



APPLICATION FOR PART-TIME FIREFIGHTER/EMT, FIREFIGHTER/PARAMEDIC, AND PARAMEDIC

MINIMUM REQUIREMENTS:

- Applicant must be at least 18 years of age.
- Applicant must be a State of Illinois certified Basic Operations Firefighter or be enrolled in an approved fire academy unless the applicant is a State of Illinois licensed EMT-P. EMT-P's will be given one year to enroll in an approved fire academy.
- Applicant must be a State of Illinois licensed EMT-P or EMT-B.

A COPY OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

- Valid driver's license
- Valid Illinois EMT-P or EMT-B license
- Basic Operations Firefighter certificate or proof of fire academy enrollment
- Valid CPR card

UPON CONDITIONAL OFFER OF EMPLOYMENT, THE APPLICANT MUST:

- Pass a criminal background check.
- Complete a pre-employment physical by a District approved physician.
- If a paramedic, successfully gain entrance into the SCC EMS system.

ROBERTS PARK FIRE PROTECTION DISTRICT

PART-TIME EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ D/L Number: _____

Position Applied for: Part-Time Firefighter EMT-P Part-Time Firefighter EMT-B EMT-P Other

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION

High School: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

For Office Use Only: Date Submitted _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

AT WILL EMPLOYMENT CLAUSE: employment contract provision indicating that employer or employee may terminate the employment relationship at any time with or without cause.

In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

By my signature below, I authorize the Roberts Park Fire Protection District to conduct a criminal history investigation and I understand that any findings of criminal history can terminate the hiring process immediately.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

For Office Use Only: Department Start Date: _____ End: _____