



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 *CPAT Card</p> | <p><u>*CPAT Information:</u></p> <p>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>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><u>At time of hire:</u></p> <p>A Class B Non-CDL permit. A pre-employment physical will be provided by the District and the District must receive a fit for duty prior to starting employment.</p> |
|---|---|---|

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 |

| | | |
|-------------------------------|--------------|----------|
| 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 Schools | | | | |
| Other Schools | | | | |

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
