

NORTH MAINE FIRE PROTECTION DISTRICT

APPLICATION FOR EMPLOYMENT

POSITION: FIREFIGHTER / PARAMEDIC

INSTRUCTIONS: Fill out this application completely and accurately. Neatly print your answers. All statements in your application are subject to verification.

False or incorrect statements, incomplete application will bar and/or remove you from consideration and employment.

If writing space is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term N/A (not applicable) if the question does not apply.

FOR OFFICE USE ONLY

Driver's License _____
EMT-P License _____
Birth Certificate _____
Transcripts _____
Written Test _____
CPAT Card _____
Oral Interview _____
Preference Points _____

APPLICATION NUMBER

FILING INFORMATION

DATE: _____

TIME: _____

Attach a Recent

Passport Sized

Color Photo in This

Location

NAME: _____

D.O.B. _____

EDUCATION

15. CIRCLE HIGHEST LEVEL COMPLETED

GED CERTIFICATE HIGH SCHOOL ASSOCIATE'S BACHELOR'S
MASTER'S DOCTORATE OTHER _____

Name and Address of School (include City and State)	Date(s) Attended	Graduated? Yes ___ No ___
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16. High School _____

17. Undergraduate Education _____

18. Graduate Education _____

19. Trade Schools _____

20. What college degrees have you attained? _____

21. List course work relevant to position for which you have applied: _____

MILITARY

22. Are you now or have you ever been in the military service? Yes _____ No _____

23. Branch of Service _____

24. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes _____ No _____

Rank _____

25. Unit _____ From _____ To _____

EMPLOYMENT HISTORY

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

26. Most Recent/Present Employer's Name:

_____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

May we contact them? Yes ___ No ___

Employed _____ to Present
month-year

27. Employer's Name _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

May we contact them? Yes ___ No ___

Employed _____ to _____
month-year month-year

28. Employer's Name _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

May we contact them? Yes ___ No ___

Employed _____ to _____
month-year month-year

29. Employer's Name _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

May we contact them? Yes ___ No ___

Employed _____ to _____
month-year month-year

30. **Employer's Name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

May we contact them? Yes ___ No ___

Employed _____ to _____
month-year month-year

31. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes ___ No ___ If yes, please explain:

32. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

33. Have you ever taken a firefighter examination or any civil service examination? Yes/No _____

Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate agency, position applied for, status on list and expiration date of each:

AGENCY	POSITION	STATUS	EXPIRATION

REFERENCES

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

34. Name _____ Address _____

Primary Phone _____ Secondary Phone _____

Occupation _____ Relationship _____

35. Name _____ Address _____

Primary Phone _____ Secondary Phone _____

Occupation _____ Relationship _____

36. Name _____ Address _____

Primary Phone _____ Secondary Phone _____

Occupation _____ Relationship _____

37. List organizations of which you are a member that relate to the position for which you are applying:

38. Explain your reasons for wanting to become a firefighter: _____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

40. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

41. I understand that I must provide the Board of Fire Commissioners with COPIES of the documentation and/or certifications required on page B-9. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following required documentation and/or certifications may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY 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 MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE NORTH MAINE FIRE PROTECTION DISTRICT.

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

Signature in Full _____

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 20____.

Notary Public

**NORTH MAINE FIRE PROTECTION DISTRICT
CANDIDATE AUTHORIZATION FORM**

I, _____, hereby authorize the NORTH MAINE FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and to use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for employment made to the NORTH MAINE FIRE PROTECTION DISTRICT. I also consent to the release to the NORTH MAINE FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the NORTH MAINE FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I also agree to indemnify and hold harmless the NORTH MAINE FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the NORTH MAINE FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the NORTH MAINE FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the NORTH MAINE FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the NORTH MAINE FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois driver's license, of the class required to operate all vehicles of the NORTH MAINE FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain, and maintain at all times a valid State of Illinois Firefighter II or Basic Operations Firefighter certification and EMT-P License. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

I understand I am requested to submit a sample of my blood/ urine for chemical analysis. I understand this analysis will be performed by qualified laboratory personnel. The purpose of this analysis is to determine the presence of non-prescribed drugs, controlled substances, or alcohol in my specimen.

I consent freely to this request. I consent to the release of results of this test to the referring employer. I release North Maine Fire Protection District, its employees, agents, and contractors from any liability whatsoever arising from this request to furnish this specimen. The testing of the specimen and decisions made concerning my application for employment or continued employment based on the results of the analysis.

Signature _____

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 20____.

