



YORK CENTER FIRE PROTECTION DISTRICT

1517 South Meyers Road
 Lombard, IL 60148
 (630) 627-1940
 (630) 627-0479 fax

Application for Employment

The York Center Fire Protection District is an equal opportunity employer. It is our policy to abide by all Federal State and Local laws concerning discrimination in employment. Be sure to tell the truth in answering all the questions below. Anyone found to have falsified answers or information will be considered as not acceptable for employment with the York Center Fire Protection District. All persons accepted as a member of the York Center Fire Protection District must be state certified as a Firefighter II and Licensed EMT.

All questions MUST be answered.

Date of Application: _____

I am currently a: (check one) Firefighter / EMT Firefighter / Paramedic

Please PRINT your answers to all questions.

Last Name	First Name	MI	Social Security Number

Present Address	Home Phone and Cell Phone

City	State	Zip Code

Age	Date of Birth	Place of Birth (City/State)	Are you a US Citizen?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's License Number	State	Class	CDL (if applicable)	Has your drivers' license ever been suspended or revoked?

In Case of Emergency Contact:		Explain:
Name	Phone Number	

Address	Relationship

EDUCATION and TRAINING

Name	Address	# of Years	Course of Study	Graduate
High School:				
College				
Business Schools				
Other Schools				

List any Certifications or Special Training:

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EMPLOYMENT HISTORY (beginning with the most recent)

Company Name	Type of Business	Phone Number
		()
Address	Employed (month & year)	Current Employer?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Title of Supervisor	May we contact them?	Employed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title and Description of Work:		<i>If you are no longer with employer please explain why:</i>

Company Name	Type of Business	Phone Number
		()
Address	Employed (month & year)	Current Employer?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Title of Supervisor	May we contact them?	Employed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title and Description of Work:		<i>If you are no longer with employer please explain why:</i>

Company Name	Type of Business	Phone Number
		()
Address	Employed (month & year)	Current Employer?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Title of Supervisor	May we contact them?	Employed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title and Description of Work:		<i>If you are no longer with employer please explain why:</i>

List and special skills that you may have that relates to Emergency Medical Services or Fire Suppression. Attach certificates and/or licenses.

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REFERENCES *Please list 3 people unrelated to you.*

	Name	Address
1)		
2)		
3)		

Have you ever been convicted of a crime? Yes No

Offense: _____

Explanation: _____

Have you ever been incarcerated in an institution? Yes No

Institution Name: _____ Reason: _____

Have you ever been placed under observation for psychiatric evaluation or attempted suicide?

Yes No If yes, please explain: _____

Do you have any physical limitations that would prevent you from performing the duties of a Firemen or Emergency Medical Technician? Yes No If yes, please explain: _____

I declare the foregoing information to be true and accurate. I understand that any misrepresentation of facts on this application is sufficient cause for rejection and / or termination of employment.

Signature of Applicant: _____ Date: _____

I hereby authorize York Center Fire Protection District to make any investigation of my background, driving record, and / or criminal history deemed necessary. I have no objection in making application for security clearance, if necessary. I also have no objections to taking a medical and / or psychological examination at any time at the request of the Board of Trustees. My signature below shall be sufficient consent to have authorized agency perform background or other investigations in determining criminal or other history, used exclusively for the purposes of employment with the York Center Fire Protection District. In addition, I authorize a photocopy of this application to be sufficient consent to allow any authorized agency deemed necessary by the York Center Fire Protection District Board of Trustees to assist in determining my employment with the York Center Fire Protection District.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date application received: _____

Reviewed by the Chief or Assistant Chief of the York Center Fire Protection District:

Signature of Fire Chief: _____ Date: _____

President (or delegate) Signature: _____ Date: _____

Accepted Official date of hire: _____

Not Accepted Explanation: _____

Hold awaiting roster space availability.