



SPRING GROVE FIRE PROTECTION DISTRICT

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Driver's License No.: _____

Position Applied for: _____

In Case of Emergency Contact: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you at least 18 years of age? YES NO Are you currently licensed to drive a vehicle in the United States? YES NO

Have you ever worked for this department? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO *The applicant is not obligated to disclose expunged juvenile records or adjudication or arrest.

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Personal References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Comments

In the space below, please make any comments you feel appropriate to you being considered for employment with the Spring Grove Fire Protection District. You may include information about your background, training and interests not otherwise included which would be helpful in determining your suitability for the District.

	LICENSE/CERTIFICATION	ISSUING STATE/INSTITUTION	LICENSE NUMBER (IF APPLICABLE)	EXPIRATION DATE
<input type="checkbox"/>	State EMT Certification			
<input type="checkbox"/>	State Paramedic Certification			
<input type="checkbox"/>	NREMT Certification			
<input type="checkbox"/>	EMD (Emergency Medical Dispatcher)			
<input type="checkbox"/>	Basic Operation Firefighter/Firefighter II			
<input type="checkbox"/>	CPAT			
<input type="checkbox"/>	CPR			
<input type="checkbox"/>	ACLS			
<input type="checkbox"/>	PALS			
<input type="checkbox"/>	EVOC			
<input type="checkbox"/>	RN			
<input type="checkbox"/>	BLS			
<input type="checkbox"/>	Do you currently hold any instructor licenses? If yes, please list _____			
<input type="checkbox"/>	Specialty: _____			
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

By my signature, I authorize the Spring Grove Fire Protection District to investigate the information I have provided. I authorize the District or their representative to contact previous employers except those for whom I have requested not to contact. I authorize contact of the listed references, and a state of Illinois Background check. I authorize those employers or references to release information regarding my background to the Spring Grove Fire Protection District.

I do release and forever hold harmless the Spring Grove Fire Protection District, its Board of Trustees, Chief, offices and members, any current or previous employers, or references, from any claim arising out of their completion of a reference check. Finally, I understand that completion of this application does not assure me membership or obligate the Spring Grove Fire Protection District in any manner.

Signature: _____ Date: _____