



BEACH PARK FIRE PROTECTION DISTRICT- STATE OF ILLINOIS

FIREFIGHTER Paid On Call APPLICATION

PERSONAL DATA QUESTIONNAIRE

Firefighter Paid On Call Requirements

These are the minimum requirements to be paid on call firefighter at the Beach Park Fire Protection District; all prospective candidates must meet these in order to be accepted into the program.

Minimum Requirements

- Have a high school diploma or GED.
- 21 years of age or older.
- Have a valid driver's license.

Preferred Requirements

- Have an Illinois State EMT- Basic license or EMT-P.
- Completed State of Illinois Basic Firefighter Certification from an accredited academy.

1. Name _____
Last First Middle

2. List any other names you have used or been known by _____

3. Address: _____
Number & Street City State Zip

4. Mobile Phone No. (_____) _____

5. Alternate Phone No. (_____) _____

6. Driver's License State _____

Driver's License No. _____ Class _____

7. Social Security No. _____ Date of Birth _____

8. U.S. Citizen? Yes _____ No _____

If no, are you an alien with evidence of intention to become a U.S. Citizen?

Yes _____ No _____

LIST ALL FORMER ADDRESSES FOR THE PAST FIVE YEARS IN CHRONOLOGICAL ORDER

9. Address _____
Number & Street City State Zip

10. Address _____
Number & Street City State Zip

11. Address _____
Number & Street City State Zip

12. Address _____

EDUCATION

CIRCLE ALL THE THAT APPLY

13. High School Tech Campus Life Guard Explorer

Name and Address of School **Date(s) Attended** **Graduate?**
(Including City and State) _____ **Yes/No**

14. High School _____

15. Explorer Post _____

CONVICTIONS HISTORY

16. Have you ever been convicted of crime other than minor traffic violations?

Yes _____ No _____

If "Yes" explain below

Date	Police Agency	Offense	Disposition of case

17. List all traffic convictions and accidents you have had in last four years.

LOCATION (City- Sate)	APPROXIMATE DATE	VIOLATION	DISPOSITION

EMPLOYMENT HISTORY

List all jobs you have had for the last 3 years. Put your present job first. Include seasonal and/ or part- time jobs.

18. **Present employer's name:**

_____ **Phone** _____

Address _____

Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ **to** _____ **Salary** _____ **Per** _____

Month- Year Month- Year

19. **Employer's name:** _____ **Phone** _____

Address _____

Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ **to** _____ **Salary** _____ **Per** _____

Month- Year Month- Year

20. **Employer's name:** _____ **Phone** _____

Address _____

Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ **to** _____ **Salary** _____ **Per** _____

Month- Year Month- Year

21. **Employer's name:** _____ **Phone** _____

Address _____

Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ **to** _____ **Salary** _____ **Per** _____

Month- Year Month- Year

22. **Employer's name:** _____ **Phone** _____

Address _____

Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ **to** _____ **Salary** _____ **Per** _____

Month- Year Month- Year

23. Have you ever been suspended or terminated, other than from and economic layoff, from any prior employment? Yes___ No___ If yes please explain:

24. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes___ No___ If yes please explain: _____

REFERENCES

Please list three adults not related to you and 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, and other qualities.

25. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

26. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

27. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

28. Explain your reasons for wanting to become a firefighter intern. _____

29. Please read the enclosed description for the position for which you are applying and state whether you can perform the essential job function listed therein with or without reasonable accommodation.

30. If accommodation is needed, please explain: _____

31. Person(s) to be notified in case of emergency.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

DOCUMENTATION

TIME OF SUBMISSION

Beach Park Fire Protection Authorization Form

With this application

Certification of safe participation Form A

With this application

Copy of high school or GED diploma

With this application

Valid driver's license

With this application

Illinois State EMT-Basic License

With this application

Illinois State EMT-P License

With this application

Illinois Basic Firefighter Certificate

With this application

One of the following:

- Birth certificate issued by the State Department, form FS- 545
- Birth certificate issued abroad by The State Department, Form DS- 1350
- Original or certified copy of a birth Certificate issued by the state, county, or Municipal authority, bearing a seal
- Native American tribal documents
- U.S. citizen identification card, INS Form 1-197
- Identification card for use of a resident Citizen in the U.S., INS Form 1-179

I HEREBY CERIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERIFY THAT THERE ARE NO 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 MISRREPRESENTIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR TERMINATION OF MY INVOLVEMENT IN THE BEACH PARK FIRE PROTECTION DISTRICT INTERNSHIP PROGRAM.

Dated at _____ Illinois, this _____ day of _____, 20____.

Signature in Full _____

FORM A

**BEACH PARK FIRE PROTECTION DISTRICT
CERTIFICATION OF SAFE PARTICIPATION**

APPLICANT'S NAME: _____

Print full name, including middle initial

ADDRESS: _____

DATE OF PHYSICIAN'S EXAMINATION _____

As part of the Beach Park Fire Protection District firefighter POC application process, applicants will participate in emergency firefighting and emergency medical services work. Work involves responsibility for participating in the provision of emergency medical services, performance of rescue and fire suppression and prevention, as well as all duties delegated by law, ordinance, rule or regulation, or practice or procedures. Work involves the operation of fire and emergency medical services equipment, and the maintenance of equipment, apparatus and quarters. Employees are required to participate in the operation of apparatus and perform hazardous tasks and skilled medical procedures under emergency conditions which may involve strenuous exertion under such adverse conditions as fire, heat, smoke, darkness, and cramped surroundings. The Beach Park Fire Protection District does not assume any responsibility for any medical consequences that arise from participating in the application process. Prior to acceptance, the applicants are required to submit the Certification of Physical condition by a physician meeting NFPA 1582 standards.

PLEASE CHECK AND COMPLETE ONE OF THE FOLLOWING PARAGRAPHS:

_____ I have examined _____ according to NFPA 1582 accepted medical standards, and have determined that he/ she is in appropriate physical condition to participate in the Beach Park Fire Protection District's POC, Firefighter program.

_____ I have examined _____ according to NFPA 1582 accepted medical standards, and have determined that he/ she is not in appropriate physical condition to participate in the Beach Park Fire Protection District's POC.

Signature of Physician

Name of Physician _____

Registration Number _____

Address _____

Telephone Number _____

Fax Number _____