



# Elburn & Countryside Fire Protection District

200 East IL Route 38 • Elburn, IL 60119 • 630-365-6855 • [www.elburnfire.gov](http://www.elburnfire.gov)



## EMPLOYMENT APPLICATION

### SECTION 1 — PERSONAL INFORMATION

Last Name

Email Address

First Name & Middle Initial

Home Phone

Address

Cell Phone

City & State

Business Phone

Zip Code

When Available to Begin Work

County

Other Names Used (e.g., maiden name)

#### Position Applying For:

☐ Paid-on-Call Firefighter/EMT/Paramedic

☐ Administration – Specify:

☐ Other – Specify:

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

*If hired, you will be required to provide documentation establishing your identity and authorization to work in the U.S. as required by federal law (Form I-9). Employment eligibility verification will be completed after an offer of employment is made.*

### SECTION 2 — EDUCATION

| Type of School     | Name of School & Complete Address | Dates Attended       | Graduate? (Y/N)      |
|--------------------|-----------------------------------|----------------------|----------------------|
| High School        | <input type="text"/>              | <input type="text"/> | <input type="text"/> |
| Undergraduate      | <input type="text"/>              | <input type="text"/> | <input type="text"/> |
| Graduate           | <input type="text"/>              | <input type="text"/> | <input type="text"/> |
| Trade / Vocational | <input type="text"/>              | <input type="text"/> | <input type="text"/> |

College Degrees Attained

CPR Certification, Paramedic License, Firefighter Training and/or Other Courses (ATTACH COPIES)

Coursework Relevant to Position Applied For

**SECTION 3 — EMPLOYMENT HISTORY (CURRENT / MOST RECENT FIRST)****Employer #1 (Current)**

|                      |                      |                                                          |  |
|----------------------|----------------------|----------------------------------------------------------|--|
| Name of Employer     |                      | Dates of Employment From                                 |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Name of Supervisor   |                      | To                                                       |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Complete Address     |                      | Reason for Leaving                                       |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Phone #              | Job Title            | May we contact this employer?                            |  |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Jobs held, duties performed, skills used/learned, advancements or promotions:

**Employer #2**

|                      |                      |                                                          |  |
|----------------------|----------------------|----------------------------------------------------------|--|
| Name of Employer     |                      | Dates of Employment From                                 |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Name of Supervisor   |                      | To                                                       |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Complete Address     |                      | Reason for Leaving                                       |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Phone #              | Job Title            | May we contact this employer?                            |  |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Jobs held, duties performed, skills used/learned, advancements or promotions:

**Employer #3**

|                      |                      |                                                          |  |
|----------------------|----------------------|----------------------------------------------------------|--|
| Name of Employer     |                      | Dates of Employment From                                 |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Name of Supervisor   |                      | To                                                       |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Complete Address     |                      | Reason for Leaving                                       |  |
| <input type="text"/> |                      | <input type="text"/>                                     |  |
| Phone #              | Job Title            | May we contact this employer?                            |  |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Jobs held, duties performed, skills used/learned, advancements or promotions:

**Employer #4**

Name of Employer

Dates of Employment From

Name of Supervisor

To

Complete Address

Reason for Leaving

Phone #

Job Title

May we contact this employer?

☐

Yes

☐

No

Jobs held, duties performed, skills used/learned, advancements or promotions:

**SECTION 7 — REFERENCES**

At least three references other than relatives and previous employers, who have known you more than three years.

| Name | Position / Title | Company / Organization | Telephone |
|------|------------------|------------------------|-----------|
|      |                  |                        |           |
|      |                  |                        |           |
|      |                  |                        |           |

**SECTION 8 — EMERGENCY CONTACTS**

| Name | Address | Phone # | Relationship |
|------|---------|---------|--------------|
|      |         |         |              |
|      |         |         |              |
|      |         |         |              |

**SECTION 9 — AUTHORIZATION & BACKGROUND INVESTIGATION**

I authorize investigation of all statements in this application. I hereby release from liability the Elburn and Countryside Fire Protection District and its representatives for seeking, gathering, or using such information.

**SECTION 10 — CERTIFICATION & SIGNATURE**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any facts will be grounds for immediate discharge if I am hired. I further understand that this application is not intended to be a contract of employment.

I acknowledge that as a condition of employment, I must maintain a valid State of Illinois Driver's License of the class required to operate all District vehicles, and obtain and maintain all certifications as required for my position.

**Applicant Signature:**

**Date:**

**Printed Name:**

**EQUAL OPPORTUNITY EMPLOYER STATEMENT**

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, ancestry, religion, sex, national origin, citizenship status, work authorization status, age (40+), physical or mental disability, marital status, order of protection status, military status, sexual orientation, gender identity, pregnancy, reproductive health decisions, family responsibilities, or unfavorable discharge from military service.