



GLEN CARBON FIRE PROTECTION DISTRICT

**P.O Box 254
GLEN CARBON, ILLINOIS 62034**



Firefighter / Paramedic Application Packet

The Glen Carbon Fire Protection District is accepting applications to establish an Eligibility Hiring List for the position of Firefighter / Paramedic.

Selection Requirements: Be a U.S. Citizen, possess a high school diploma or equivalent, hold a valid driver's license, be a licensed Paramedic at time of offer of employment, , possess a valid Candidate Physical Ability Test (CPAT) card at the time of offer of employment, and have no felony convictions.

Applicants must be at least 20 years and less than 35 years of age, with the exception of persons 35 years of age or older who have served a municipality as a full-time firefighter, regularly enrolled volunteer, paid-on-call, or part-time firefighter.

Excellent starting salary, medical, vision, dental, and life insurance provided, and pension programs.

Applicants must submit to orientation, written examination, oral interview, an in-depth background check and medical screen.

In order to be considered for Eligibility Testing, the Completed Application, copy of valid Driver's License, and any other applicable documents including training, certifications, and military history must be received by mail or in person before 4:00 p.m. on October 6, 2023, at the Glen Carbon Fire Station #1.

Important Dates:

October 6th @ 4pm -- Application Due

October 11th @ 7pm – Mandatory Orientation @ Glen Carbon Fire Station #1

October 21st @ 9am – Written Examination @ Glen Carbon Fire Station #1

October 23rd thru October 27th – Oral Interviews Scheduled



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Application must be completed in the applicant's handwriting

A. APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

1. Name: _____

Last
First
Middle
2. List any other names, aliases you have used or been known by (include maiden name, if applicable).

3. Address: _____

Street
City

State
Zip Code
4. Telephone Number: (_____) _____ Cell Phone: (_____) _____
5. Social Security Number: _____ - _____ - _____ Email: _____
6. Are you a U.S. Citizen? ____ Yes ____ No If yes: ____ Native Born ____ Naturalized
 If “naturalized”, give particulars _____
7. Are you authorized to work in the United States on an unrestricted basis? ____ Yes ____ No
8. Have you ever been convicted of a felony? ____ Yes ____ No

B. EDUCATIONAL HISTORY

1.

<u>High School</u>	<u>City & State</u>		<u>Graduate?</u>	
			<u>Yes</u>	<u>No</u>
_____	_____		---	---
_____	_____		---	---
2. College/University Attended _____
 City & State _____
 Major/Minor _____ Degree: Yes or No Date _____
3. College/University Attended _____

City & State _____

Major/Minor _____ Degree: Yes or No _____ Date _____

4. College/University Attended _____

City & State _____

Major/Minor _____ Degree: Yes or No _____ Date _____

5. List other schools attended (Trade, Vocational, Business, etc.). Give name and dates attended, course of study, certificate and any other pertinent information.

6. Were you ever expelled or suspended from any school? ____ Yes ____ No

If yes, explain _____

7. List other formal education beyond high school you may have, including special training courses:

8. List any professional licenses or certificates you hold or have held:

C. EMPLOYMENT HISTORY

1. Have you ever taken a civil service exam? ____ Yes ____ No

<u>Agency</u>	<u>Date</u>	<u>Position on List</u>	<u>Status</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Are you now on any eligibility list? ____ Yes ____ No

If yes, explain _____

3. Were you ever placed on a civil service list and not hired? ____ Yes ____ No

If yes, explain _____

4. Were you ever rejected for any civil service position? ____ Yes ____ No
If yes, explain _____
5. Have you ever applied to another fire department? ____ Yes ____ No
Date _____
6. Have you ever been a firefighter or held a similar position? ____ Yes ____ No
If yes:
Position _____ Dates _____ Location _____
Position _____ Dates _____ Location _____
Position _____ Dates _____ Location _____
7. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation?
____ Yes ____ No
If yes, explain _____

Beginning with your present or most recent job, list all employment since the age of 18, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From _____ To _____ Employer _____
Address _____
Phone Number _____
Job Title _____
Duties _____

Supervisor _____
Reason for leaving _____
-
2. From _____ To _____ Employer _____
Address _____
Phone Number _____
Job Title _____
Duties _____

Supervisor _____
Reason for leaving _____

3. From _____ To _____ Employer _____

Address _____

Phone Number _____

Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

4. From _____ To _____ Employer _____

Address _____

Phone Number _____

Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

5. From _____ To _____ Employer _____

Address _____

Phone Number _____

Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT

D. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc.). Show licensing authority, original dates of issue, and date of expiration.

<u>License Description</u>	<u>Licensing Authority</u>	<u>Original Issue Date</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List any specialized machinery or equipment that you can operate.

3. If you are fluent in a foreign language, indicate in each area your level of fluency (Excellent, Good, Fair.)

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Please use the space below to state why you want to work as a firefighter and why you wish to work for the Glen Carbon Fire Protection District. You should also state the special talents that you feel you would bring to the position. (If you need additional space, use a separate sheet of paper.)

E. REFERENCE – List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name _____ Residence Phone _____
Home Address _____ Business Phone _____
City _____ State _____ Years Known _____
Business Address _____ City _____ State _____

2. Name _____ Residence Phone _____
Home Address _____ Business Phone _____
City _____ State _____ Years Known _____
Business Address _____ City _____ State _____

3. Name _____ Residence Phone _____
Home Address _____ Business Phone _____
City _____ State _____ Years Known _____
Business Address _____ City _____ State _____

4. Name _____ Residence Phone _____
Home Address _____ Business Phone _____
City _____ State _____ Years Known _____
Business Address _____ City _____ State _____

5. Name _____ Residence Phone _____
Home Address _____ Business Phone _____
City _____ State _____ Years Known _____
Business Address _____ City _____ State _____

F. MEMBERSHIP IN ORGANIZATIONS (Past and/or Present)

<u>Name & Address</u>	<u>Type (Social, Fraternal, Professional, etc. Do not include any religious or ethnic affiliations.)</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. PERSONAL DECLARATIONS

1. Have you ever made an application for employment with this or any other municipality? Yes No

If yes, give municipality, date(s), and status of application.

