



# APPLICATION FOR EMPLOYMENT CHATHAM COMMUNITY FIRE PROTECTION DISTRICT CHATHAM, ILLINOIS

We consider candidates for all positions, and we encourage and foster the employment, compensation, promotion, and other conditions of employment, of all properly qualified persons without regard to race, color, religion, sex, sexual orientation, marital status, ancestry, national origin, age, disability, matriculation, political opinion or affiliation, or unfavorable discharge from military service. The Chatham Community Fire Protection District is an equal opportunity employer.

Revised 3/31/2025

The Chatham Fire Department, Board of Fire Commissioners is located at # 1 Fireman Square, Chatham, Illinois 62629-1378. Telephone (217) 483-2121; Fax (217) 483-4411; E-mail: district.office@cf-d-il.com

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## SPECIAL NOTE

Candidates must provide two (2) forms of valid identification, of which, one (1) must be photo identification, in order to participate in all of the steps in our selection process. This is entirely the responsibility of each candidate. Failure of a candidate to possess and show staff a valid picture ID will lead to elimination from participating in the selection process.

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## IMPORTANT NOTICE

Because your ability to complete this document as requested will be evaluated and used as one basis for employment decisions, it is essential that you read and clearly understand the form. Any questions unanswered, incomplete, or omitted questions may result in rejection of your application. Additionally, any false statements and /or deliberately evasive answers will be grounds for rejection of this application or your dismissal at a later date.

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How did you find out about this position? Please identify the applicable type and indicate the name of source.

- Newspaper \_\_\_\_\_
- Website \_\_\_\_\_
- Friend \_\_\_\_\_
- Other \_\_\_\_\_
- Radio \_\_\_\_\_
- LED Sign \_\_\_\_\_

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POSITION APPLIED FOR: \_\_\_\_\_  
(Failure to specify a job title for the "POSITION APPLIED FOR" may result in the disqualification of this application.)

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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

**Personal Information (You *MUST* notify the Board of Fire Commissioners of any change to this information.)**

Candidate's Full Name (Last, First, Middle)			
Present Address	City	State	Zip
Email Address		Telephone Number Home: Cell:	
You must be at least 21 years of age to apply. Are you 21 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever applied with the Chatham Community Fire Protection District before? If yes, when and for what position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any relatives working for the Chatham Fire Department?  If yes, state your relationship and the name of the individual		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you possess a valid Illinois State driver's license?  If not, do you possess a valid driver's license from another state? If yes, which state?		Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you possess a valid Illinois State Commercial driver's license?  Military Service (Please supply copy of your DD214 or other applicable discharge paperwork)		Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to perform the essential functions of the position for which you are applying?  If no, will you be able to perform the function with accommodations? Explain.		Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony or any misdemeanor involving moral turpitude?  If yes, what were you convicted of and when? (In <b>compliance with Public Act 100-285, applicants are notified that they are not required or obligated to disclose expunged juvenile records of adjudication or arrest or to disclose if they have had a juvenile record expunged.</b> )		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Education**

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		



## Previous Experience

List most recent position first, then next recent, etc. (include all part-time and military experience) for the past 10 years.

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

**References**

Please list references (not relatives or employers) to contact who are acquainted with you, whom you have known for at least one year.

Name	Address	Telephone Number	Years Acquainted

**Acknowledgement of Statements**

(Please read carefully. Sign and date.)

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that the Chatham Community Fire Protection District and the Chatham Community Fire Protection District Board of Fire Commissioners shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers or omissions made by me in this application.

I further understand that I may be asked to attend a mandatory orientation session, a written exam, an oral interview, a drug screening, background investigation, psychological exam, and a pre-hire physical examination prior to appointment to a position with the Chatham Community Fire Protection District. Refusal to participate will result in the withdrawal of any offer of employment.

