

Logan-Trivoli
Fire Protection District
Hanna City, Illinois

**Information regarding application for a position as a firefighter/EMT
with the Logan-Trivoli Fire Protection District.**

Thank you for your interest in serving as a firefighter or EMT with the Logan-Trivoli Fire Department. An application form and supporting documents are attached, which we ask you to complete and return to the fire chief of the Logan-Trivoli Fire Department, at 212 N. Main Street, Hanna City, Illinois.

Please answer each question, and use additional space if necessary. Every statement made is subject to verification. The three reference forms attached must also be completed and received by the fire department before your application can be processed. On the reference forms, please put the name of the person giving the reference for you on the lines labeled "Name of Reference". Put your name on the lines labeled "Name of Applicant".

The Logan-Trivoli Fire Department seeks qualified individuals who are interested in serving the community, and the district does not discriminate on the basis of sex, race, religion, color, age, physical impairment, or national origin.

After your application has been submitted, and an initial evaluation made, if approved for membership, you will be asked to meet either with the fire protection district trustees, or with representatives of the fire department.

If you are preliminarily chosen for the position, you will be asked to complete a medical questionnaire, and may be asked to undergo medical screening, which is done at the expense of the fire protection district. In addition to the medical screening, a background check will be done to verify suitability for the position.

Again, we thank you for your interest, and look forward to meeting with you to further discuss the fire department and the contributions that you can make to the citizens of the community we serve.

Very truly yours,

Wendy Conner, Dave Doubet, and Stu Tiezzi

The Logan-Trivoli Fire Protection District Board of Trustees

Logan-Trivoli
Fire Protection District
APPLICATION FORM

Please print clearly or type all requested information. Use additional sheets if necessary to fully respond to a question.

I am applying for a position as a firefighter or EMT (please check one box).

I. GENERAL INFORMATION

First, Middle, Last Name:

Social Security number: _____ Date of Birth: _____

Address:

_____ (street address) (city) (state) (zip)

Telephone numbers: home () _____ cell () _____

Wireless Carrier _____ (Verizon, AT & T, US Cellular, etc)

Email Address: _____

If an EMT, current EMT status: _____

If an EMT, attach a copy of your current EMT license/certification

II. EDUCATIONAL HISTORY

Please list all schools attended, the dates of attendance, and any certificate, diploma or degree awarded.

| dates attended | name and address of school | certificate, diploma or degree awarded |
|----------------|----------------------------|--|
| | | |
| | | |
| | | |
| | | |

III. MILITARY HISTORY

If you have ever served in the U. S. Armed Forces, please state:

1. The branch of service: _____
2. The dates of service: from _____ to _____.
3. The type of discharge you received: _____.

IV. EMPLOYMENT HISTORY

1. With what fire department, rescue squad, ambulance service, or health care provider do you now, or have you in the past, served as a member?

2. State each office and rank you have held with a fire department, rescue squad, ambulance service, or health care provider, giving the dates of such service, and the duties performed:

| dates of service | name of organization | office/rank | Duties |
|------------------|----------------------|-------------|--------|
| | | | |
| | | | |
| | | | |

3. Please describe all special training, education, experiences, and interests that you have that are relevant to a position on the fire department, as well as any special skills that you possess.

4. If you have ever been discharged or suspended from employment, please describe the circumstances, giving employer, dates, and other relevant information.

5. For all your employment within the last five years, please provide the following information.

Employer: _____

Telephone #: _____

Address:

(street address)

(city)

(state)

(zip)

Position Held: _____

Date Started: _____

Reason for leaving: _____

Date Ended: _____

Name/Title of immediate supervisor:

Employer: _____

Telephone #: _____

Address:

(street address)

(city)

(state)

(zip)

Position Held: _____

Date Started: _____

Reason for leaving: _____

Date Ended: _____

Name/Title of immediate supervisor:

Employer: _____

Telephone #: _____

Address:

(street address)

(city)

(state)

(zip)

Position Held: _____

Date Started: _____

Reason for leaving: _____

Date Ended: _____

Name/Title of immediate supervisor:

Employer: _____

Telephone #: _____

Address:

(street address)

(city)

(state)

(zip)

Position Held: _____

Date Started: _____

Reason for leaving: _____

Date Ended: _____

Name/Title of immediate supervisor:

V. DRIVING RECORD

Driver's license number: _____

State issuing driver's license: _____ Classification: _____

Date issued: _____ Expiration date: _____

Please include a photo copy of your current driver's license with this application.

Special training in the operation of motor vehicles:

Describe any special experience driving emergency vehicles or large trucks:

For any motor vehicle accident that you have been involved with in any way during the past three years, state:

(a) the date of each accident: _____

(b) the location of each accident: _____

(c) a brief description of how each accident happened: _____

(d) a brief description of any personal injuries or property damage that resulted:

If you have been convicted of any traffic offenses during the past three years, state:

| date of the conviction | location (city and state) | offense | Penalty |
|------------------------|---------------------------|---------|---------|
| | | | |
| | | | |
| | | | |

If you have ever been denied a driver's license or permit, or had a license or permit suspended, revoked, forfeited, or terminated, please explain, giving dates and circumstances.

VI. REFERENCES

List three persons (not relatives) whom we may contact who are not related to you, and who have definite knowledge of your qualifications and fitness to serve the Logan-Trivoli Fire Protection District.

