



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

Application for Employment

<p align="center"><u>At time of application:</u></p> <p align="center">State Certified Firefighter II/BOF</p> <p align="center">IDPH Licensed Paramedic</p> <p align="center">*CPAT Card</p>	<p align="center"><u>*CPAT Information:</u></p> <p align="center">If you <i>do not</i> already work for another fire agency, you must attach a CPAT card dated within the previous 24 months of the date of this application.</p> <p align="center">If you <i>do</i> already work for another fire agency a copy of a CPAT card is required dated within the last 7 years, if more than 7 years old a new CPAT card is required.</p>	<p align="center"><u>At time of hire:</u></p> <p align="center">A Class B Non-CDL permit.</p> <p align="center">A pre-employment physical will be provided by the District and the District must receive a fit for duty prior to starting employment.</p> <p align="center">You are required to comply with current Executive Orders and District policies related to COVID-19</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? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

In Case of Emergency Contact:		<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Name	Phone Number	

Address	Relationship

EDUCATION and TRAINING

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

Did you serve in the Military?

Yes No

If yes, please explain:

List any Certifications or Special Training:

EMPLOYMENT HISTORY (beginning with the most recent)

Company Name	Type of Business	Phone Number
		()
Address	Employed (month & year)	Current Employer?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Title of Supervisor	May we contact them?	Employed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title and Description of Work:		<i>If you are no longer with employer please explain why:</i>

Company Name	Type of Business	Phone Number
		()
Address	Employed (month & year)	Current Employer?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Title of Supervisor	May we contact them?	Employed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title and Description of Work:		<i>If you are no longer with employer please explain why:</i>

REFERENCES Please list 3 people unrelated to you.

Name	Address
1)	
2)	
3)	

Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: _____	

You are not obligated to disclose expunged juvenile records of adjudication or arrest.

Explanation:

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: _____