\_\_\_\_\_  
Candidate Printed Name

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

*READ THE FOLLOWING CAREFULLY BEFORE SIGNING*

***DO NOT WRITE BELOW THIS LINE***

APPLICATION RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Revision Date: 03/31/2025



**AUTHORIZATION FOR EMPLOYMENT VERIFICATION**

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the Chatham Community Fire Protection District and the Chatham Community Fire Protection District Board of Fire Commissioners any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the Chatham Community Fire Protection District and the Chatham Community Fire Protection District Board of Fire Commissioners including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

_____ Candidate Printed Name	_____ Candidate Signature	_____ Date
_____ Witness Printed Name	_____ Witness Signature	_____ Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

**AUTHORIZATION FOR RELEASE OF  
PERSONAL INFORMATION AND BACKGROUND CHECK**

*For use by authorized personnel of the Chatham Community 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 Community Fire Protection District, Chatham, Illinois, whether 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 of 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 further authorize the Chatham Community Fire Protection District to obtain information from the Illinois State Police, the Federal Bureau of Investigation, the Illinois Secretary of State, or any other federal, state, or local police or other agency regarding me in order to perform a criminal history/arrest record/driving record and background check.

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 Community 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 Community Fire Protection District from any and all liability which may be incurred as a result of collecting such information. I understand, however,

that I am not required or obligated to disclose expunged juvenile records of adjudication or arrest or to disclose if I have had a juvenile record expunged. I acknowledge receipt of a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

I also understand this authorization to furnish information is executed in consideration of my participation in the Chatham Community Fire Protection District's employment eligibility examination process.

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".

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Witness

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Signature (include maiden name)

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Date

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Address

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Phone

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Date of Birth

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Social Security Number

---

Driver's License Number

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

Revision Date: 03/31/2025

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - o a person has taken adverse action against you because of information in your credit report
  - o you are the victim of identity theft and place a fraud alert in your file
  - o your file contains inaccurate information as a result of fraud
  - o you are on public assistance
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-0PTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active-duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission <b>100 F Street, N.E.</b> Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, <b>N.W.</b> Washington, DC 20580 (877) 382-4357</p>

**RESIDENCY REQUIREMENTS UNDERSTANDING**  
**(Sign and date one of the following statements)**

A. FOR CANDIDATES LIVING WITHIN THE SPECIFIED AREA:

I understand that, as one of the conditions of my employment with the Chatham Community Fire Protection District, I shall maintain my residence within the specified boundaries in and around the District during my employment with the Chatham Community Fire Protection District. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all changes of my residence. I further understand that if I should move outside the specified boundaries, contrary to the established Rules and Regulations of the Chatham Community Fire Protection District and the Chatham Community Fire Protection District Board of Fire Commissioners, my position will be vacated, and I will be deemed to have resigned employment with the Chatham Community Fire Protection District.

Candidate Printed Name	Candidate Signature	Date
Witness Printed Name	Witness Signature	Date

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B. FOR CANDIDATES LIVING OUTSIDE THE SPECIFIED AREA:

I understand that, as one of the conditions of my employment with the Chatham Community Fire Protection District, I must establish residence within the specified boundaries in and around the District within one year from my date of employment. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all changes of my residence. I further understand that if I should move outside the specified boundaries, contrary to the established Rules and Regulations of the Chatham Community Fire Protection District and the Chatham Community Fire Protection District Board of Fire Commissioners, my position will be vacated, and I will be deemed to have resigned employment with the Chatham Community Fire Protection District.

Candidate Printed Name	Candidate Signature	Date
Witness Printed Name	Witness Signature	Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

## **EMT-B, EMT-I (Advanced), or EMT-P (Paramedic) Hiring Requirement**

I am aware that I must be licensed as an EMT-B or higher for an original probationary appointment with the Chatham Fire Protection District. I certify that I am:

- I am licensed as an EMT-B, EMT-I (Advanced), or EMT-P (Paramedic) by the State of Illinois, and I have enclosed a copy of my license with this application.
  
- I understand that the Chatham Fire Protection District can skip to a qualified person in the event I have not met the qualifications for probationary Firefighter-EMT hiring. I also understand that

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Candidate Printed Name

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Candidate Signature

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Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

Revision Date: 03/31/2025



## PARAMEDIC LICENSURE UNDERSTANDING

I understand that a Paramedic license is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District; and I certify that:

- I am a licensed Paramedic by the State of Illinois, and I have enclosed a copy of my license with this application. OR
  
- I am aware that licensure as an EMT-P (Paramedic) within 24 months of original hire by the state of Illinois is a mandatory requirement. I further understand that post probationary employment with the Chatham Fire Protection District depends upon my successful licensure by the Illinois Department of Public Health as an Emergency Medical Technician- P (Paramedic) within 24 months of first hire.

