



**DWIGHT FIRE PROTECTION DISTRICT
PAID-ON-CALL FIREFIGHTER
APPLICATION PACKET**

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DWIGHT FIRE PROTECTION DISTRICT
Paid-On-Call Firefighter
APPLICATION

We welcome you as an applicant to be a Paid-on-Call Firefighter. Your application will be kept on file and considered with others for the position of Paid-On-Call Firefighter for a period of one year following the date of the application. The Dwight Fire Protection District is committed to the policy that all persons have equal access to its programs, services, activities, facilities and employment without regard to race, color, creed, religion, national origin, sex, disability, marital status, sexual orientation or status with regard to public assistance.

Please furnish us with complete information. An incomplete application may reduce your opportunity with The Dwight Fire Protection District. You are encouraged to attach any additional information which you believe qualifies you for the position. Materials submitted in support of an application are not normally returned. You should not submit an original document if it is your only copy.

PERSONAL INFORMATION
(PLEASE PRINT IN BLACK INK)

Name: _____
Last First Middle

Home Address: _____
_____ City State Zip Code

How Long Have You Been At Your Current Address: _____?

Home Phone #: (____) _____ Cellular #: (____) _____

Email address: _____

When Is The Best Time To Contact You? _____

Are You At Least 18 Years of Age? YES NO

Date of Birth: _____ Social Security #: _____

Have You Ever Been Known By Any Other Name or Combination of Names: YES NO

If Yes, List All Names: _____

List Any Disabilities or Medical Conditions We Need To Be Aware Of: _____

EMPLOYMENT

Are You Currently Employed? YES NO

If You Answered Yes, May We Contact Your Current Employer? YES NO

Employer's Name: _____

Address: _____

City	State	Zip Code
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Phone Number: (____) _____ Position: _____

Supervisor: _____ Supervisor's Title: _____

Principle Responsibilities (Be Complete): _____

EDUCATION

Did You Graduate From High School? YES NO

Name of School _____

If You Did Not Graduate From High School Have You Obtained A GED? YES NO

Must provide a copy of Diploma or G E D

List Any Relevant Correspondence Courses, Special Courses, Special Training, or Certifications You Have Taken or Obtained Related To The Fire Service (Attach Copies To Application):

List Any Firefighting Experience: _____

List Any Other Experience You Think May Be Helpful: _____

Do You Have A Current CPR Card? YES NO

If Yes, Expiration Date: _____ (Please Provide Copy of Current CPR Card)

REFERENCES

(YOU MUST HAVE THREE REFFERENCES NOT RELATED TO YOU)

Reference # 1:

Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Home Phone #: (____) _____ Relationship: _____

How Long Have You Known This Person? _____

Reference # 2:

Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Home Phone #: (____) _____ Relationship: _____

How Long Have You Known This Person? _____

Reference # 3:

Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Home Phone #: (____) _____ Relationship: _____

How Long Have You Known This Person? _____

EMERGENCY CONTACTS

Contact # 1:

Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Home Phone #: (____) _____ Cellular #: (____) _____

Relationship: _____

Contact # 2:

Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Home Phone #: (____) _____ Cellular #: (____) _____

Relationship: _____

CONVICTION HISTORY

The existence of a criminal conviction record will not automatically disqualify you, though certain types of convictions may prohibit you from working in certain positions. Before any applicant is rejected on the basis of a criminal conviction, he/she will be notified in writing and will be given any rights to processing of complaints or grievances under the Federal Fair Credit Reporting Act. The Dwight Fire Protection District will conduct a criminal background check on all new applicants.

Have You Ever Been Convicted of a Misdemeanor, Felony or Other Violation of the Law That Has Been Annulled, Expunged, Sealed, or Dismissed: YES NO

For Each Conviction, Please Give the Date of the Conviction and the City or County and State Where Convicted Below:

Convicted Of: _____ Date: _____

City or County: _____ State: _____

Convicted Of: _____ Date: _____

City or County: _____ State: _____

This Position May Involve Driving; Indicate Driver's License Information Below:

D.L. #: _____ State Issued: _____ Class: _____

Have You Ever Had a Driving Violation, DUI or DWI? YES NO

If Yes, List Type, Date, and Location of Occurrence(s): _____

*PLEASE PROVIDE A PHOTO COPY OF YOUR DRIVERS LICENSE WITH THIS APPLICATION.

*PLEASE PROVIDE A WRITTEN EXPLANTION OF ALL CHARGE(S) LISTED ABOVE AS WELL AS THE CIRCUMSTANCES OF THE CHARGE ON A SEPARATE SHEET OF PAPER AND ATTACH IT WITH THIS APPLICATION.

SUMMARY

In a Short Summary Tell Us Why You Want to Become a Dwight Volunteer Firefighter:

Applicant's Signature

Date

Printed Name

IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION!

Information requested on your application that is defined by state statute as public may be released on request and includes: job history, education and training, relevant test scores, and work availability. If you are selected as a finalist for a position, your name will become public information. Other information will be considered private and will be used only in conjunction with your possible acceptance.

I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify all answers to the above question are true and I understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of volunteer status without notice or benefits. Moreover, I hereby release The Dwight Fire Protection District and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Applicant's Signature

Date

Printed Name

PRIVACY AGREEMENT

I understand that as a Paid-On-Call Firefighter with The Dwight Fire Protection District I may be exposed to private and confidential information, and at no time is that information to be released under any circumstances. I also understand that the Dwight Fire Protection District takes patient confidentiality very serious and at no time will I release any information regarding a patients condition, injuries, or personal information to anyone at anytime unless required to do so by local federal or state laws in accordance with the Health Insurance Portability Act. I also understand that if I violate this agreement in anyway I could be subject to civil and or criminal penalties and also termination of my position as a Paid-On-Call Firefighter with The Dwight Fire Protection District.

Applicant's Signature

Date

Printed Name

FOR OFFICE USE ONLY

Application Received By: _____

Date: _____

Background Check Completed: YES NO

Background Completed By: _____

Date: _____

Date of Candidate Review Interview: _____

APPROVED

DENIED

TABELED

Reason for Denial: _____

Candidate Review Board Member's Present: _____

Date of Application Presented to Trustee's: _____

APPROVED

DENIED

TABELED