

Sheridan Community Fire Protection District

405 North Bushnell St., P.O. Box 508, Sheridan, IL 60551

Date: _____

I, _____, the undersigned, hereby make application for membership and/or employment with the Sheridan Community Fire Protection District as a:

REGULAR Member/Employee (paid or volunteer, active/voting) in the position of
Check those that apply:

Firefighter Non-certified, II, III, Basic, Advanced
 EMT-B EMT-I EMT-P

Or:

CADET Member (Non-Voting/Support Activities/Limited Fire Department Activity)

I understand that I have an obligation to train, report to and take assignments from the Chief or other elected or appointed officers of the district. I understand that I must complete 50 hours of training (18 hours must be in house) to fulfill my probationary requirements and that I must obtain a Non CDL Class B license within 12 months.

I certify that the following information is current and truthful and understand that any information given below is subject to confirmation, background check, and/or investigation.

Applicant Signature

Full Name _____ Age _____ Date of Birth ____/____/____
Last First MI

Residential Address _____ Sex: Male Female
Street Address P.O. Box (If Applicable)

City _____ Home Phone _____ Cell Phone _____ E-Mail _____

Drivers Lic. # _____ Exp. Date ____/____/____ State _____ Class _____

List any moving violations received in the last 3 years: _____

Have you been convicted of a felony within the last 7 years? Y/N If yes, explain: _____

Have you ever filled out an application with us before? Y/N

Do you have any physical limitations? Y/N If yes, explain: _____

Are you currently employed? Y/N
Employer Name: _____
Employer Address: _____
Employer Phone: _____

Character References: List two individuals, not related to you, that have known you for at least 3 years.

Name _____ Address _____ Phone _____
Relationship _____ Years Known _____

Name _____ Address _____ Phone _____
Relationship _____ Years Known _____

Name _____ Address _____ Phone _____
Relationship _____ Years Known _____

Licensure History:

IDPH License # _____ Exp Date: _____

Last CPR Certification Date: _____

Last ACLS or ITLS Certification Date: _____

Last PEPP/PALS Certification Date: _____

List any additional Certifications held and date certified: _____

Education History:

Highest Level of Education Held: () High School () Some College () Degree Type: _____

Name of High School attended: _____ Graduate? Y/N
Address: _____

Name of College attended: _____ Degree? Y/N Type _____
Address: _____

Do you speak any foreign languages? _____

Did you serve in the U.S. Military? Y/N Branch _____ Dates: _____ Discharge Type: _____

Describe any specialized training, apprenticeship, skills, volunteer services, or other experience that you have:

Please provide any other information that you feel will help us in considering your application for employment:

Employment Experience: (Start with your current or most recent employer and work backwards)

Employer: _____ **From** ___/___/___ **to** ___/___/___
Address: _____ **Phone #** _____
Job Title _____ **Hourly Rate** _____
Supervisors Name _____ **Reason for Leaving** _____
Job Duties

Employer: _____ **From** ___/___/___ **to** ___/___/___
Address: _____ **Phone #** _____
Job Title _____ **Hourly Rate** _____
Supervisors Name _____ **Reason for Leaving** _____
Job Duties

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Job Title _____ **Hourly Rate** _____
Supervisors Name _____ **Reason for Leaving** _____
Job Duties

Please Read Carefully Before Signing

I certify that all of the information provided by me in this application or any accompanying documents is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents or interviews will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Sheridan C.F.P.D. that such employment is at will, for no specified duration and may be terminated by Sheridan C.F.P.D. or myself at any time, with or without cause or notice.

I hereby authorize Sheridan C.F.P.D. to contact any and all former employers, personal references and public or private agencies named in this application to obtain any job related information they may have regarding my employment and or character as may be necessary in arriving at an employment decision with Sheridan C.F.P.D.

I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of information.

I understand that this application is considered current for 1 year from the date of application. If I wish to be considered for employment after this period I may be required to submit a new application.

By signing, I acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

____/____/____
Date

Office Use Only:

App Reviewed by: _____ Date ____/____/____
Interview Scheduled by: _____ Date ____/____/____
Date and time scheduled ____/____/____ at ____:____ am/pm
Interview Conducted by: _____ Date ____/____/____

Hired? Yes / No

Reason _____

Job Offer by: _____ Date ____/____/____
Start Date ____/____/____ Probationary End Date ____/____/____

Probationary Dismissal? Yes / No Date ____/____/____
Reason for Probationary Dismissal

Application Checklist

- () Application filled out legibly and completely**
- () I have signed and dated the application**
- () A signed application for OSF St. Elizabeth EMS System (if not already in system)**

I have attached copies of :

- () All certifications and education listed.**
- () A copy of my Driver's License or State ID card**
- () A copy of my current vehicle insurance card**