



Prospect Heights Fire Protection District
10 East Camp McDonald Road
Prospect Heights, Illinois 60070
Phone 847-253-8060, FAX 847-253-4759

Application for Employment

Position: Paid-On-Call Firefighter

General Requirements for Paid-On Call Membership

In order to be considered for Paid-On-Call (POC) membership (employment) with the Prospect Heights Fire Protection District (PHFPD), the following minimum requirements must be met. The requirements include, but are not limited to:

1. Be at least 18 years of age.
2. Be in good physical condition and mental health and able to perform strenuous manual labor.
3. Be of good morale character and not had any serious criminal activity history as determined by a background investigation conducted by the PHFPD using fingerprint submission to the Illinois State Police and FBI and request for Drivers License Abstract from the Secretary of State.
4. Possess a valid class D Driver's License issued by the state in which the applicant resides.
5. Be a High School graduate or possess a GED certificate.
6. Be an U.S. citizen or possess work authorization form the U.S. Department of Immigration and Naturalization.
7. Successfully complete an Illinois Department of Public Health EMT-B course before appointment and possess an EMT-B license from IDPH within 30 days of appointment.
8. Present at time of appointment a valid, less than one year old, proof of completion of the Candidate Physical Ability Test – CPAT.
9. Successfully complete a medical examination after conditional offer of employment and any other tests prior to appointment.

Complete position descriptions as well as hiring policies and procedures of the PHFPD are available upon written request to the Fire Chief.

APPLICATION INSTRUCTIONS:

- Either print or type to complete application. Illegible applications will be rejected.
- Complete all areas of this application. No area is to be left blank.
- If an area does not apply draw a diagonal line through the area or page.
- Blank areas will be interpreted as incomplete.
- Be sure to sign the last page.
- Return this application in the envelope that was provided.
- **Along with your completed application, submit legible copies of the following documents:**
 1. Your current and valid Driver's License issue by the state you reside in.
 2. Your official certificate of live birth issue. This is usually issued by the county in which you were born. Copies of the birth certificate issued by the hospital are not acceptable.
 3. Your High School diploma or GED certificate.
 4. Three (3) letters of reference as stated in section 4 of this application.



5. All fire/rescue/haz mat/EMS training certificates you have.
6. Your Illinois Department of Public Health issued EMT-B or EMT-P license. If not yet licensed, course registration document or transcript.



SECTION 1 - General Information			
Full name			
Last	First	Middle initial	
Address			Unit #
City		State	Zip code
Telephone number		Social security number	
Driver's license # ATTACH COPY OF D.L.	State of issue	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> CDL <input type="checkbox"/> non-CDL
Date of birth ATTACH COPY OF CERTIFICATE OF LIVE BIRTH			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Military service: Are you a member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve If you were discharged from the military: ATTACH COPY OF CERTIFICATE OF FORM DD214			
Americans with Disabilities Act: <i>The Americans with Disabilities Act (ADA) prohibits the Prospect Heights Fire Protection District from asking an applicant to submit to a medical examination or require that any questions related to your health be answered prior to making an offer of employment.</i>			
Emergency Contact Information: In case of emergency, contact:			
Contact #1			
Name			
Relation to applicant			
Address			
City, State			
Telephone number			
Contact #2			
Name			
Relation to applicant			
Address			
City, State			
Telephone number			



SECTION 2 - Training & Education		
Part 1: Complete the following chart indicating which years the following Illinois OSFM certifications were awarded. Attach copy of each certificate.		
Certification	Year awarded	
Fire Fighter 2		
Fire Fighter 3		
Fire Apparatus Engineer		
Hazardous Materials First Responder		
Other OSFM certification (specify)	Year awarded	
Other OSFM certification (specify)	Year awarded	
Other OSFM certification (specify)	Year awarded	
Other OSFM certification (specify)	Year awarded	
Part 2 - EMS Education: Complete the following chart. Include copy of current Illinois EMT-B or EMT-P license.		
Certification	Name and location of school where course was completed	Year course was completed
Emergency Medical Technician-Basic (or Ambulance)		
Emergency Medical Technician-Paramedic		
Current status within the Northwest Community EMS System:	<input type="checkbox"/> Approved by Medical Director to function in the system <input type="checkbox"/> Not approved by Medical Director to function in the system	
Part 3 - Post-elementary school education: Complete the following chart. For each entry, included copy of diploma or certificate.		
High school attended:	City, State, Zip code	<input type="checkbox"/> Diploma issued <input type="checkbox"/> GED obtained
College or technical school attended	City, State, Zip code	Specify degree awarded or total credits obtained
College or technical school attended	City, State, Zip code	Specify degree awarded or total credits obtained



SECTION 3 – Experience & Employment

Complete one (1) chart for each full-time, part-time, seasonal or temporary employment you have had within the past 10 years. Include all jobs held. Make copies of Page 5 if more space is needed.

Employer # 1 CURRENT EMPLOYER

Name of employer

Address, City, State, Zip Code

Telephone number

Current status with this employer: Currently employed
 Resigned/Retired
 Terminated

Your employment is/was: Full-Time
 Part-Time

Year employment began

Year employment ended

Job title and general duties/responsibilities

Name of immediate supervisor:

May we contact this employer? Yes No

Does this employer have any policy that limits your ability to work for another employer?
 Yes No

If yes, please explain the limitations:

.....

.....

.....

.....



