



Phone 815-725-2149

Troy Fire Protection District

700 Cottage St.
Shorewood, IL 60404



Fax 815-651-2104

Application for Part-time Positions

The Troy Fire Protection District is accepting applications for part-time positions. Applicants must have the minimum qualifications:

1. Illinois OFSM Basic Operations Firefighter or OFSM Firefighter II with Hazardous Materials Operations
2. Illinois Department of Public Health EMT-Basic/or EMT-Paramedic
3. Illinois Class B non-CDL Driver's License
4. Must be at least 21 years old
5. Will be required to obtain entry into the Morris Hospital EMS System

Applications can be obtained on our website at www.troyfirepd.com/employment.aspx. Completed applications can be turned in at Troy Fire Station 1 located at 700 Cottage St. (IL. Rt. 59) Shorewood, Monday through Friday from 08:00 to 16:00.

Please include copies of the following with your completed application; all firefighter certifications, EMT-B/EMT-P License, CPR card, ACLS, PALS certifications, Driver's License, completed background authorization forms, an email address and good contact phone number.

TROY FIRE PROTECTION DISTRICT

AUTHORIZATION FORM



I, _____ hereby authorize the TROY FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and 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 TROY FIRE PROTECTION DISTRICT. I also consent to the release to the TROY FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the TROY 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 understand that I will undergo a job task test as part of the application process and that such job task test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the TROY FIRE PROTECTION DISTRICT CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST form prior to participating in the job task test.

I also agree to indemnify and hold harmless the TROY FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the TROY 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 TROY 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 TROY 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 TROY 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 TROY 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 certification. 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.

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.

CLS
Enterprises of Lockport

Background Check Disclosure and Authorization for Release of Information

As part of the employment process, **The Troy Fire Protection Dist.**, hereinafter known as "the company" may obtain a consumer report and/ or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release:

During the application process and at any time during any subsequent employment, I hereby authorize CLS Enterprises of Lockport, Inc., on behalf of the company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. *The report may include but may not be limited to* **Criminal Records, Credit Reports, Driving Records, Past Employment or Education Verifications, Personal and Professional References and any other source required to verify information that I have voluntarily supplied.** I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Questions or comments about this process can be directed to CLS Enterprises of Lockport, Inc., toll free at 877-836-0236.

____ California and Minnesota Applicants Only: Please check here to have a copy of your consumer report sent to you from CLS Enterprises. Mail a copy of this request with this box checked off to CLS Enterprises of Lockport, Inc. P.O. Box 463 Lockport, IL. 60441-0463. Include in the envelope a copy of your driver's license (for identification) and a \$5.00 check or money order for processing and an address where you would like the report mailed.

____ Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent to you by CLS Enterprises of Lockport, Inc., free of charge. Mail a copy of this request with this box checked off to CLS Enterprises of Lockport, Inc. P.O. Box 463 Lockport, IL. 60441-0463. Include in the envelope a copy of your driver's license (for identification) and an address where you would like the report mailed.

Printed name: _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____

Social Security Number _____

Driver's License Number _____ State _____

Signature _____ Date _____

TROY FIRE PROTECTION DISTRICT-STATE OF ILLINOIS
FIREFIGHTER APPLICANT PERSONAL DATA QUESTIONNAIRE



1. **Name** _____
last first middle

2. **List any other names you have used or been known by (include maiden name):** _____

3. **Address:** _____
Number & Street City State Zip

4. **Home Phone No.** '-----'-----

5. **Business Phone No.** _____

6. **Driver's License State** _____

Driver's License No. _____ **Class** ____

7. **Social Security No.** _____

8. **Firearm Owner's 1.0. No.** _____

9. **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 TEN YEARS IN CHRONOLOGICAL ORDER

10. **Address** _____
Number & Street City State Zip

11. **Address** _____
Number & Street City State Zip

12. **Address** _____
Number & Street City State Zip

13. **Address** _____
Number & Street City State Zip

14. **Address** _____
Number & Street City State Zip

EDUCATION

15. **CIRCLE HIGHEST GRADE COMPLETED**

GEO CERTIFICATE HIGH SCHOOL COLLEGE 123 4

GRADUATE SCHOOL M.A. Ph.D. OTHER

**Name and Address of School
(Include City and State)**

Date(s) Attended

**Graduate?
Yes No**

16. High School _____

17. Undergraduate Education _____

18. Graduate Education _____

19. Trade Schools _____

20. Paramedic School _____

21. EMT School _____

22. What college degrees have you attained? _____

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

MILITARY

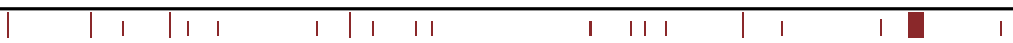
24. Are you now or have you ever been in the military? Yes _____ No ___ _

25. Branch of service _____

26. 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. _____

27. Unit. _____ From. _____ To. _____



34. **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

35. **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

36. **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

37. **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

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

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

If yes, explain: _____

40. Have you ever taken a civil service exam? Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

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

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

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, personality, and other qualities.

42. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

43. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

44. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

45. Explain your reasons for wanting to become a firefighter and/or paramedic: _____

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

Yes _____ **No** _____

47. If accommodation is needed, please explain: _____

48. 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

- 49. 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.
- 50. I understand that I must provide the District with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as EMT-P, Firefighter II, Firefighter III, NIMS IS-700, may be submitted with the application but are not required. 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 documentation and/or certifications at the times indicated 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.

DOCUMENTATION

TIME OF SUBMISSION

Troy Fire Protection District Authorization Form

With this application

Copy of High School or GED diploma
(Do not send college certificates as substitutes)

With this application

Valid driver's license

With this application

One of the following:

With this application

- 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 a 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 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 TROY FIRE PROTECTION DISTRICT.

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

Signature _____

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.

Additional Requirements:

- Applicants must supply a copy of his/her Firefighter II (BOF) certification and I.D.P.H. EMT license with the completed application.
- Applicants are required to meet the medical standards as adopted by NFPA
- Applicants must possess a high school diploma or G.E.D.
- Return both Authorization Forms with the completed application. (Troy Fire District & CLS Enterprises of Lockport)

