



# *Wood River Fire Department*

501 Edwardsville Road Wood River, Illinois 62095

Telephone: (618) 259-0984

**Emergency 911**

*"Smoke Detectors Save Lives"*

Thank you for your interest in the Wood River Fire Department.

You must fill out your application in **full** to be considered for this position! If you have any questions regarding your application, please call 618-259-0984, option 2 and we will be happy to help you the best we can.

Make sure that you sign, and date, your authorization slip. This **must** be signed in order to do a background check, which is required in order to become a member.

I must emphasize that becoming a Paid On Call Firefighter for the City of Wood River requires a serious time commitment with little and sometimes no compensation. If hired, in addition to becoming a member of the Wood River Fire Department you will also become a member of the Wood River Firefighters Association, the benevolent arm of the fire department. The firefighters association is involved in numerous community related activities throughout the year. Your participation in these events is expected.

When an opening occurs the applications will be reviewed by the department and qualified candidates will be called for an orientation, a written test, agility test and formal interview. The application process time can vary. Upon completion of the background and reference check you will be notified of the testing schedule.

Again, thanks for your interest, and good luck!

Sincerely,

Steve Alexander, Fire Chief  
Wood River Fire Department



# **WOOD RIVER FIRE DEPARTMENT** **APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Duration at present address: \_\_ years \_\_ months

Duration at previous address: \_\_ years \_\_ months

Driver's License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you able to obtain an Illinois Class B Non-CDL Driver's License? \_\_\_\_ Y \_\_\_\_ N

Have you ever applied for a membership with this department before? \_\_\_\_ Y \_\_\_\_ N

Have you ever been a member of this department before? \_\_\_\_ Y \_\_\_\_ N

## **MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces? \_\_\_\_ Y \_\_\_\_ N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(An affirmative response to the following questions will *not* automatically disqualify you from being considered as a candidate for membership.)

Have you ever been convicted of a felony? \_\_\_\_ Y \_\_\_\_ N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any felony charges pending against you? \_\_\_\_ Y \_\_\_\_ N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the last four employers, starting with the most recent:

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street  City  State  Zip

Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Name/Title of immediate supervisor: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street  City  State  Zip

Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Name/Title of immediate supervisor: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street  City  State  Zip

Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Name/Title of immediate supervisor: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street  City  State  Zip

Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Name/Title of immediate supervisor: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Give three (3) references that are not related:

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Phone #</u></b>	<b><u>Years Known</u></b>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

List the hours you are normally assigned by your employer: \_\_\_\_\_

Do you have other specified activities, commitments, obligations, or responsibilities that would hinder your ability to adhere to the Department's minimum performance standards?     Y     N

Have you reviewed and signed the Authorization for background investigation?  
 Y     N

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Do you realize that the Wood River Fire Department is not a social club and, that if accepted as a member, you will be required to give freely of your time to attend emergency incidents, meetings, drills, and work on committees?     Y     N

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I realize that if \_\_\_\_\_ is accepted for membership in the Wood River Fire Department that (s)he will be giving his/her time to public service. I further realize that giving some form of public service is the duty of every citizen, and hereby give my consent to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse, near relative, parent, or guardian)

Print Name: \_\_\_\_\_

**Pre-Membership Health Questionnaire**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**If you answer yes to any questions, please provide details.**

- Yes  No 1) Uncorrectable Vision Defect?
- Yes  No 2) Permanent Hearing Loss?
- Yes  No 3) Lung Disorders (asthma, emphysema, etc.)?
- Yes  No 4) Heart Trouble?
- Yes  No 5) High Blood Pressure?
- Yes  No 6) Dizzy Spells?
- Yes  No 7) Diabetes?
- Yes  No 8) Epilepsy?
- Yes  No 9) Nervous Condition?
- Yes  No 10) Allergies?
- Yes  No 11) Hernia or Rupture?
- Yes  No 12) Amputation?
- Yes  No 13) Bone Fracture?
- Yes  No 14) Back injury or trouble?
- Yes  No 15) Any type of Cancer?
- Yes  No 16) Problems with Alcoholism or Drugs?
- Yes  No 17) Do you smoke?
- Yes  No 18) Have you ever had an illness or injury that resulted in hospital or medical costs that exceeded \$5,000?

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- Yes  No 19) Are you now taking any medications, or being treated for any illnesses or injuries?
- Yes  No 20) Have you ever lost time from work, or school, for a period of two weeks or more because of illnesses or injuries?
- Yes  No 21) Have you ever received a settlement or award from Workman's Compensation?
- Yes  No 22) Have you received a settlement or award from a source other than Workman's Compensation?
- Yes  No 23) Have you ever been refused employment, insurance, or turned down for military service for health or physical reasons?
- Yes  No 24) Have you seen a physician or been hospitalized in the past five (5) years?

25) When was your last physical exam?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Please PRINT Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAID ON CALL FIREFIGHTER  
Position Description**

**A. Type of Work Performed**

1. Engages in firefighting and fire preventions activities and the saving of lives and property; maintains fire department equipment and quarters.

**B. Types of Duties Performed (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)**

1. Responds to fire alarms with company; lays and connects hose, holds nozzle and directs water stream; raises and climbs ladders; uses chemical lines and extinguishers; uses bars, hooks, lines, and other equipment.

2. Makes forcible entry into buildings when necessary; ventilation of buildings to drive out smoke and gases; opens walls and other structures which impede effective firefighting.

3. Performs general maintenance work in the upkeep of fire department property; cleans and washes walls and floors; hangs and dries hose; washes, cleans, polishes, and tests apparatus.

