



## **GLEN CARBON FIRE PROTECTION DISTRICT APPLICATION FOR MEMBERSHIP**



Thank you for your interest in the Glen Carbon Fire Protection District (GCFPD)/Glen Carbon Fire Department. To be eligible to apply for a firefighter position with the Glen Carbon FPD you must live within the district for at least a period of one year and have attained age 19.

Firefighting is one of the most dangerous occupations in the world. It demands a great deal of physical stamina and mental concentration often under stressful situations.

Being a firefighter with the district not only requires contributing significant time to responding to emergency calls but also time for training, attending meetings and performing miscellaneous duties.

Use of illegal drugs or other substances will not be permitted. Involvement with any substance of this nature will result in disciplinary action and likely dismissal from the Department.

If you have been a member of another fire department or rescue squad please provide written evidence supporting this membership. A letter of recommendation from an officer of that department/rescue squad from where you served would be most beneficial.

The attached application must be completed and signed and dated. Your application can be left at either of our stations. If you have questions you can call 618-288-1220 and leave a message. Your application will be forwarded to our Review/Interview Committee. After submitting the application you will be invited to attend training sessions and participate in district events for a period of 90 days to determine if being a firefighter is truly a profession you would like to follow. During this time each applicant will be required to complete an interview, background check, and medical examination confirming your fitness to engage in structure firefighting and the other physical activities and operations of the Fire Department. On completion of the 90 days the application will be presented to the members of the Glen Carbon Fire Department and voted on for acceptance. On acceptance by the fire department members, the candidate's name will be presented to the district trustees for final approval.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**GLEN CARBON FIRE PROTECTION DISTRICT  
APPLICATION FOR MEMBERSHIP**



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

ARE YOU OVER AGE 19? YES: \_\_\_\_\_ NO: \_\_\_\_\_

LENGTH OF TIME YOU HAVE RESIDED IN THE GLEN CARBON FIRE DISTRICT: \_\_\_\_\_

FIRE AND/OR EMS EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

*An affirmative answer to the following questions will not automatically disqualify you from being considered as a candidate for membership.*

*(Notice: Applicants are not required to disclose information regarding an expunged juvenile record.)*

HAVE YOU BEEN CONVICTED OF A FELONY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY FELONY CHARGES PRESENTLY PENDING AGAINST YOU IN ANY JURISDICTION OR COURT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

**EDUCATION**

HIGHEST LEVEL COMPLETED: HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ OTHER: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_

MAJOR OR AREA OF STUDY: \_\_\_\_\_

**FIRE DEPARTMENT EXPERIENCE**

HAVE YOU BEEN A MEMBER OF ANY FIRE DEPARTMENT BEFORE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, DEPARTMENT NAME: \_\_\_\_\_ YEARS: \_\_\_\_\_

FIRE CHIEF'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FIREFIGHTER BASIC CERTIFIED: MOD A: \_\_\_\_\_ MOD B: \_\_\_\_\_ MOD C: \_\_\_\_\_

HAZ MAT: \_\_\_\_\_

SPECIALTY TRAINING: \_\_\_\_\_

**EMPLOYMENT HISTORY**

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

HOURS WORKED: \_\_\_\_\_

SUPERVISOR NAME AND TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

HOURS WORKED: \_\_\_\_\_

SUPERVISOR NAME AND TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

HOURS WORKED: \_\_\_\_\_

SUPERVISOR NAME AND TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MILITARY SERVICE**

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

LENGTH OF TIME \_\_\_\_\_

PERTINENT TRAINING: \_\_\_\_\_

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***I, THE UNDERSIGNED HAVING HEREBY MADE APPLICATION FOR MEMBERSHIP TO THE GLEN CARBON FIRE PROTECTION DISTRICT, DECLARE IF ACCEPTED, I WILL OBEY AND BE GOVERNED BY THE RULES AND REGULATIONS OF THE GLEN CARBON FIRE PROTECTION DISTRICT AND THE GLEN CARBON FIRE DEPARTMENT. I ALSO UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Email completed form to [contact@glencarbonfire.com](mailto:contact@glencarbonfire.com) or mail to Glen Carbon Fire Protection District 199 S. Main St Glen Carbon IL 62034