

Employment Application



501 N. Main Street
P.O. Box 245
Wilmington, IL. 60481
(815) 476-6675
Fax (815) 476-0878

Name: _____

For Office Use Only:

Received By: (Print) _____ **Date:** _____

Introduction

Thank you for applying with the Wilmington Fire Protection District. The WFPD consists of dedicated men and women who provide emergency services to the city of Wilmington as well as Wesley, Florence, and Wilmington Townships.

Our organization is comprised of men and women who all work together to form a team of professionals whose purpose and main objective is to protect the property of and render appropriate emergency service to all that they are called upon to serve to the best of their ability. These services are provided without regard to race, color, creed, religion, sex or national origin.

The WFPD provides fire prevention, safety education, and medical training for the general public throughout the year to help the public help themselves in an emergency situation until professional help arrives.

Minimum requirements for Membership

All Applicants Must:

Be at least 18 years of age

Be a licensed EMT-B in the State of Illinois-*Part Time only*

BOF/ Firefighter II Certification in the State of Illinois-*Part Time only*

Have good character

Have a valid Class B Non CDL or higher driver's license

Be a High school graduate or equivalent

Successful completion of the appropriate prescribed departmental training prior to functioning in an emergency response capacity

Documents to Return with Application

Copy of Birth Certificate

Copy of Social Security Card

Copy of High School Diploma/or Equivalent

Copy of Driver's License

Copy of EMT or Paramedic License

Copy of Firefighter Certification

Copies of any other relevant certificates (CPR, ACLS, PALS, PHTLS)

Instructions

Please be certain that your application is accurate and complete. If a question does not apply to you, insert "N/A" for "Not Applicable". Double check to be sure that you have included all of the documents referred to above and that all questions have been answered. If you do not have enough space, continue your answer on an attached sheet at the end of the application. Precede each continued response with a reference to the question being answered. All information contained within your application is subject to verification. Incorrect or inaccurate information will bar or remove you from the application process. Completed applications can be delivered Monday through Friday between the hours of 8:00 A.M. and 4:00 P.M. and left with the administrative assistant or mailed to:

Wilmington Fire Protection District

P.O. Box 45

501 N. Main St.

Wilmington, IL 60481

Attn: Employment application-Part Time or Paid on Call (State Part Time or Paid on Call)

1. Name: _____
Last First Middle

2. Address: _____
City State Zip Code

3. Home Phone: _____ Cell Phone: _____

4. Social Security Number: _____

5. Are you over the age of 18? _____

6. Are you a US Citizen or permanent lawful resident alien? _____

Fire and EMS Experience

7. EMT Level: _____ Years of Service _____
Fire Certification Level: _____ Years of Service _____
Primary EMS System: _____

8. Are you currently in the Silver Cross EMS System? _____ System # _____

9. List any certifications that you hold related to the Fire and EMS field:

10. List any additional skills or knowledge that may qualify you for this position or enhance your performance as a member:

Military Service

Have you served in any military organization of the United States? If so, what skill sets did you acquire?

What were your dates of service?

What was your discharge classification? _____

Education

11. List any Schools you have attended (High school and beyond):

<u>Name of School/City</u>	<u>Dates</u>	<u>Degree</u>	<u>Average Grade</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. List any other formal education beyond High School that may be helpful:

Employment History

13. Were you ever discharged, or forced to resign from, any employment position because of misconduct or unsatisfactory service or while under investigation? If yes, explain:

14. List the last three positions you have held. Put your present or most recent employer(s) first. List in order;

Employer: _____ Shift _____ Supervisor: _____
Address: _____ Phone: _____
Dates employed: _____
Position with company _____
Reason for leaving _____

Employer: _____ Shift _____ Supervisor: _____
Address: _____ Phone: _____
Dates employed: _____
Position with company _____
Reason for leaving _____

Employer: _____ Shift _____ Supervisor: _____
Address: _____ Phone: _____
Dates employed: _____
Position with company _____
Reason for leaving _____

Driving History & License Status

15. Driver's License Number: _____ State: _____ Class: _____
Is your Driver's License valid at time of application? _____

16. List and explain any moving violations, traffic accidents, or license suspension or revocation for the last five years:

Criminal History

17. Have you ever been convicted of a felony or non-traffic misdemeanor? If yes, explain.
**You are not obligated to disclose expunged juvenile records of adjudication or arrest. **

Social

18. Do you have, or have you ever had any emotional or physical disabilities which may cause a problem in your capacity as a medical care provider? Explain.