Notary Public

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

CHECK OFF SHEET

(All copies must be included with application)

Recent color photo (passport size) attached to application _____

Copy of Driver's License _____

Copy of one of the following: _____

- Birth certificate issued by the State Department, Form FS-545, FS-240
- Birth certificate issued abroad by the State Department, Form DS-1350
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal
- Native American tribal documents
- U.S. citizen identification card, INS/ USCIS Form I-197
- Identification card for use of a resident citizen in the U.S., INS / USCIS Form I-179

Copy of Current IL EMT-P License _____

Copy of CPAT with Ladder Climb Certificate _____

Copy of Military Service Discharge (if applicable) _____

Form DD214 (if applicable) _____

Copy of High School Transcripts _____

Copies of Post High School Transcripts (if applicable) _____

North Maine Fire Protection District Authorization Form _____

Proof of Naturalized Citizenship (if applicable) _____

Written request to Board of Fire Commissioners
To request application of preference points for
Military service and/or firefighter certification (if applicable) _____

IL Firefighter II / Basic Operations Firefighter, IL Firefighter III /
Advanced Technician Firefighter (if applicable) _____

Candidate's Signature

**NORTH MAINE FIRE PROTECTION DISTRICT
PREFERENCE POINTS FOR FIREFIGHTER CANDIDATES**

After the Initial Eligibility Register is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form. This claim must be made within ten (10) days after the posting of the Initial Eligibility Register or the points will be deemed waived. Applicants may claim up to three (3) types of preference points:

1. **Veteran's Preference Points (maximum 5 points)**

Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) points. Proof of prior service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge, and a sworn affidavit signed by the applicant.(see attached **Form E**) Proof of current inactive or reserve service must include the applicant's most recent Leave and Earnings Statement (LES).

2. **Educational Preference Points (maximum 5 points)**

Applicants who have successfully obtained an Associate's Degree in the field of fire service or emergency medical services shall receive three (3) points. Applicants who have successfully obtained an Associate's Degree in a field other than in the field of fire service or emergency medical services shall receive two (2) points. Applicants who have successfully obtained a bachelor's degree from an accredited college or university shall receive five (5) points. A transcript must be included with the request for preference points as proof of the attainment of degree.

3. **Residency Preference Points (70 ILCS 705/16.06b(h)(6)) (Max. 2 Points)**

Applicants who maintain their principal personal residence within the boundaries of the North Maine Fire Protection District at the time of application shall receive two (2) preference points. Proof of residency must be shown in order to obtain the points.

4. **Experience Preference Points (maximum 5 points)**

Applicants from outside the Department who were employed as full-time firefighters or firefighter-paramedics by a fire protection district or municipality for at least 2 years may be awarded up to the maximum available preference points for this category at the Board's discretion. No experience preference points will be awarded under this Section to applicants for service with a private employer who had a contract for fire or ambulance service with a fire protection district or municipality. The Board shall prorate the awarding of the points based on partial years of experience under this section.

Proof of such service must include submission of copies of applicable certificates and a sworn affidavit by the applicant (see **Form E**). Note that proof of full-time service may be verified by the Department. Applicants may be awarded up to one (1) point for each complete year of full-time service, up to a total of zero (0) to five (5) preference points, at the Board's discretion.

A candidate may not receive the full amount of experience preference points under this subsection if the amount of points awarded would place the candidate before a veteran on the eligibility list. If more than one candidate receiving experience preference points is prevented from receiving all of their points due to not being allowed to pass a veteran, the candidates shall be placed on the list below the veteran in rank order based on the totals received if all points under this subsection were to be awarded. Any remaining ties on the list shall be determined by lot.

**NORTH MAINE FIRE PROTECTION DISTRICT
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT**

If you wish to claim preference points for the Final Eligibility Register for hire with the North Maine Fire Protection District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the Initial Eligibility Register. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

A. Veteran's Preference Points (70 ILCS 705/ 16.06b(h)(1)) (Max. 5 points)

Please state the following information regarding your military service and attach form DD-214 (long form) and proof of honorable discharge, or most recent Leave and Earnings Statement (LES) if you are still serving and have no DD-214:

Branch of Service: _____

Unit: _____

Rank: _____

Date of Service (month/date/year): _____ to _____

Date of Honorable Discharge: _____

B. Educational Preference Points (70 ILCS 705/16.06b(h)(3))(Max. 5 points)

Please state the following information regarding your educational background and attach copies of transcripts as proof of the attainment of a degree:

College Attended: _____

Dates of Attendance (month/date/year): _____ to _____

Degree Awarded: _____

College Attended (if applicable): _____

Dates of Attendance (month/date/year): _____ to _____

Degree Awarded: _____

C. Residency Preference Points (70 ILCS 705/16.06b(h)(6))(Max. 2 points)

Please provide your primary resident address and attach at least two documents that indicate proof of your residence within the boundaries of the North Maine Fire Protection District:

Home Address: _____

Length of Residence at this Address: _____

Description of Proof Submitted: _____

D. Experience Preference Points (70 ILCS 705/16.06b(h)(5) (Max. 5 points)

Please state the relevant dates of successful service in the following capacities and attach Firefighter II, Firefighter III and/or EMT Certificates; do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

Full-time Firefighter and/or Paramedic-Another Fire Department

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

CANDIDATE'S AFFIDAVIT

I, _____, being first duly sworn on oath, state
Name of Candidate
that the information set forth in my North Maine Fire Protection District Preference Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the District, removal from the hiring list, and/or dismissal from the District.

Candidate's Signature

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 20____.

Notary Public

For District Use Only
Date Preliminary Eligibility List was posted: _____
Date of Submission of Claim Form: _____
Received by: _____

NOTARIZED CHECKLIST

_____ Personal Data Sheets notarized (pg. B-7)

_____ Candidate Authorization Form (pg.B-8)

_____ Preference Points (experience & military) Affidavit notarized (pg. E-3) (if applicable)

Candidate's Signature