



YORK CENTER FIRE PROTECTION DISTRICT
 1517 South Meyers Road
 Lombard, IL 60148
 (630) 627-1940
 (630) 627-0479 fax

Application for Employment

<p><u>At time of application:</u></p> <p>State Certified Firefighter II/BOF & IDPH Licensed Paramedic -or- IDPH Licensed Paramedic</p>	<p><u>During the hiring process:</u></p> <p>A pre-employment physical will be provided by the District. The District must receive a fit for duty prior to starting employment.</p>	<p><u>Once hired:</u></p> <p>You will need to obtain a Class B Non-CDL permit. You are required to comply with current District policies and obtain a "Fit for Duty" from our physician.</p>
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All questions MUST be answered.

Date of Application: _____ Email: _____
Applications will be considered for 1 year.

Please PRINT your answers to all questions.

Last Name	First Name	MI	Social Security Number

Present Address	Home Phone and Cell Phone

City	State	Zip Code

Age	Date of Birth	Place of Birth (City/State)	Are you a US Citizen?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's License Number	State	Class	CDL (if applicable)	Has your drivers' license ever been suspended or revoked?

In Case of Emergency Contact:		Explain:
Name	Phone Number	

Address	Relationship

EDUCATION and TRAINING

Name	Address	# of Years	Course of Study	Graduate
High School				
College				
Business School				
Other School				

Do you have any physical limitations that would prevent you from performing the duties of a Firefighter or Paramedic? Yes No If yes, please explain:

I declare the foregoing information to be true and accurate. I understand that any misrepresentation of facts on this application is sufficient cause for rejection and / or termination of employment.

Signature of Applicant: _____ Date: _____

I hereby authorize York Center Fire Protection District to make any investigation of my background, driving record, and / or criminal history deemed necessary. I have no objection in making application for security clearance, if necessary. I also have no objections to taking a medical and / or psychological examination at any time at the request of the Board of Trustees. My signature below shall be sufficient consent to have authorized agency perform background or other investigations in determining criminal or other history, used exclusively for the purposes of employment with the York Center Fire Protection District. In addition, I authorize a photocopy of this application to be sufficient consent to allow any authorized agency deemed necessary by the York Center Fire Protection District Board of Trustees to assist in determining my employment with the York Center Fire Protection District.

Signature of Applicant: _____ Date: _____

The York Center Fire Protection District is an equal opportunity employer. It is our policy to abide by all Federal, State and Local Laws concerning discrimination in employment. Be sure to tell the truth in answering all the questions below. Anyone found to have falsified information will be considered not acceptable for employment with the York Center Fire Protection District.

FOR OFFICE USE ONLY

Application reviewed on: _____ By: _____

Called for interview on: _____ By: _____

Candidate interviewed on: _____ By: _____

Conditional offer made on: _____ By: _____

Offer accepted: Offer declined: Reason: _____

Official date of hire: _____

Notes: _____