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Candidate Printed Name

Candidate Signature

Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

# ADVANCED CARDIOVASCULAR LIFE SUPPORT CARD UNDERSTANDING

I understand that an Advanced Cardiacvascular Life Support (ACLS) Card is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District; and I certify that:

- I have an Advanced Cardiovascular Life Support (ACLS) Card, and I have enclosed a copy of my card with this application. OR
- I will obtain and maintain an Advanced Cardiovascular Life Support (ACLS) Card after licensure as an Emergency Medical Technician-Paramedic.

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Candidate Printed Name

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Candidate Signature

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Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

## **PREHOSPITAL TRAUMA LIFE SUPPORT CARD UNDERSTANDING**

I understand that a Prehospital Trauma Life Support (PHTLS) Card is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District; and I certify that:

- I have a Prehospital Trauma Life Support (PHTLS) Card, and I have enclosed a copy of my card with this application. OR
- I will obtain and maintain a Prehospital Trauma Life Support (PHTLS) card after licensure as an Emergency Medical Technician- Paramedic.

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Candidate Printed Name

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Candidate Signature

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Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

## **PEDIATRIC ADVANCED LIFE SUPPORT CARD UNDERSTANDING**

I understand that a Pediatric Advanced Life Support (PALS) Card is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District; and I certify that:

- I have a Pediatric Advanced Life Support (PALS) Card, and I have enclosed a copy of my card with this application. OR
- I will obtain and maintain a Pediatric Advanced Life Support (PALS) Card after licensure as an Emergency Medical Technician- Paramedic.

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Candidate Printed Name

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Candidate Signature

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Date

*RETURN THIS FORM WITH YOUR COMPLETED APPLICATION*

## **AMERICAN HEART ASSOCIATION CPR CARD UNDERSTANDING**

I understand that an American Heart Association Healthcare Provider CPR Card is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District; and I certify that:

- I have an American Heart Association Healthcare Provider CPR card, and I have enclosed a copy of my card with this application.

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Candidate Printed Name

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Candidate Signature

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Date

*RETURN THIS FORM WITH YOUR COMPLETED APPLICATION*

# OFFICE OF THE ILLINOIS STATE FIRE MARSHAL (OSFM) UNDERSTANDING FORM

I understand that an Office of the Illinois State Fire Marshal (OSFM) Firefighter II certification or an Office of the Illinois State Fire Marshal (OSFM) Basic Operations Firefighter course completion record, or an Office of the Illinois State Fire Marshal (OSFM) Basic Operations Firefighter certification is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District; and I certify that:

- 1. I am an Office of the Illinois State Fire Marshal (OSFM) Firefighter II and have enclosed a copy of my certification with this application OR
- 2. I am an Office of the Illinois State Fire Marshal (OSFM) Basic Operations Firefighter and have enclosed a copy of my certification with this application OR
- 3. I have an Office of the Illinois State Fire Marshal (OSFM) Basic Operations Firefighter course completion record and have enclosed a copy of my record with this application OR
- 4. I am not currently an Office of the Illinois State Fire Marshal (OSFM) Firefighter II or an Office of the Illinois State Fire Marshal (OSFM) Basic Operations Firefighter; and I do not have an Office of the Illinois State Fire Marshal (OSFM) Basic Operations Firefighter course completion record, but I intend to become certified as a Basic Operations Firefighter or obtain a Basic Operations Firefighter course completion record within a one-year probation period after hire, and I understand that obtaining this certification is a condition of permanent post-probationary employment with the Chatham Community Fire Protection District.

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Candidate Printed Name

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Candidate Signature

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Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**

# Candidate Physical Ability Test Verification Agreement

- I \_\_\_\_\_ understand and agree to submit my Candidate Physical Ability Test (CPAT) card on or before July 6, 2025. I understand failure to submit my CPAT card will result in my elimination from consideration for employment with the Chatham Community Fire Protection District for the duration of the current hiring process.

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Candidate Printed Name

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Candidate Signature

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Date

**RETURN THIS FORM WITH YOUR COMPLETED APPLICATION**