Name _____

Address _____

Phone _____

In what capacity does person know you? _____

Name _____

Address _____

Phone _____

In what capacity does person know you? _____

Name _____

Address _____

Phone _____

In what capacity does person know you? _____

VII. OTHER INFORMATION

1. If you have ever been convicted of: (a) a felony; or (b) a crime of dishonesty or moral turpitude; or (c) a DUI; or (d) a traffic or other offense involving death or serious bodily injury; or (e) a military court martial, please explain, giving dates, locations, charges, and circumstances.

2. On the back of this page, please tell us why you would like to serve as a firefighter or EMT on the Logan-Trivoli Fire Department.

Logan-Trivoli
Fire Protection District
Hanna City, Illinois

Please read the following statement carefully before signing.

I certify that all statements made in connection with this application are true and correct, and that I have not omitted any information that is necessary to an accurate understanding of the information presented. I understand that if any of the statements made are false or misleading, or important information is omitted, this can be a cause for discipline, and any position that I might be offered can be taken away.

By signing this application, I authorize the Logan-Trivoli Fire Protection District and its agents to investigate my background and qualifications, to contact those persons familiar with me, and to verify any statements made in this application. This shall include a right to receive and review a copy of my driving abstract. I release the Logan-Trivoli Fire Protection District, its officers and agents, and any person who might be contacted regarding my qualifications, from any possible claims or liability that otherwise might result as a result of any investigation performed or information provided pursuant to my application.

If accepted, I agree to abide by the rules and regulations of the Logan-Trivoli Fire Protection District and its fire department.

I understand that, if accepted, I may be required to undergo a physical examination and to provide certain medical background information regarding my physical ability to perform the duties of a firefighter or EMT for the Logan-Trivoli Fire Department.

I understand that service on the fire department in the position for which I am applying involves certain risks, and that I will be required to remain physically fit, and to regularly participate in the training and education programs that the fire district conducts. I understand that I will be required at all times to have a valid Illinois driver's license. I am attaching a copy of my current Illinois driver's license.

Dated at Hanna City, Illinois.

Signature of Applicant

Logan-Trivoli
Fire Protection District
Hanna City, Illinois

To: Logan-Trivoli Fire Protection District Board of Trustees

Name of Applicant: _____

Instructions: Please rate the applicant by placing a "√" or an "x" in the column which best describes the response to each statement. **The farther to the left the mark is placed, the more strongly the response agrees with the statement.**

"SA" means "strongly agree"; "A" means "agree";
 "NAND" means "neither agree nor disagree";
 "D" means "disagree", and "SD" means "strongly disagree".

| | | SA | A | NAND | D | SD |
|---|---|----|---|------|---|----|
| 1 | This person gets along well with others | | | | | |
| 2 | This person is honest | | | | | |
| 3 | This person is intelligent | | | | | |
| 4 | This person is dependable | | | | | |
| 5 | This person is hard-working | | | | | |
| 6 | I would trust this person's judgment in a crisis | | | | | |
| 7 | This person follows directions | | | | | |
| 8 | I would feel that I was in good hands if this person responded to a fire call at my house as a member of the fire department. | | | | | |
| 9 | I recommend this person | | | | | |

I have known this person about _____ years.

Please add any additional comments to help the fire department evaluate the applicant for a position on the fire department.

Signature of reference

Logan-Trivoli
Fire Protection District
Hanna City, Illinois

Name of Reference: _____

Name of Applicant: _____

I have applied for a position with the Logan-Trivoli Fire Department. The department provides fire, rescue and emergency medical services to residents of the Logan-Trivoli Fire Protection District.

I have listed you as a reference. I request you to complete the enclosed questionnaire, and to return it to fire protection district trustees at the Logan-Trivoli Fire Department in the enclosed, self-addressed, stamped envelope. I further ask you to provide any additional information requested by authorized agents of the Logan-Trivoli Fire Protection District regarding my background, qualifications, and suitability to be a member of the fire department.

I release you from any possible claims or liability that otherwise might result as a result of any information you provide pursuant to this release of information request.

Thank you for taking the time to help me with this request.

Signature of Applicant

Logan-Trivoli

Fire Protection District

ACKNOWLEDGMENT OF RISKS AND CONDITIONS

An individual applying for a position with the LOGAN-TRIVOLI FIRE PROTECTION DISTRICT, must understand and acknowledge certain conditions which will exist during the time of this association with the fire protection district. Because of the nature of the activities in which the fire protection district is engaged, an individual associated with the fire protection district 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 LOGAN-TRIVOLI FIRE PROTECTION DISTRICT, an individual must therefore read, agree with, and sign the following form.

I acknowledge the following:

1. Fire-fighting and rescue 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 wearing contact lenses should consult with their eye care professional prior to wearing contact lens in a toxic atmosphere. 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 should avoid any situations where the atmosphere is toxic, or may become toxic.

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 department.

6. The LOGAN-TRIVOLI FIRE PROTECTION DISTRICT, has adopted certain rules and regulations relating to member health and safety. These must be followed at all times.

Dated at Hanna City, Illinois, on _____, 20__.

Signature of applicant

Received by _____
for the Logan-Trivoli Fire Department, on _____, 20__.

Signature of officer