



# Application for Employment Coal City Fire Protection District Part-Time FF/Paramedic

**Instructions:** Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print or type**, except for signature on the last page of the application. All information you give on this application will be held in strict confidence.

**Application will be rejected if not signed**

## Personal Data

Last Name

First Name

Middle Name

Current Mailing Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

E-mail Address

When are you available for employment?

Are you over 21 years old?  Yes  No

Would you take a physical examination as required for the job for which you are applying? YES  NO

## General Information

Do you have a valid driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Have you ever been convicted of or pleaded no contest to a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently OR expecting to be engaged in any other business or employment?  Yes  No

If yes, please explain: \_\_\_\_\_

<b>Education</b>		
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<b>High School</b>		<b>Highest grade completed</b>	<b>Did you graduate?</b>
Institution Name/ City, State			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College or University</b>		<b>Highest level completed</b>	<b>Did you graduate?</b>
Institution Name/ City, State			<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Educational/Vocational/Technical Training</b>			<b>Did you complete coursework?</b>
Institution Name/ City, State			<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employment History</b>		
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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.**

Name of Employer:	Employed from:
	MO/YR                      to                      MO/YR
Address:	
Supervisor:	Telephone number:
Your Position Title:	
Duties:	
Reason for leaving:	

### Employment History (continued)

Name of Employer:		Employed from:	
		to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone number:		
Your Position Title:			
Duties:			
Reason for leaving:			
Name of Employer:		Employed from:	
		to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone number:		
Your Position Title:			
Duties:			
Reason for leaving:			
Name of Employer:		Employed from:	
		to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone number:		
Your Position Title:			
Duties:			
Reason for leaving:			
Name of Employer:		Employed from:	
		to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone number:		
Your Position Title:			
Duties:			
Reason for leaving:			

### References

Give three references (exclude relatives and former employers).

Name:

Occupation:

Telephone:

Address:

Name:

Occupation:

Telephone:

Address:

Name:

Occupation:

Telephone:

Address:

**I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring department to obtain information of any past criminal activities through a police background investigation. I understand that misrepresentations, omissions, or falsification on the application or at any time during the hiring process may result in my application no longer being considered for employment.**

Signature

Date



# COAL CITY FIRE PROTECTION DISTRICT

## APPLICATION FOR EMPLOYMENT

35 South DeWitt Place  
Coal City, Illinois 60416

(815) 634-4700 | STATION 1  
(815) 634-4069 | FAX

### COAL CITY FIRE PROTECTION DISTRICT AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize the COAL CITY 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, social media websites, and all other information which may bear favorably or unfavorably upon my application for employment made to the COAL CITY FIRE PROTECTION DISTRICT. I also consent to the release to the COAL CITY FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the COAL CITY 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 COAL CITY 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 COAL CITY FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the COAL CITY 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 COAL CITY 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 COAL CITY 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 COAL CITY 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 COAL CITY 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\_\_.

Signature of Notary: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



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### ACKNOWLEDGMENT OF RISKS AND CONDITIONS Firefighter and EMS Personnel COAL CITY FIRE PROTECTION DISTRICT

An individual applying for a position as a member with the Coal City Fire Protection District, must understand and acknowledge certain conditions which will exist during the time of this association with the department. Because of the nature of the activities in which the department is engaged, an individual associated with the department will be exposed to certain hazards. Service on the department will involve physical exertion, physical, emotional, and psychological stress, and exposure to hazardous substances and conditions.

Before beginning association with the Coal City Fire Protection District, an individual must therefore read and sign the following form.

#### **I acknowledge the following:**

1. Fire-fighting and EMS activities can be physically and mentally challenging and stressful activities, requiring significant physical exertion, an ability to react quickly in emergency situations, exposure to high temperature and humidity levels, toxic atmospheres, working at great heights and in confined spaces, among other conditions. This can result in the potential for accident and injury. This work necessarily results in elevated body temperatures, and in increased pulse, respiration, and blood pressure.
2. Because of the physical challenges involved in fire-fighting and rescue activities, persons with known physical limitations which may affect health and safety under the conditions described above, including but not limited to heart and lung disease and hypertension, are advised to check with a physician before participating in fire department activities.
3. During my time of association with the fire department, I will be required to remain in a physical condition which will allow me to respond to the challenges of my position with the department, and to regularly participate in the training and education programs offered to members, so that I will be better aware of dangerous conditions, and better able to respond to them.
4. Protective clothing is to be worn at all times when conditions warrant. Individuals with facial hair, jewelry, or any other condition which may interfere with the proper seal of a face piece on self-contained breathing apparatus shall remove the hazard to comply with uniform standard.
5. No individual shall be under the influence of alcohol, or of any other substance, prescription or otherwise, which may affect mental or physical reactions, at the time of performing any activities as a member of the Coal City Fire Protection District.



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6. The Coal City Fire Protection District, has adopted certain rules and regulations relating to firefighter health and safety. These must be followed at all times.

Dated at Coal City, Illinois, on \_\_\_\_\_, 20\_\_\_\_\_

Signature of applicant \_\_\_\_\_

Received by \_\_\_\_\_ for the Coal City Fire Protection

District, on \_\_\_\_\_, 20\_\_\_\_\_

Signature of officer \_\_\_\_\_

## SUBMISSION OF DOCUMENTATION AND CREDENTIALS

### DOCUMENTATION

### TIME OF SUBMISSION

Coal City Fire Protection District Authorization Form

with this application

Applicable Fire / EMS training/ certificates

with this application

Acknowledgement of Risks & Conditions Form

with this application

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

Time of job offer

Valid driver's license

Time of job offer

Copy of Birth Certificate

Time of job offer

Proof of Social Security Number

Time of job offer