Employer # 2	
Name of employer	
Address, City, State, Zip Code	
Telephone number	
Current status with this employer: <input type="checkbox"/> Currently employed <input type="checkbox"/> Resigned/Retired <input type="checkbox"/> Terminated	
Your employment is/was: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Year employment began	Year employment ended
Job title and general duties/responsibilities	

Name of immediate supervisor:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer # 3	
Name of employer	
Address, City, State, Zip Code	
Current status with this employer: <input type="checkbox"/> Currently employed <input type="checkbox"/> Resigned/Retired <input type="checkbox"/> Terminated	
Your employment is/was: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Year employment began	Year employment ended
Job title and general duties/responsibilities	

Name of immediate supervisor:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 4 - References

List three PROFESSIONAL references. These should be persons at least 21 years of age who can appraise your character and ability to perform the strenuous and technical work for the position listed on this application. They should not be relatives. Examples of acceptable references include, but are not limited to, neighbors, former teachers or coaches, clergy (such as minister, priest, or rabbi). **You need to obtain a letter of reference from each of these three people. Include all three letters with your completed application.**

Reference # 1

Name

Telephone number

Is this telephone number A private residence
 A business

Address, City, State, Zip Code

Is this address A private residence
 A business

In years, how long have you know this person?

Describe how you know and professionally interact with this person

Reference # 2

Name

Telephone number

Is this telephone number A private residence
 A business

Address, City, State, Zip Code

Is this address A private residence
 A business

In years, how long have you know this person?

Describe how you know and professionally interact with this person



Reference # 3
Name
Telephone number
Is this telephone number <input type="checkbox"/> A private residence <input type="checkbox"/> A business
Address, City, State, Zip Code
Is this address <input type="checkbox"/> A private residence <input type="checkbox"/> A business
In years, how long have you know this person?
Describe how you know and professionally interact with this person



SECTION 5

SPECIALIZED SKILLS

List any specialized skills that you have which you feel might benefit the Fire Protection District. Examples of such skills include: Computer skills, Mechanical skills, Trade skills, Teaching experience, Experience in public education, and/or Physical fitness trainer or coach.

AVAILABILITY

My average weekly work schedule is (fill in the blank):

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start time							
End time							

Paid-On-Call members of the Prospect Heights Fire Protection District are required to wear a pager. When paged, they are expected to report to the fire station to provide assistance with emergencies. Minimum participation is 30% of all emergencies between 6:00 p.m. and 6:00 a.m. This averages 1 call per week. Do you feel you can meet this requirement? Yes No

Once basic training is completed, Paid-On-Call members of the Prospect Heights Fire Protection District are required to attend a minimum of two training sessions each month. These sessions are held on a Tuesday evening and Saturday morning each week. They are used to review procedures and introduce new techniques. Do you feel you can meet this requirement? Yes No



SECTION 6 - Criminal Activity History

In that past ten years, have you even been arrested or convicted of a crime other than a traffic offense? *Be advised that your fingerprints will be submitted to the Illinois State Police and FBI to determine any past arrests or convictions.*

- No
- Yes

If yes, explain below

.....

.....

.....

Are you a registered sex offender?

- No
- Yes

Have you even been arrested or convicted of Driving Under the Influence or had your driver's licenses suspended or revoked? *Be advised that a request for your Drivers License Abstract from the Secretary of State will be made to determine your past driving record.*

- No
- Yes

If yes, explain below

.....

.....

.....

I hereby attest that the information supplied in this application is, to the best of my ability, true and correct and that any falsification of information may subject me to disciplinary action that could ultimately result in my application being rejected or my employment terminated. Should I be hired and any of the information in this application changes during the course of my employment with the Fire Protection District, I agree to supply the Fire Protection District with the new and current information.

Signed

Date





Prospect Heights Fire Protection District
10 East Camp McDonald Road
Prospect Heights, Illinois 60070
Phone 847-253-8060, FAX 847-253-4759

AUTHORIZATION TO CONDUCT BACKGROUND CHECK USING POLICE RECORDS			
Instructions to applicant: <ul style="list-style-type: none"> ▪ Either print or type to complete this form. Illegible forms will be rejected. ▪ Complete all areas of this form. No area is to be left blank. ▪ If an area does not apply draw a diagonal line through the area or page. ▪ Blank areas will be interpreted as incomplete. ▪ Be sure to sign at bottom of page where indicated. ▪ Return this form with the application in the envelope that was provided. <p><i>Be advised that your fingerprints will be submitted to the Illinois State Police and FBI to determine any past arrests or convictions and that a request for your Drivers License Abstract from the Secretary of State will be made to determine your past driving record.</i></p>			
Full name <div style="display: flex; justify-content: space-between;"> Last First Middle initial </div>			
Address			Unit #
City		State	Zip code
Telephone number		Social security number	
Driver's license #		State of issue	<u>Circle Class</u> A B C D <input type="checkbox"/> CDL <input type="checkbox"/> non-CDL
Date of birth			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
To whom it may concern: I hereby give my permission to the Prospect Heights Fire Protection District and the law enforcement agency selected by them to conduct an investigation into my background using those records which may be available to the selected law enforcement agency. The background investigation will be completed following the laws of the United States and the State of Illinois. All findings reported by the law enforcement agency to the Prospect Heights Fire Protection District will be kept confidential by the Prospect Heights Fire Protection District and used only to determine if I am an acceptable candidate for employment with the Prospect Heights Fire Protection District.			
Signed			Date



