



Application For Part-time Firefighter/EMT-B / Paramedic Candidate

This packet contains information listed below. Its sole purpose is to be used to determine your eligibility for employment.

Complete the Application and Affidavits making sure to sign where needed. Any incomplete packets will be considered VOID.

Included in this packet are:

- 1. Application**
- 2. Employee Confidentiality Agreement / Condition Of Employment**

This part of the application process will be completed during the interview portion of the candidate hiring process. You may fill your name if you like, but this is the only incomplete form that will be allowed at the time application packet is turned in.
- 3. Name Affidavit**
- 4. Authorization to release information (Background Check)**
- 5. Copy of CPAT card (within the year)**
- 6. Copy of EMS license**
- 7. Copy of Firefighter Certification**

Candidate Application

Firefighter / EMT-B / Paramedic

It is the policy of the Fox Lake Fire Protection District to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veterans status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

Personal Information

First Name	Middle Initial	Last Name
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Current address:

Street and Apt #	City	State	Zip Code
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Permanent Address (if different from above):

Street and Apt #	City	State	Zip Code
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Date of Birth: _____

Telephone: _____

Email: _____

Social Security # _____

Driver's license # _____

State: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

If applicable, please list your visa type, visa # and expirations: _____

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain: _____

Have you ever served in the U.S. Military? Yes No

If yes, please provide the following information:

Branch of service _____ Rank at the time of separation _____

I served from _____ to _____

Special Honors:

Employment History

Present or most recent Employer:

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Supervisor: _____
Name Title

Maye we contact? Yes No

Reason for leaving: _____

Prior Employer:

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Supervisor: _____
Name Title

Maye we contact? Yes No

Reason for leaving: _____

Prior Employer:

Employer: _____

Address: _____

Your Position: _____

Salary: _____

Duties: _____

Supervisor: _____

Name

Title

May we contact? Yes No

Reason for leaving: _____

Prior Employer:

Employer: _____

Address: _____

Your Position: _____

Salary: _____

Duties: _____

Supervisor: _____

Name

Title

May we contact? Yes No

Reason for leaving: _____

Education

High School: _____

Name and Address

Did you graduate? ___Yes ___No Attended From _____ to _____

If you did not graduate, did you receive your GED? ___Yes ___No

Special honors or awards: _____

Technical or College: _____

Name and Address

Did you graduate? ___Yes ___No Attended From _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

Education

College or University: _____

Name and Address

Did you graduate? Yes No Attended From _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University: _____

Name and Address

Did you graduate? Yes No Attended From _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

Position information

Position specifications

Position applying for: Part-time Firefighter EMT-B / Paramedic

How did you hear about this job? _____

Would you be able to work weekends? Yes No

* I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge, If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize Fox Lake Fire Protection District to investigate any aspect of my prior educational and employment history.

Furthermore, I understand that if I'm hired, employment wit this organization is "at will" which means that either the Fox Lake Fire Protection District or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ Date: _____

**NAME AFFIDAVIT
UNDER PENALTY OF PERJURY**

I, the undersigned, do hereby certify and declare under penalty of perjury that _____ and _____
are one and the same person.

Signature of Declarant

DATE

Declarant's Social Security Number

STATE OF Illinois
COUNTY OF Lake

I, _____ a notary public in and for said county
and state, do hereby certify that _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the same
persons whose name is subscribed to the within instrument and acknowledged to me that he/she
executed the same in his/her authorized capacity, and that by his/her signature on the instrument
the person, or the entity upon behalf of which the person acted, executed the instrument.

Given under my hand and official seal, this _____ day of _____ (year and
month).

My commission expires:

Notary Public

[SEAL]

**GENERAL AFFIDAVIT
BEFORE NOTARY**

STATE OF : Illinois

COUNTY OF: Lake

Before the undersigned, an officer duly commissioned by the laws of the State of Illinois, on this ____ day of _____, 20____, personally appeared the Declarant _____ who having been first duly sworn or having duly affirmed to tell the truth depose and says:

1. Declarant has not withheld information relating to criminal record from the Fox Lake Fire Department.
2. Declarant meets the IDPH guidelines for licensure reference Child Support, and conduct unbecoming. Emergency Medical Services S.A. (210ILCS50)
3. Declarant has a valid Illinois drivers license.

That Declarant is competent under the law to give this affidavit and unless stated has personal knowledge of the facts stated herein.

Signature of Declarant

DATE

Sworn and subscribed before me this _____ day of _____ (year and month).

