



# HUNTLEY FIRE PROTECTION DISTRICT

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

## APPLICATION FOR PART-TIME PARAMEDIC ONLY

### 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 Unites 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.

Illinois Department Of Public Health

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:** \_\_\_\_\_

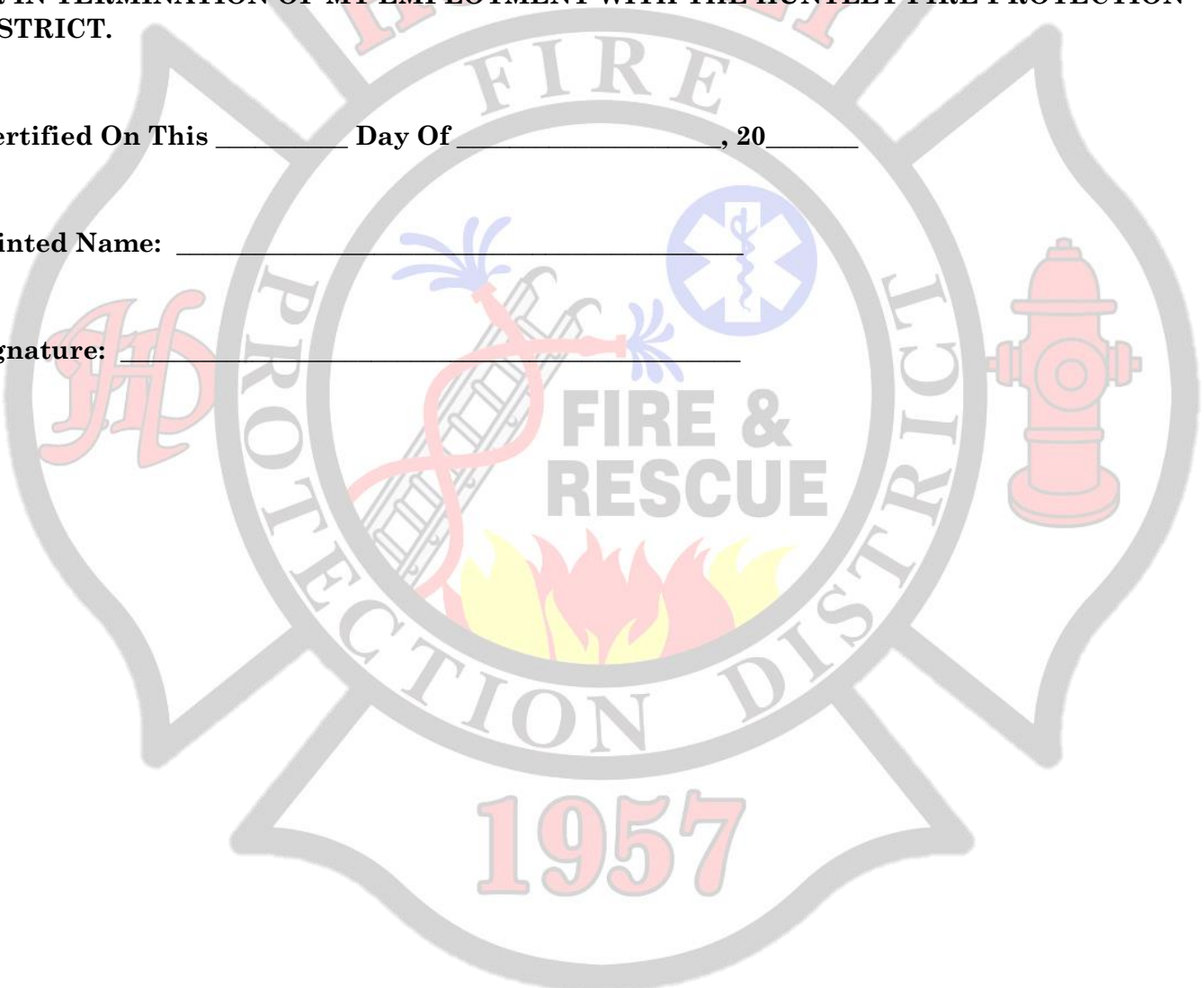
**CERTIFICATION**

**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.

