



**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: Part-Time Firefighter/Paramedic**

### **General Requirements for Part-Time Membership**

In order to be considered for part-time 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 21 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.
4. Possess a valid non-CDL class B Driver's License issued by the state in which the applicant resides. Paramedics who do not possess a non-CDL class B license may be hired with the condition of employment that they obtain this license within six months.
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. Possess certification from the Officer of the State Fire Marshal as a Firefighter 2.
8. Possess a current, valid license from the Illinois Department of Public Health as an EMT-Paramedic.
9. Upon offer of employment, obtain within 6 months and maintain for duration of employment approval to function within the Northwest Community EMS System.
10. If not employed full-time by another fire department, successfully complete the Candidate Physical Ability Test - CPAT.
11. Successfully pass the medical evaluation and background investigation 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 for Employment

## Position: Part-Time Firefighter/Paramedic

### 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.  
*If you downloaded this application then return it via U.S. Mail or hand delivery in a 9 X 12 envelope. DO NOT fold the application.*
- **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. Your Illinois State Fire Marshal issued Firefighter 2 certificate.
  6. A copy of all other fire/rescue/haz mat/EMS training certificates you have.
  7. Your Illinois Department of Public Health issued EMT-Paramedic license.
  8. Your current CPR for Healthcare or CPR for Professional Rescuers card that was issued no more than six months earlier.

**If not already approved to function in the Northwest Community EMS System, also provide the following:**

9. Your paramedic class diploma and/or a letter for the course location that includes:
  - IDPH site code
  - Name of the training site
  - Name of the lead instructor
  - Date of course completion
  - Verification that the paramedic passed the EMT-P class (a statement to that effect should be on the diploma)
10. A copy of your cumulative grade point average, including both clinical and didactic scores, from the paramedic course training site.
11. A copy of all continuing education hours accumulated since last relicensure.
12. A letter of good standing from your current EMS Medical Director attesting that you are in good standing with that EMS system.



<b>SECTION 1 - General Information</b>			
Full name			
Last	First	Middle initial	
Address			Unit #
City	State	Zip code	
Telephone number		Social security number	
Driver's license # <b>ATTACH COPY OF D.L.</b>	State of issue	Class <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> CDL <input type="radio"/> non-CDL
Date of birth <b>ATTACH COPY OF CERTIFICATE OF LIVE BIRTH</b>			Sex <input type="radio"/> Male <input type="radio"/> Female
Military service: Are you a member of the armed services? <input type="radio"/> Yes <input type="radio"/> No If yes, are you: <input type="radio"/> Active Duty <input type="radio"/> Reserve If you were discharged from the military: <b>ATTACH COPY OF CERTIFICATE OR FORM DD214</b>			
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>			
<b>Emergency Contact Information:</b> In case of emergency, contact:			
<b>Contact #1</b>			
Name			
Relation to applicant			
Address			
City, State			
Telephone number			
<b>Contact #2</b>			
Name			
Relation to applicant			
Address			
City, State			
Telephone number			



<b>SECTION 2 - Training &amp; Education</b>		
Part 1: Complete the following chart indicating which years the following Illinois OSFM certifications were awarded. <b>Attach copy of each certificate.</b>		
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. <b>Include copy of current Illinois EMT-B or EMT-P license.</b>		
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: <ul style="list-style-type: none"> <li><input type="radio"/> Approved by Medical Director to function in the system</li> <li><input type="radio"/> Not approved by Medical Director to function in the system</li> </ul>		
Part 3 - Post-elementary school education: Complete the following chart. <b>For each entry, included copy of diploma or certificate.</b>		
High school attended:	City, State, Zip code	<input type="radio"/> Diploma issued <input type="radio"/> 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 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 or personal acquaintances. **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



<b>Reference # 3</b>	
Name	
Telephone number	
Is this telephone number	<input type="radio"/> A private residence <input type="radio"/> A business
Address, City, State, Zip Code	
Is this address	<input type="radio"/> A private residence <input type="radio"/> 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**

Part-Time members of the Prospect Heights Fire Protection District work 12 or 24-hour shifts. Each shift begins at 6:00 a.m. or 6:00 p.m. and requires the member to remain on duty until the shift concludes in 12 or 24 hours. Whenever possible, the Fire Protection District prefers members to work a 24 hours shift commencing at 6:00 a.m.

Indicate the shift you work at your current full-time employer:

Indicate which shift(s) you are available to work

- |  |  |
|--|--|
| <input type="radio"/> Black shift 6:00 a.m. to 6:00 p.m. | <input type="radio"/> Black shift 6:00 p.m. to 6:00 a.m. |
| <input type="radio"/> Red Shift 6:00 a.m. to 6:00 p.m.   | <input type="radio"/> Red Shift 6:00 p.m. to 6:00 a.m.   |
| <input type="radio"/> Gold shift 6:00 a.m. to 6:00 p.m.  | <input type="radio"/> Gold shift 6:00 p.m. to 6:00 a.m.  |

Does your full time employer prohibit you from working another job for a set number of hours before your report for duty time? If yes, fill in the blank:

I cannot work the \_\_\_\_\_ hours before I am to report for duty at my full time employer.

Members are generally assigned to one of the shifts above and rotate on that shift every sixth calendar day (every other shift day). This requires the member to work all holidays or weekends when their shift falls on such dates.

Are you able to work an assigned shift every sixth calendar day that does not interfere with your full-time employment?

- Yes  No

Are you willing to work an assigned shift every sixth calendar day that does not interfere with your full-time employment?

- 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?

Yes No

If yes, explain below

Are you a registered sex offender?

Yes No

Have you even been arrested or convicted of Driving Under the Influence or had your driver's licenses suspended or revoked?

Yes No

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