My commission expires:

Notary Public

[SEAL]

Authorization To Release Information

I hereby authorize The Fox Lake Fire Department/or its Agent (H. Brown Investigations) a non biased separate entity, to make any investigations of my prior employment, educational history, and any past criminal history. This information will assist them in their assessment of my qualifications.

I hereby authorize my present and past employers and schools that I have attended to release any employment information (including attendance records, performance evaluations, etc), references, academic records (including transcripts, credentials, etc.) and any other confidential information that The Fox Lake Fire Department may request.

I hereby waive any right I may have to review the information collected through the above authorization.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Date: _____

(Signature of Candidate)

(Printed Name of Candidate)

_____/_____/_____
(Date of Birth)

_____-_____-_____
(Social Security #)

CLS
Enterprises of Lockport

Background Check Disclosure and
Authorization for Release of Information

As part of the employment process, Fox Lake Fire Department, hereinafter known as "the company" may obtain a consumer report and/ or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release:

During the application process and at any time during any subsequent employment, I hereby authorize CLS Enterprises of Lockport, Inc., on behalf of the company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. *The report may include but may not be limited to Criminal Records, Credit Reports, Driving Records, Past Employment or Education Verifications, Personal and Professional References and any other source required to verify information that I have voluntarily supplied.* I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Questions or comments about this process can be directed to CLS Enterprises of Lockport, Inc., toll free at 877-836-0236. Information regarding CLS Privacy Policies can be viewed on our website at www.cls-ent.com

California and Minnesota Applicants Only: Please check here to have a copy of your consumer report sent to you from CLS Enterprises. Mail a copy of this request with this box checked off to CLS Enterprises of Lockport, Inc. P.O. Box 463 Lockport, IL. 60441-0463. Include in the envelope a copy of your driver's license (for identification) and a \$5.00 check or money order for processing and an address where you would like the report mailed.

Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent to you by CLS Enterprises of Lockport, Inc., free of charge. Mail a copy of this request with this box checked off to CLS Enterprises of Lockport, Inc. P.O. Box 463 Lockport, IL. 60441-0463. Include in the envelope a copy of your driver's license (for identification) and an address where you would like the report mailed.

Printed name: _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ PHONE # _____

Social Security Number _____

Driver's License Number _____ State _____

Signature _____ Date _____

FOX LAKE FIRE PROTECTION DISTRICT
LAKE AND MCHENRY COUNTIES
P.O. BOX 237
INGLESIDE, ILLINOIS 60041-0237

PART TIME EMPLOYMENT AGREEMENT

THIS AGREEMENT, made this _____ Day of _____, _____ by and
between the Fox Lake Fire Protection District, and _____ Candidate.

It is hereby agreed by and between the parties as follows:

1. If appointed to the part time position of firefighter with the Fox Lake Fire Protection District, the Candidate agrees to maintain part time employment with the District as for a period of Three (3) years from the date of appointment. However, the candidate acknowledges that the District cannot guarantee employment.
2. The Candidate recognizes that the estimated cost of the equipment, uniforms, background investigation, and medical physical examinations as a direct and indirect result of hiring the Candidate can exceed \$5,000.
3. The Candidate and the District shall agree upon the actual total sum of the equipment, uniforms, background investigation, and medical physical examinations which incurred as a direct and indirect result of hiring the Candidate that the District incurred after all required examinations of the Candidate have been completed.
4. In the event that the candidate does not maintain part time employment for Three (3) years with the District, unless excused for medical reasons or military leave, the candidate shall repay the District, a proportional amount, of the actual total sum, as agreed by both parties, incurred by the District, as determined with reference to the following table pro-rata:

Completed Months of Employment	% of Costs Paid by Candidate
36 months	0%
29-36 months	25%
22-29 months	50%
15-22 months	75%
0-15 months	100%

5. The schedule for repayment of cost will be agreed upon by both parties with full repayment due within ninety (90) days from the date of termination or resignation.
6. This is a voluntary undertaking and constitutes a contract. No other promises have been made regarding this contract either orally or in writing. This agreement may only be amended in writing signed by both parties.
7. In addition the Candidate agrees to reimburse the District for reasonable court costs and Attorney's fees incurred to enforce this agreement, if any.

The District and Candidate agree that the total cost of hiring is \$ _____.

Candidate

District Representative

**PLEASE ATTACH COPIES OF THE FOLLOWING
DOCUMENTATION TO THIS APPLICATION UPON
SUBMISSION**

- Birth certification
- High School Diploma
- Driver's license
- Social Security Card
- CPAT Card (current within 12)
- EMT-B / Paramedic License (if applicable)
- Firefighting Certification(s)