



HUNTLEY FIRE PROTECTION DISTRICT

11118 Main Street
Huntley, Illinois 60142
(847) 669-5066

APPLICATION FOR PART-TIME FIREFIGHTER / PARAMEDIC OR EMT-B

PERSONAL DATA

Name: _____
Last First Middle Suffix

List Any Other Names That You
Have Used Or Have Been Known As: _____

Address: _____
Number & Street City State Zip Code

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number: _____

Driver's License Class: _____

Driver's License State of Issue: _____

Social Security Number: _____

Are You A United States Citizen? Yes No

If Not, Have You Applied For United States Citizenship? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____
Last First Middle Suffix

Address: _____
Number & Street City State Zip Code

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

RESIDENTIAL HISTORY

Please List All Former Addresses For The Past Ten Years In Chronological Order

Address: _____
Number & Street City State Zip Code

Years Resided: _____

Address: _____
Number & Street City State Zip Code

Years Resided: _____

Address: _____
Number & Street City State Zip Code

Years Resided: _____

Address: _____
Number & Street City State Zip Code

Years Resided: _____

MILITARY SERVICE RECORD

Are You Now Or Have You Ever Been In The United States Armed Forces?

Yes No

Branch Of Service: _____

Period Of Service: _____

Are You Now Or Were You Ever An Active Member Of Any Branch Of United States Military Reserve Or The National Guard?

Yes No

Branch Of Service: _____

Period Of Service: _____

EMPLOYMENT HISTORY

Please List All Jobs That You Have Held In The Past Ten Years In Chronological Order Starting With Your Current Employment. Please Include Periods Of Unemployment. Also, Include Military Service Along with Temporary Or Part-Time Employment.

Employers Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Period Of Employment: _____

Job Description / Position Held: _____

Supervisor' Name: _____ Supervisor's Title: _____

Reason For Leaving: _____

May We Contact Them? Yes No

Employers Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Period Of Employment: _____

Job Description / Position Held: _____

Supervisor' Name: _____ Supervisor's Title: _____

Reason For Leaving: _____

May We Contact Them? Yes No

Employers Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Period Of Employment: _____

Job Description / Position Held: _____

Supervisor' Name: _____ Supervisor's Title: _____

Reason For Leaving: _____

May We Contact Them? Yes No

Employers Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ **Period Of Employment:** _____

Job Description / Position Held: _____

Supervisor' Name: _____ **Supervisor's Title:** _____

Reason For Leaving: _____

May We Contact Them? Yes No

Employers Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ **Period Of Employment:** _____

Job Description / Position Held: _____

Supervisor' Name: _____ **Supervisor's Title:** _____

Reason For Leaving: _____

May We Contact Them? Yes No

Have You Ever Been Suspended Or Terminated, Other Than For Economic Layoff, From Any Prior Employment?

Yes No

If Yes, Please Explain:

Have You Ever Resigned From Any Employment Position Because Of Misconduct Or Unsatisfactory Performance Or While Under Investigation?

Yes No

If Yes, Please Explain:

PART-TIME EMPLOYMENT MINIMUM QUALIFICATIONS

Please Complete All Pertinent Information Necessary For The Position That You Are Applying For. Include copies of applicable certificates, CPAT Card, EMT B/P and Drivers Licence.

Office Of The Illinois State Fire Marshal Certification:

Firefighter II Yes No Certification Date: _____
Fire Academy Attended: _____

Basic Operations Firefighter Yes No Certification Date: _____
Fire Academy Attended: _____

Illinois Department Of Public Health

EMT-B Yes No Certification Date: _____
Institution Of Class Attendance: _____

Paramedic Yes No Certification Date: _____
Institution Of Class Attendance: _____
Primary Medical System: _____

Candidate Physical Ability Test

CPAT Card Yes No Certification Date: _____
Place of Issue: _____

Secretary Of State / Department Of Transportation:

Driver's License State Of Issue: _____
Class: B D B Non-CDL CDL

NON-REQUIRED QUALIFICATIONS

Please Add All Additional Certifications That You Obtained Through The Office Of The Illinois State Fire Marshall, The Illinois Department Of Public Health, Or Other Certifying Agency. If More Space Is Needed, Please Type On The Page Provided At The End Of This Document.

LEGAL & TRAFFIC HISTORY

Have You Ever Been Convicted Of A Crime Other Than Minor Traffic Violations?

Yes No

If The Answer To The Above Question Is Yes, Please Explain Below. If More Space Is Needed, Please Type On The Page Provided At The End Of This Document.

Date Of Incident: _____ **Police Agency:** _____

Offense: _____

Disposition Of Case: _____

Date Of Incident: _____ **Police Agency:** _____

Offense: _____

Disposition Of Case: _____

Date Of Incident: _____ **Police Agency:** _____

Offense: _____

Disposition Of Case: _____

Please List All Traffic Convictions & Accidents You Have Had In The Last Four Years. If More Room Is Needed, Please Type On A Separate Piece Of Paper & Attach.

Date Of Incident: _____ **Location :** _____

Violation: _____

Disposition Of Case: _____

Date Of Incident: _____ **Location:** _____

Violation: _____

Disposition Of Case: _____

Date Of Incident: _____ **Location:** _____

Violation: _____

Disposition Of Case: _____

PERSONAL REFERENCES

Please List Three Personal References (Adults Not Related To You & Not Former Employers, Who Have Known You For More Than Three Years.) All Persons To Whom You Refer Will Be Asked To Appraise Your Character, Ability, Experience, Personality, & Other Qualities.

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ **Occupation:** _____

Relationship: _____

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ **Occupation:** _____

Relationship: _____

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ **Occupation:** _____

Relationship: _____

Please List Any Organizations You Are An Active Member Of Or Donate Time To Both Professionally & In Your Personal Life:

Organization: _____

Organization: _____

Organization: _____

Organization: _____

PROFESSIONAL REFERENCES

Please List Three Professional References. All Persons To Whom You Refer Can Vouch For Your Qualifications For This Job Based On Their Insight Into Your Work Ethic, Skills, Professional Strengths, & Achievements.

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Job Title: _____

Organization: _____

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Job Title: _____

Organization: _____

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Job Title: _____

Organization: _____

CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE HUNTLEY FIRE PROTECTION DISTRICT.

Certified On This _____ Day Of _____, 20_____

Printed Name: _____

Signature: _____



ADDITIONAL INFORMATION

Please Use This Additional Page To Add Any Additional Information From Previous Sections That Did Not Fit In The Appropriate Area Of The Application.