<u>Municipality</u>	<u>Date</u>	<u>Application Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer or firefighter?

Yes No

If so, explain: _____

3. Have you ever used marijuana? Yes No If yes, when was the last time? _____

4. Have you ever used any illegal substance other than marijuana? Yes No

If yes, when was the last time? _____

5. Do you understand that you will be required to submit to testing to detect the use of illegal substances prior to employment?

Yes No

H. BACKGROUND INFORMATION – Information provided in the following sections will only be used for background checks if you are to be offered a position and will not affect your status as an applicant in any manner.

1. Name: _____
2. Driver’s license number: _____
3. Height: _____
4. Weight: _____
5. Color of eyes: _____
6. Color of hair: _____
7. Sex: _____
8. Race: _____
9. Date of birth: _____
10. Place of birth: _____
City
County
State

List every member of your immediate family who is still living, include father, mother, sisters & brothers.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you Single Married Separated Widowed Divorced

Are you living with your spouse? Yes No If no, explain _____

Give following information regarding marriage or marriages:

<u>Date</u>	<u>Where</u>	<u>Wife’s Maiden Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. FINANCIAL HISTORY

SOURCE OF INCOME

1. What is your present salary or wages? _____ Hourly Rate _____

2. Do you have income from any source other than your principal occupation? ____ Yes ____ No
If yes, how much? _____ How often? _____
The source? _____

3. Do you own any real estate? ____ Yes ____ No Value: \$ _____
Location: _____

4. Do you own any bonds, government or other? ____ Yes ____ No Value: \$ _____

5. Do you own any corporate stock? ____ Yes ____ No Value: \$ _____

6. Do you have a bank account: ____ Yes ____ No

Savings Account Number: _____ Average Balance: \$ _____

Name & Address of Bank _____

7. Checking Account Number: _____ Average Balance: \$ _____

Name & Address of Bank _____

J. FINANCIAL OBLIGATIONS

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and other debts and payments. Include account numbers where applicable. Use extra sheet if necessary.

<u>Type</u>	<u>Name & Address of Creditor</u>	<u>Reason for debt or item purchased</u>	<u>Account Number</u>	<u>Total Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

K. MILITARY RECORD

- Have you served in the U.S. Armed Forces? _____ Yes _____ No
- Date of service: From _____ To _____ Branch of Service _____
- Unit designation _____ Military Service Number _____
- Highest Rank Held _____
- Type of Discharge and Rank at Discharge _____
- Give date and location of entrance to active duty _____
- Give date and location of discharge _____
- List period(s) of active service:

<u>From</u>	<u>To</u>
_____	_____
- List all draft classifications you have had i.e., 1-A, etc.

10. If you are not a veteran, list the following

Local Board No. _____ Address _____

11. Are you now, or were you ever, a member of any branch of the U.S. Reserve Forces? ___ Yes ___ No

If yes, ___ Active ___ Inactive Branch _____ Unit _____ Rank _____

Address _____ From _____ To _____

12. Are you now, or were you ever, a member of the National Guard? ___ Yes ___ No

If yes, what state? _____ Regiment _____ Unit _____ Rank _____

Type of Discharge _____ From _____ To _____

13. Were you ever disciplined while in the Military Service? (Include court martial, captain's masts, company punishments in active service, reserve unit or National Guard)

___ Yes

___ No

Charge

Agency

Date

Disposition

14. If you had no military service, explain _____

L. RESIDENCE – List ALL addresses where you have lived during the past ten years, beginning with present address. List date by month and year. Attach extra page if necessary.

From

To

Address

With whom do you live at your current address? List full names & relationships.

M. CRIMINAL HISTORY

1. Have you ever been placed on probation? ___ Yes ___ No
If yes, explain _____

2. Have you ever been required to pay a fine more than \$25.00? ___ Yes ___ No
If yes, explain _____

3. Have you ever been reported as a missing person or as a runaway? ___ Yes ___ No
If yes, explain _____

4. Have you ever been the victim of a crime? ___ Yes ___ No

5. Have you ever been fingerprinted by a police agency other than for an arrest? ___ Yes ___ No If yes, complete the following:

<u>Agency</u>	<u>Date</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are there any warrants, traffic or otherwise, now pending against you? ___ Yes ___ No If yes, explain

7. Have you ever been arrested, detained by police or summoned into court for anything other than a traffic violation? ___ Yes ___ No If yes, complete the following:

<u>Offense Charger</u>	<u>Police Agency, City & State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

N. TRAFFIC RECORD

1. Can you operate an automobile? ____ Yes ____ No

2. Do you possess a valid operator's or chauffeur's license from Illinois? ____ Yes ____ No
If yes, date of expiration _____

3. Driver's License No. _____

4. Have you ever been refused an operator's or chauffeur's license by any state? ____ Yes ____ No

If yes, explain _____

5. Have you ever had an operator's or chauffeur's license in any other state? ____ Yes ____ No

6. Has your driver's license ever been suspended or revoked? ____ Yes ____ No
If yes, give dates, location & reasons.

7. Has your license ever been placed on probation? ____ Yes ____ No

If yes, explain _____

8. List to the best of your memory all traffic citations you have received, excluding parking tickets.

<u>Month & Year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions I have provided in this application. I am fully aware that any such willful misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Applicant

Date

Signature of