



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.

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

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:

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

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 _____