



## CENTRAL STICKNEY FIRE PROTECTION DISTRICT

4951 South Lotus Ave.  
Stickney Township, IL 60638  
(708) 496-1268  
(708) 496-1160 fax

### Application for Employment

The Central Stickney 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 answer all questions below truthfully. Anyone found to have falsified answers or information will not be considered for employment with the Central Stickney Fire Protection District. All persons accepted as a member of the Central Stickney Fire Protection District must be certified, at minimum, by the State of Illinois as a Firefighter II (or Basic Operations Firefighter) and Licensed Paramedic at the time of application.

#### APPLICANT INFORMATION

Last Name		First	M.I.	Suffix
Street Address		Apartment/Unit #		
City		State	ZIP	
Phone		E-mail Address		
Date Available To Start		Social Security No.	Desired Salary	
Age	Date of Birth	Driver's License #	Class	CDL (if applicable)
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Has your Driver's License ever been revoked?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Are you willing to work the following: (Please check all the apply) <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS				

#### EDUCATION

##### High School

Address	
From	To
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

##### College

Address	
From	To
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

##### Other

Address	
From	To
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

#### CURRENT CERTIFICATIONS (PLEASE CHECK ALL THAT APPLY)

- |   |   |
|---|---|
| <input type="checkbox"/> Firefighter II (Basic Operations FF)     | <input type="checkbox"/> Technical Rescue Awareness     |
| <input type="checkbox"/> Firefighter III (Advanced Technician FF) | <input type="checkbox"/> Vehicle & Machinery Operations |
| <input type="checkbox"/> Hazardous Materials Awareness            | <input type="checkbox"/> Vehicle & Machinery Technician |
| <input type="checkbox"/> Hazardous Materials Operations           | <input type="checkbox"/> Rope Operations                |
| <input type="checkbox"/> Hazardous Materials Technician - A       | <input type="checkbox"/> Rope Technician                |
| <input type="checkbox"/> Hazardous Materials Technician - B       | <input type="checkbox"/> Confined Space Operations      |
| <input type="checkbox"/> Hazardous Materials Incident Command     | <input type="checkbox"/> Confined Space Technician      |

#### INCLUDE COPIES WITH COMPLETED APPLICATION

- |  |  |
|--|--|
| <input type="checkbox"/> Fire Apparatus Engineer       | <input type="checkbox"/> EMT-B         |
| <input type="checkbox"/> Fire Service Vehicle Operator | <input type="checkbox"/> EMT-Paramedic |
| <input type="checkbox"/> Instructor I                  | <input type="checkbox"/> CPR / AED     |
| <input type="checkbox"/> Instructor II                 | <input type="checkbox"/> NIMS IS-100   |
| <input type="checkbox"/> Fire Officer I                | <input type="checkbox"/> NIMS IS-200   |
| <input type="checkbox"/> Fire Officer II               | <input type="checkbox"/> NIMS IS-700   |
| <input type="checkbox"/> Incident Safety Officer       | <input type="checkbox"/> NIMS IS-800   |

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities & Description of Work			

From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities & Description of Work			

From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities & Description of Work			

From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain:		



**REFERENCES (PLEASE LIST 3 PEOPLE UNRELATED TO YOU)**

Name:	Relation:	Phone: (    )
Street Address:		Years Known:
Name:	Relation:	Phone: (    )
Street Address:		Years Known:
Name:	Relation:	Phone: (    )
Street Address:		Years Known:

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**☐ YES ☐ NO

Offense:

I UNDERSTAND AND ACKNOWLEDGE THAT MY EMPLOYMENT WITH THE CENTRAL STICKNEY FIRE PROTECTION DISTRICT IS FOR AN UNSPECIFIED DURATION AND CONSTITUTES "AT-WILL" EMPLOYMENT AS EXPLAINED BY ILLINOIS STATE LAW. I ALSO UNDERSTAND THAT ANY REPRESENTATION TO THE CONTRARY IS UNAUTHORIZED AND NOT VALID UNLESS OBTAINED IN WRITING AND SIGNED BY THE BOARD OF TRUSTEES OR FIRE CHIEF (OR OTHER AUTHORIZED OFFICER) OF THE DISTRICT. I ACKNOWLEDGE THAT THIS EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT GOOD CAUSE OR FOR ANY OR NO CAUSE, AT THE OPTION EITHER OF THE DISTRICT OR MYSELF, WITH OR WITHOUT NOTICE.

**Signature** \_\_\_\_\_**Date** \_\_\_\_\_

I understand that by accepting employment with the Central Stickney Fire Protection District that I will be responsible for maintaining my current EMS licensure and will remain in good standing with the Loyola EMS System (Region 8). At any time I do not maintain a status of good standing with the EMS system I can and will be subject to disciplinary action up to and including termination at the discretion of the EMS Coordinator and Fire Chief or his Designee.

**Signature** \_\_\_\_\_**Date** \_\_\_\_\_

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

**Signature** \_\_\_\_\_**Date** \_\_\_\_\_

I hereby authorize the Central Stickney 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 the request of the Board of Trustees, Fire Chief or his designee. My signature below shall be sufficient consent to have an authorized agency perform background or other investigations in determining criminal or other history, used exclusively for the purposes of employment with the Central Stickney 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 Central Stickney Fire Protection District Board of Trustees to assist in determining my employment with the Central Stickney Fire Protection District.

**Signature** \_\_\_\_\_**Date** \_\_\_\_\_