



Phone 815-725-2149

## **Troy Fire Protection District**

700 Cottage St.  
Shorewood, IL 60404



Fax 815-725-0772

POSTED 03/29/2019

# **Accepting Application for Part-time Positions**

The Troy Fire Protection District is accepting applications for part-time positions. Applicants must have the minimum qualifications:

1. Illinois OFSM Basic Operations Firefighter or OFSM Firefighter II with Hazardous Materials Operations
2. Illinois Department of Public Health EMT-B and/or EMT-P
3. Illinois Class B non-CDL Driver's License
4. Must be at least 21 years old
5. Will be required to obtain entry into the Morris Hospital EMS System

Applications can be obtained on our website at [www.troyfirepd.com/employment.aspx](http://www.troyfirepd.com/employment.aspx). Completed applications can be turned in at Troy Fire Station 1 located at 700 Cottage St. (IL. Rt. 59) Shorewood, Monday through Friday from 08:00 to 16:00.

Please include copies of the following with your completed application; all firefighter certifications, EMT-B/EMT-P License, CPR card, ACLS, PALS certifications, Driver's License, completed background authorization forms, an email address and good contact phone number.

**TROY FIRE PROTECTION DISTRICT**

**AUTHORIZATION FORM**



I, \_\_\_\_\_, hereby authorize the TROY 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 and all other information which may bear favorably or unfavorably upon my application for employment made to the TROY FIRE PROTECTION DISTRICT. I also consent to the release to the TROY FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the TROY 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 TROY 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 TROY FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the TROY 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 TROY 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 TROY 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 TROY 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 TROY FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said drivers 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\_\_.

\_\_\_\_\_  
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.

**CLS  
Enterprises of Lockport**

**Background Check Disclosure and  
Authorization for Release of Information**

As part of the employment process, The Troy Fire Protection Dist., 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.

\_\_\_\_\_ 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 \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**EDUCATION**

15. **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE                      HIGH SCHOOL                      COLLEGE 1 2 3 4  
GRADUATE SCHOOL                      M.A.                      Ph.D.                      OTHER

<b>Name and Address of School (Include City and State)</b>	<b>Date(s) Attended</b>	<b>Graduate ? Yes No</b>
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16. High School \_\_\_\_\_

17. Undergraduate Education \_\_\_\_\_

18. Graduate Education \_\_\_\_\_

19. Trade Schools \_\_\_\_\_

20. Paramedic School \_\_\_\_\_

21. EMT School \_\_\_\_\_

22. What college degrees have you attained? \_\_\_\_\_

23. List course work relevant to position for which you have applied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY**

24. Are you now or have you ever been in the military service? Yes \_\_\_\_ No \_\_\_\_

25. Branch of service \_\_\_\_\_

26. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Rank \_\_\_\_\_

27. Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**CONVICTION HISTORY**

28. Have you ever been convicted of a crime other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

29. List all traffic convictions and accidents you have had in the last four years. (If more room is needed, please type on a separate page and attach).

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

### EMPLOYMENT HISTORY

List all jobs you have had for the last ten years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

30. **Present employer's name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to Present **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year

31. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

32. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

33. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

34. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

35. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

36. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

37. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

38. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



39. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

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

40. Have you ever taken a civil service exam? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Position on List \_\_\_\_\_  
Status \_\_\_\_\_

41. Are you currently on any eligibility list(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate position applied for, status on list and expiration date of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list three adults not related to you and not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

42. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

43. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

44. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

45. Explain your reasons for wanting to become a firefighter and/or paramedic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Please review the enclosed job description for the position for which you are applying and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes \_\_\_\_\_ No \_\_\_\_\_

47. If accommodation is needed, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Person(s) to be notified in case of emergency.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**SUBMISSION OF DOCUMENTATION AND CREDENTIALS**

- 49. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.
- 50. I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as EMT-P, Firefighter II, Firefighter III, NIMS IS-700, may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

TIME OF SUBMISSION

Troy Fire Protection District Authorization Form

With this application

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

With this application

Set of fingerprints

After eligibility register is created but before a conditional offer of hire

Valid driver's license

With this application

One of the following:

With this application

- Birth certificate issued by the State Department, Form FS-545
- Birth certificate issued abroad by the State Department, Form DS-1350
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal
- Native American tribal documents
- U.S. citizen identification card, INS Form 1-197
- Identification card for use of a resident citizen in the U.S., INS Form 1-179

**I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH TROY FIRE PROTECTION DISTRICT.**

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature in Full \_\_\_\_\_

**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.

**Additional Requirements:**

- Applicants must supply a copy of his/her Firefighter II (BOF) certification and I.D.P.H. EMT license with the completed application.
- Applicants will be required to become a paramedic within two years of hire date.
- Applicants are required to meet the medical standards as adopted by NFPA
- Applicants must possess a high school diploma or G.E.D.
- Return both Authorization Forms with the completed application. (Troy Fire District & CLS Enterprises of Lockport)
- CPAT certificate will be required at the written exam.





