



Pingree Grove & Countryside

Fire Protection District

39W160 Plank Road ■ Elgin, Illinois 60124 ■ 847.741.3151 ■ Fax 847.741-3281

Type or Print Legibly in Black Ink:

Date of Application: _____ Position: _____

Name: _____

LAST

FIRST

MIDDLE

List any other names you have used or been known by (include maiden name):

Address: _____

NUMBER & STREET

CITY

STATE

ZIP CODE

Home Phone: _____ Cell: _____

Driver's License #: _____ Class: _____

Email Address: _____

Are you under the age of 18? YES NO Date of Birth: _____

Are you a U.S Citizen? YES NO

List all former addresses for the past 10 years in chronological order:

Name & Address: _____

Name & Address: _____

Name & Address: _____

Name & Address: _____

Name & Address: _____

Education:

Highest Grade Completed: G.E.D. Certificate High School College [1] [2] [3] [4]

Grad School [M.A.] [Ph.D.] Other: _____

High School, Name & Address: _____

College/University: _____

Trade School: _____

How many college hours have you completed: _____ Semester Quarterly

College degrees attained: _____

Major: _____ Minor: _____

Military Experience:

Are you now or have ever served in the US Military whether it be Active Duty, Reserve Forces, or National Guard: YES NO If YES, Branch: _____

Date of entry: _____ Type of discharge: _____

Last or current held rank: _____ Dates of Service: _____

Arrest Record:

Have you ever been convicted of a crime: YES NO If YES, explain below.

DATE (Month/Year)	POLICE AGENCY	OFFENSE	OUTCOME OF CASE
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DATE (Month/Year)	POLICE AGENCY	OFFENSE	OUTCOME OF CASE
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List all traffic citations you have received in the last four years:

DATE (Month/Year)	LOCATION	VIOLATION	DISPOSITION
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DATE (Month/Year)	LOCATION	VIOLATION	DISPOSITION
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DATE (Month/Year)	LOCATION	VIOLATION	DISPOSITION
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Employment

List all jobs you have had for the last ten years, beginning with your most recent job first. Include periods of unemployment.

Employers Name: _____

Phone Number: _____ May we contact employer: YES NO

Address: _____

Dates of Employment: _____ to _____

Employers Name: _____

Phone Number: _____ May we contact employer: YES [] NO []

Address: _____

Dates of Employment: _____ to _____

Employers Name: _____

Phone Number: _____ May we contact employer: YES [] NO []

Address: _____

Dates of Employment: _____ to _____

Employers Name: _____

Phone Number: _____ May we contact employer: YES [] NO []

Address: _____

Dates of Employment: _____ to _____

References

Fill in below the names of three adults **not** related to you and not former employers that you have known preferably for more than three years. All persons you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Explain your reasons for wanting to become a part-time firefighter:

Person(s) to be notified in case of emergency:

Name: _____ **Phone Number:** _____

Address: _____

Relationship: _____

The following documents must be submitted with the completed application:

High School Diploma and/or G.E.D.

Firefighter Certification - Academy Attended & Year: _____

I.D.P.H. E.M.T or Paramedic License

Valid Illinois Driver's License

Signed Authorization Form

Signed Medical Form

Other Certifications or Documents

Under penalties of perjury, I hereby certify that I have read the above questions and statements, and I certify that there are no willful misrepresentations, omissions, or falsifications in this application, and that all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE _____

DATE _____



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AUTHORIZATION FORM

Pursuant to Section 606, Title VI, United States Code, I _____

do hereby authorize the Pingree Grove & Countryside 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, credit report, criminal history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Pingree Grove & Countryside Fire Protection District.

I further agree to a drug screening to take place prior to employment and release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

Signature _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Notary Public

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. THIS ORGANIZATION IS COMMITTED TO THE POLICY OF EQUAL EMPLOYMENT OPPORTUNITY IN RECRUITMENT, HIRING, CAREER ADVANCEMENT, AND ALL OTHER PERSONNEL PRACTICES. YOUR JOB RELATED EXPERIENCE AND OTHER QUALIFICATIONS WILL BE CONSIDERED WITHOUT DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR PHYSICAL OR MENTAL HANDICAP. ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY, AND WILL BE USED ONLY TO HELP ASSURE THE BEST USE OF YOUR ABILITIES IF YOU ARE EMPLOYED WITH US.



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MEDICAL RELEASE FORM

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

AS PART OF THE PINGREE GROVE & COUNTRYSIDE FIRE PROTECTION DISTRICT FIRE FIGHTER APPLICATION PROCESS, APPLICANTS MUST REALIZE THAT THE JOB TASKS ASSOCIATED WITH BEING A FIRE FIGHTER CAN SUBJECT THE APPLICANTS TO VIGOROUS PHYSICAL EXERCISE. APPLICANTS SHALL MEET THE REQUIREMENTS OUTLINED IN NFPA 1582, www.fstaresearch.org/GetChecked, for information. THE PINGREE GROVE AND COUNTRYSIDE FIRE PROTECTION DISTRICT DOES NOT ASSUME ANY RESPONSIBILITY FOR ANY MEDICAL CONSEQUENCES THAT MAY ARISE FROM PARTICIPATING AS A FIRE FIGHTER.

PLEASE COMPLETE AND CHECK ONE OF THE FOLLOWING PARAGRAPHS:

_____ I HAVE EXAMINED _____ ACCORDING TO CURRENTLY ACCEPTED MEDICAL STANDARDS AND HAVE DETERMINED THAT HE/SHE IS IN APPROPRIATE PHYSICAL CONDITION TO PARTICIPATE AS A FIRE FIGHTER WITH THE PINGREE GROVE AND COUNTRYSIDE FIRE PROTECTION DISTRICT.

_____ I HAVE EXAMINED _____ ACCORDING TO CURRENTLY ACCEPTED MEDICAL STANDARDS AND HAVE DETERMINED THAT HE/SHE IS **NOT** IN APPROPRIATE PHYSICAL CONDITION TO PARTICIPATE AS A FIRE FIGHTER WITH THE PINGREE GROVE AND COUNTRYSIDE FIRE PROTECTION DISTRICT.

SIGNATURE OF PHYSICIAN

NAME OF PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____