

Chatham Fire Protection District

1 Fireman Square



Chatham, IL 62629

I. Position

Volunteer Firefighter or Firefighter/EMT

Date _____

Paid-On-Call Paramedic

II. Application History

Have you ever applied here before? Yes No If yes, when? _____

Where you referred by a current CFD member? Yes No If yes, who? _____

Do you have any relatives working for the Chatham Fire Department? Yes No
If yes, state your relationship and the name of the individual _____

How did you find out about this position? Please identify the applicable type. If "Other", please identify source type.

- Newspaper Article Website Advertisement Brochure LED Sign
 Friend(s) Radio Other _____

III. Personal Information

Applicant Name _____
Last First Middle

Address _____
Street City State Zip

Email Address _____

Telephone Number: (_____) _____ Cell Phone Number: (_____) _____

Social Security Number: _____ Drivers License Number: _____
(A copy must be submitted with application)

Are you 18 years or older? Yes No Date of Birth (Optional): _____

Have you ever been convicted of a felony or any misdemeanor involving moral turpitude? Yes No If yes, briefly list details of your conviction. Attach a separate sheet, if necessary.

Would you be willing to take a physical examination; drug screening; and submit to a background investigation?
Yes No If no, please list reason(s).

If applying for a volunteer position, do you have a past or present medical condition that would prevent you from performing firefighting duties? If yes, please list details. Yes No

The Chatham Fire Protection District (CFPD) has a residency requirement. If you were offered a volunteer position, would you be able to comply with our residency requirement within 90 days of your volunteer start date. Yes No

Military Service (Please supply copy of your DD214 or other applicable discharge paperwork) Yes No

Are you able to perform the essential functions of the position for which you are applying? Yes No
 If no, will you be able to perform the function with accommodations? Explain. Yes No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Are you either a U. S. citizen or an alien authorized to work in the United States? Yes No

IV. Education (A copy of your high school diploma or GED must be submitted with the application)

School	City / State	Number of Years Attended	Month / Year Graduated	Subjects Studied or Degree Attained
High School Name / GED		1 2 3 4		
Trade, Business, or Correspondence School		1 2 3 4		
College (Undergraduate)		1 2 3 4		
College (Graduate)		1 2 3 4		
Other		1 2 3 4		

V. Professional Licenses / Certifications (If yes, submit a copy of your license.)

Type	State	Expiration Date	Registration Nbr.

Please check all related certifications that apply and attach copies of certifications, if available. If applying for a Paid-On-Call Paramedic position, you must submit a copy of your ACLS Card, PALS Card, PHTLS Card, and CPR Card.

Technical Rescue Awareness	<input type="checkbox"/>	HazMat Awareness	<input type="checkbox"/>	Fire Officer II	<input type="checkbox"/>
Firefighter Apparatus Engineer	<input type="checkbox"/>	Hazmat Operations	<input type="checkbox"/>	EMT-P License	<input type="checkbox"/>
Vehicle / Machinery Operations	<input type="checkbox"/>	HazMat Tech or IC	<input type="checkbox"/>	EMT-I License	<input type="checkbox"/>
Vehicle / Machinery Technician	<input type="checkbox"/>	Instructor I	<input type="checkbox"/>	EMT-B License	<input type="checkbox"/>
Basic Operations Firefighter	<input type="checkbox"/>	Instructor II	<input type="checkbox"/>	First Responder	<input type="checkbox"/>
Advanced Technician Firefighter	<input type="checkbox"/>	Instructor III	<input type="checkbox"/>	ACLS	<input type="checkbox"/>
Firefighter II	<input type="checkbox"/>	Training Program Manager	<input type="checkbox"/>	PALS	<input type="checkbox"/>
Firefighter III	<input type="checkbox"/>	Fire Officer I	<input type="checkbox"/>	PHTLS	<input type="checkbox"/>
Fire Service Vehicle Operator	<input type="checkbox"/>	Courage To Be Safe	<input type="checkbox"/>	CPR	<input type="checkbox"/>
Confined Space Ops	<input type="checkbox"/>	Trench Operations	<input type="checkbox"/>	PEARS	<input type="checkbox"/>

VI. Special Skills or Qualifications

List office equipment, relevant equipment, and specialized equipment or vehicles, which you can skillfully operate.

VII. Personnel Activities / Organizations

Activities (Civic, Athletic, Hobbies, etc.) Exclude organizations; the name, of which indicates the race, creed, sex, age, marital status, color, or nation of origin of its members.

VIII. Previous Work Experience

List most recent position first, etc. (include all part-time and military experience) for the past 10 years ONLY.			
Employer / Business name		Telephone Number	
Address	Street	City	State Zip
Job Title	Supervisor's Name and Title		
Dates of Employment	Hours Worked Each Week	Starting Salary	Ending Salary
From:	To:		
Describe duties (Be specific, include equipment operated and supervisory responsibilities, if any.)			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer / Business name		Telephone Number	
Address	Street	City	State Zip
Job Title	Supervisor's Name and Title		
Dates of Employment	Hours Worked Each Week	Starting Salary	Ending Salary
From:	To:		
Describe duties (Be specific, include equipment operated and supervisory responsibilities, if any.)			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer / Business name		Telephone Number			
Address	Street	City	State	Zip	
Job Title		Supervisor's Name and Title			
Dates of Employment		Hours Worked Each Week	Starting Salary	Ending Salary	
From:	To:				
Describe duties (Be specific, include equipment operated and supervisory responsibilities, if any.)					
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Employer / Business name		Telephone Number			
Address	Street	City	State	Zip	
Job Title		Supervisor's Name and Title			
Dates of Employment		Hours Worked Each Week	Starting Salary	Ending Salary	
From:	To:				
Describe duties (Be specific, include equipment operated and supervisory responsibilities, if any.)					
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

IX. References (Give the contact information of four persons not related to you, whom you have known at least one year)

Name	Email Address	Telephone	Business	Years Acquainted

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted onto this department falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result furnishing same to you. I understand and agree that, if accepted onto this department, my employment is for no definite period and may be terminated under the rules set forth by the department's bylaws.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For use by authorized personnel of the

Chatham Fire Protection District

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to and duly authorized personnel of the Chatham Fire Protection District, Chatham, Illinois, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records or educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Chatham Fire Protection District. I also certify that any person(s), who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Chatham Fire Protection District from any and all liability, which may be incurred as a result of collecting such information.

I also understand this authorization to furnish information is executed in consideration of the Chatham Fire Protection District.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Witness

Signature (include maiden name)

Date

Address

Phone

Date of Birth

Social Security Number