECORD - continued

Do you have any objections to us contacting your present employer? No ___ Yes ___

If yes, explain _____

Have you ever been discharged or asked to resign from employment? No ___ Yes ___

If yes, explain (include names of supervisors and dates) _____

Have you ever been subjected to disciplinary action in connection with any employment, including a probationary period? No ___ Yes ___

If yes, explain _____

Have you ever terminated your employment while the subject of or involved in any departmental or similar investigation? No ___ Yes ___

If yes, explain _____

11. DRIVER'S LICENSE INFORMATION

Do you possess a valid Illinois driver's license? No ___ Yes ___

If yes, License Number _____ License Type _____

Date of issue: _____ Expiration Date: _____

Did you ever possess a driver's license in any other state? No ___ Yes ___

If yes, license number _____ State _____

Type _____ Date issued _____ Expired _____ Reason _____

12. EDUCATION

List all degrees received:

Institute	Location	Type	Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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13. ARREST HISTORY

Please state whether you have been convicted of any of the following: misdemeanor, felony, or traffic violations. No ___ Yes ___

If yes, explain

Charge	Agency	Date	Disposition/Sentence

14. DRUG USE

Have you ever used illegal drugs, or misused prescription drugs, or received counseling for or been criticized for excessive consumption of alcoholic beverages? No ___ Yes ___

If yes, explain _____

16. DECLARATION

Do you have any knowledge or information, in addition to that specifically requested in the preceding questions, which is or which may be relevant, either directly or indirectly related to your eligibility or fitness for the position of firefighter/paramedic, including but not limited to knowledge or information concerning your character, temperance, habits, employment, education, family associations, criminal record, traffic violations, history, or other facts?
No ___ Yes ___

If yes, explain _____

17. AFFIRMATION

I affirm that this personal history form contains no misrepresentations, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief.

Applicant's Signature

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PRE-EMPLOYMENT AGREEMENT

PART 1 of 2

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION
REQUIREMENT
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to employment with the Crete Township Fire Protection District, candidates are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of employees and the general public. The determination as to whether a medical examination is necessary is dependent on the classification of the job the applicant seeks. Additionally, Crete Township FPD is a Drug-Free Workplace and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to a drug testing or if the results of the drug testing are unsatisfactory.

CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING

In the event that I am conditionally offered employment by Crete Township FPD, I voluntarily consent to a medical examination prior to my beginning employment, should the classification of the job for which I am being considered require such an examination. In the event that I am conditionally offered employment by Crete Township FPD, I also consent to a drug test of my urine and/or blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a Medical Review Officer selected by Crete Township FPD. I release Crete Township FPD, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

Applicant's Name _____ (print name)

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name _____ (print name)

Parent/Guardian's Signature _____
Date _____

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PRE-EMPLOYMENT AGREEMENT

PART 2 of 2

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with Crete Township FPD, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, education records, former and current employers, and personal references. I hereby authorize Crete Township FPD to obtain any information in your files pertaining to any past or present employment, educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize Crete Township FPD to conduct a criminal and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of Crete Township FPD. Consent is further granted for Crete Township FPD to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel; both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____

Current Address _____

Telephone Number _____ Social Security Number _____

Driver's License Number _____ State _____

Other Prior Names/Aliases _____

Applicant's Signature _____ Date _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this employment application with Crete Township FPD.

Parent/Guardian's Signature _____ Date _____