19. Would you submit to a physical examination, paid for by the WFPD, prior to being accepted?

20. List any hobbies, activities or organizations that you take part in regularly:

21. What days/times are you generally available to work?

22. Briefly state your reasons for wishing to become a member of the WFPD:

Paid on Call applicants only: Please supply a minimum of 3 letters of recommendation from people unrelated to you, who have known you for a period of more than five years. Name, address, phone number and signature must be included on each letter of reference. Letters should be neatly typed. The letters must accompany your completed application.

For office use only:

Board of Review Recommendation:

Accept Reject

Date: _____

Representative _____

**Wilmington Fire Protection District
Authorization Form**

I, (print name) _____, hereby authorize the WILMINGTON FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the WILMINGTON FIRE PROTECTION DISTRICT. I also consent to the release to the WILMINGTON FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the WILMINGTON FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with the pre-employment investigation.

I also agree to indemnify and hold harmless the WILMINGTON FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the WILMINGTON FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents, against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of application process. I also covenant that for the consideration of my application, I agree not to sue the WILMINGTON FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the WILMINGTON FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the WILMINGTON FIRE PROTECTION DISTRICT, I must maintain at all time a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the WILMINGTON FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

I hereby acknowledge and agree that should I fail to complete required basic training, orientation, etc. that is required of me by the WILMINGTON FIRE PROTECTION DISTRICT, as an employee, that I will reimburse the WILMINGTON FIRE PROTECTION DISTRICT all costs related to my application, medical physical and educational courses within one year of my termination.

Signature _____

MUST BE NOTORIZED:

SUBSCRIBED and SWORN to

Before me this _____ day of
_____, 20____

Notary Public

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I _____ authorize the Wilmington Fire Protection District to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the Wilmington Fire Protection District conducting such an investigation. This authorization includes, but is not limited to, employment records and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, driver's license records, internal investigation records, military records, records of educational institutions, employment and pre-employment records, background reports, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I authorize the Wilmington Fire Protection District and its agents to provide copies of any records obtained pursuant to this release to any person(s) who are authorized to participate in the vetting of my qualifications and background for employment purposes. I further release the Wilmington Fire Protection District, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

Signature

Date

Print Name (First, Middle, Last)

Maiden Last Name, former Married name(s) or other names used

Current Address

Previous Address

City/State/Zip

City/State/Zip

To process this form, the following information has been requested by the Wilmington Fire Protection District:

Date of Birth

Social Security Number

Contact Phone Number

Driver's License Number

Sex/Race

Email Address

Authorization For Release of Personal Information

A copy, facsimile, or electronic submission of this form shall be accepted with the same authority as a signed original.

Signature: _____ Date: _____ Printed Name: _____



P.O. Box 245
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Fingerprint Acknowledgement Form

I _____ hereby acknowledge that I will have to take the completed form, along with a form of payment as well as a government issued ID to Accurate Biometrics for fingerprint processing pursuant to a background investigation.

Your signature indicates that you understand and agree to all information contained in the application and that if you are hired by The Wilmington Fire Protection District, you will be reimbursed for the fingerprinting process.

Signature: _____

Date: _____

Proudly serving our community since 1868



Phone: 773-685-5699
Fax: 773-685-5433
www.accuratebiometrics.com

Wilmington Fire Protection District

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth: (State or Country if outside USA): _____

ORI-ILL15300F

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# _____ Date Printed _____