4. Performs rescue operations from burning buildings, vehicle crashes, and other emergencies as called upon.

5. Assists with pre-plans inspections and makes layout sketches; inspects homes and commercial establishments for violations of fire safety codes or apparent fire hazards; Assists writing correction orders and enforces code.

6. Performs salvage operations such as placing salvage covers, sweeping water, and removing debris.

7. Detects evidence of arson and reports to superior; performs preliminary investigation upon suspicion of arson.

8. Responds to a variety of emergency and non-emergency requests.

9. Participates in a variety of public relations projects, such as speeches in schools, parades, and demonstrations during Fire Prevention Week.

10. May be called upon at any time for emergency duties.

11. Performs related work as assigned.

12. Operate both as a member of a team and independently at incidents of uncertain duration.

13. Spend extensive time outside exposed to the elements

14. Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400 degrees), humid (up to 100 percent) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.

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15. Experience frequent transition from hot to cold and from humid to dry atmospheres
16. Work in wet, icy, or muddy areas
17. Perform a variety of tasks on slippery, hazardous surfaces as on rooftops or from ladders
18. Work in areas where sustaining traumatic or thermal injuries is possible
19. Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact
20. Face exposure to infectious agents such as hepatitis B or HIV
21. Wear personal protective equipment that weighs approximately 50 lb while performing fire-fighting tasks
22. Perform physically demanding work while wearing positive pressure breathing equipment.
23. Perform complex tasks during life-threatening emergencies
24. Work for long periods of time, requiring sustained physical activity and intense concentration
25. Face life-or-death decisions during emergency conditions
26. Be exposed to grotesque sights and smells associated with major trauma and burn victims
27. Make rapid transitions from rest to near-maximal exertion without warm-up periods
28. Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces
29. Use manual and power tools in the performance of duties
30. Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation
31. Must wear approved or issued turnout clothing and gear, or any other safety equipment while performing their duties as firefighters. (exceptions at chief's discretion)
32. Must obey all reasonable orders given by the Fire Chief, Shift Officer, or higher ranking officer.
33. Must not report for duty in a condition that would be considered harmful to himself and others while performing his duties as a firefighter, or in a condition such that his actions would be detrimental to the Fire Department image as a whole.
34. Must observe all City and State traffic laws when responding to an alarm in their private vehicle.
35. Must carry his/her portable pager with him/her whenever possible and is expected to report any malfunction or inoperable units as soon as possible



**C. Minimum Qualifications Required**

1. Must reside in the city limits of Wood River and be a full time resident.
2. Must be 18 years of age.
3. Must hold a valid Illinois drivers license and have their own means of transportation, either as owner or be the insured driver of record.
4. Must be physically capable to perform the duties of a POC firefighter.
5. Ability to learn a wide variety of fire fighting duties and methods within a reasonable probationary period.
6. Ability to carry out work assignments involving danger to life and health.
7. Ability to develop mechanical skills in the operation of fire equipment and apparatus.
8. Ability and sufficient physical strength, agility, and endurance to perform strenuous work under adverse and dangerous conditions.
9. Ability to understand and follow oral and written instructions.
10. Ability to establish and maintain effective working and living relationships with other employees.
11. Ability to operate motor vehicles safely.
12. Ability to perform routine station house maintenance work.
13. Ability to work at heights and within confined areas.
14. Ability to learn and carry out first aid principles and practices.
15. Ability to meet requirements as established by the State of Illinois, and the City of Wood River Fire Department



## Wood River Fire Department

I have received, and reviewed, Wood River Fire Department's Job Description, and can perform these essential functions, with or without, reasonable accommodations.

Signature of Applicant: \_\_\_\_\_

Please PRINT Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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I understand this application is based upon the truthfulness of my answers and that there exists no misrepresentation. I further acknowledge that any false information given shall be cause for rejection *before* acceptance or dismissal from the Department *after* my appointment.

If accepted for membership, as a member, I shall attend all required drills, meetings, and emergency incidents. I shall obey the orders of the Chief Officers and at emergency incidents those orders of the Incident Commander. I further agree to adhere to the Department's rules, regulations, policies, procedures, and Bylaws of the Wood River Fire Department.

Signature of Applicant: \_\_\_\_\_

Please PRINT Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# **Wood River Fire Department**

## **AUTHORIZATION**

I authorize, and empower, the Wood River Fire Department consumer reporting agency, or other outside service company, engaged by the said Department for this purpose, now and subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, criminal history and mode of living through correspondence or personal interviews with neighbors, friends, associates, or others with whom I am aquatinted, or who may be knowledgeable concerning any of the above items.

Signature of Applicant: \_\_\_\_\_

Please PRINT Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Wood River Fire Department

## INDEMNIFICATION AGREEMENT

I \_\_\_\_\_ do hereby declare that I am of good health and feel  
Print name

myself capable of the steps outlined in the physical agility testing for Paid-On-Call firefighter for the City of Wood River.

It is hereby agreed that in consideration of \_\_\_\_\_ testing for a  
Print name

possible position as Paid-On-Call Firefighter with the City of Wood River , the above signed agrees to hold the City of Wood River and its agents harmless as to any injury or damages incurred by this individual as a result of activities while testing for this position. I further agree to hold harmless the City of Wood River, its fire department, and department agents acting on behalf of the city, regardless of fault or negligence on the part of any official, fire department employee, or agent acting on behalf of the City of Wood River.

This applicant being of the age of \_\_\_\_\_ years has read this document, understands the meaning of same, and this shall bind the applicant, his heirs, executors, and administrators to agreement as stated above.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
date

\_\_\_\_\_  
City agent