

Wonder Lake Fire Protection



General Employment Application

Enclosed with this packet you will find the following:

1. General Application
2. Training Agreement
3. Authorization for Release of Information

Complete the Application packet and be sure to include the following:

1. Valid copy of your driver's license
2. Proof of liability auto insurance
3. High school diploma or equivalent
4. If you have any military experience please include a copy of your DD214 (Military Discharge Form in its original form)
5. Any additional training certifications or licenses

(If any of the information listed above is not included with you application submission, it will be not be accepted and will be returned)

Please return the completed Application packet to the:

Wonder Lake Fire Protection District
P.O. Box 447
Wonder Lake, IL, 60097

Wonder Lake Fire Protection District
GENERAL APPLICATION

Full Legal Name: _____
(Last Name) (First Name) (MI)

Have you previously been known by any other name? Yes No

If yes, please list all other names: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ - _____ - _____ Carrier: _____

Current Email Address: _____

Date of Birth: _____ - _____ - _____ State of Birth: _____

Height: _____ Weight: _____

Motor Vehicle Information

Driver's License # _____ Class: _____

In what states, other than Illinois, have you been licensed?

Has your driver's license ever been suspended or revoked? Yes No

If yes what state, when, for what offense: _____

Experience and Certifications

Have you ever been employed by or been a member of any fire department, rescue service or EMS service? Yes No

If yes, indicate on the following page what levels of certification you hold:

Have you ever been a fire Explorer with any department: Yes No

If yes, please list below:

Certification	Currently valid?	
	Yes	No
<input type="checkbox"/> BOF		
<input type="checkbox"/> FIREFIGHTER II		
<input type="checkbox"/> FIREFIGHTER III		
<input type="checkbox"/> FIRST RESPONDER		
<input type="checkbox"/> EMT-B		
<input type="checkbox"/> EMT-I		
<input type="checkbox"/> EMD-D		
<input type="checkbox"/> EMT-P (Cert # _____)		

Primary EMS System: _____

Other specialized skills:

List all previous fire departments, rescue squads, EMS service, and other emergency agencies by which you have been employed or of which you were a member:

1. Agency _____
Address _____
City _____ State _____ Zip _____
Phone ____ - ____ - ____ Supervisor _____
Reason for leaving? _____

2. Agency _____
Address _____
City _____ State _____ Zip _____
Phone ____ - ____ - ____ Supervisor _____
Reason for leaving? _____

3. Agency _____
Address _____
City _____ State _____ Zip _____
Phone ____ - ____ - ____ Supervisor _____
Reason for leaving? _____

Employment History

(List all employers for past five years starting with most recent)

1. Employer _____ From ___/___ To ___/___
Address _____
City _____ State _____ Zip _____
Phone ____ - ____ - ____ Supervisor _____
Position _____
Reason for leaving? _____

2. Employer _____ From ___/___ To ___/___
Address _____
City _____ State _____ Zip _____
Phone ____ - ____ - ____ Supervisor _____
Position _____
Reason for leaving? _____

3. Employer _____ From ___/___ To ___/___
Address _____
City _____ State _____ Zip _____
Phone ____ - ____ - ____ Supervisor _____
Position _____
Reason for leaving? _____

Personal References – List three non-relatives

1. Name _____ Phone-----
Address _____
City _____ State _____ Zip _____

2. Name _____ Phone-----
Address _____
City _____ State _____ Zip _____

3. Name _____ Phone-----
Address _____
City _____ State _____ Zip _____

Have you ever been convicted of a criminal offense other than traffic offenses or offenses as a juvenile? Yes No

If yes:

County _____

County _____

State _____

State _____

Offense _____

Offense _____

Date ____ - ____ - ____

Date -----

Disposition _____

Disposition _____

In case of emergency notify

1. Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone----- _____

2. Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone----- _____

I hereby state that the foregoing answers to all questions are full and complete, and are true and correct in substance and in fact to the best of my knowledge and belief. I understand that falsification or omission of any information is grounds for denial or termination of membership.

Applicant signature _____ **Date**----- _____

Training Agreement

I understand that the Wonder Lake Fire Protection District may be providing me with the training courses outside the department from time to time as the department deems appropriate.

If I enroll in any such course, I hereby agree to take and successfully complete this course and any qualifying examinations and licensure/certification. I also agree that I will serve as an active responding member of the Wonder Lake Fire Protection District for a period of one year following successful completion of the course and qualifying examinations and licensure/certification.

In addition, I agree to be bound by the terms of the resolution on training of the board of Trustees of the Wonder Lake Fire Protection District as follows:

1. I will reimburse the district for the actual expenses incurred in the course, if I fail to successfully complete the course including qualifying examinations and licensure/certification, or fail to serve one year from completion, examination, or licensure as stated above.
2. If I successfully complete the course, examinations, and licensure/certification, I will be given credit on a pro-rated basis for each day thereafter toward my reimbursement obligation, until I have served one year as stated above.
3. If I am rendered unable to complete one year's service due to medical disability, service in the armed forces of the United States, transfer by my employer or my spouse's employer to a job location more than 50 miles from Wonder Lake, or my involuntary termination from the department, reimbursement will be waived.
4. If the reimbursement required by this agreement causes an undue hardship, I may petition the Board of Trustees for waiver of reimbursement, and the Trustees in their sole discretion may deny my request, allow me to make payments, or grant a complete or partial waiver.
5. I am required to make reimbursement within 90 days of ceasing to be an active responding member of the department, unless a payment plan has been approved by the Board of Trustees.
6. In the event that it is necessary to bring legal action to enforce this agreement, I will be responsible for the District's reasonable attorney's fees and costs of suit.

Signature _____

Date ----- _____

Authorization for Release of Information

To Whom It May Concern:

I hereby authorize and empower the Wonder Lake Fire Protection District, its officers, agents, and attorneys for access to, and copies of, any and all records and information pertaining to my education, residence, character, training, experience, certification levels, employment history, criminal records, driver's license records, and personal history and reputation from any school, residential management agents, employers, former employers, fire departments, public safety agencies, rescue squads, EMS services, state agencies of any state, county agencies or offices of any county, local agencies of any city or village, or any person or agency.

I authorize the provision of this information by anyone or any agency upon presentation of a signed copy of this authorization in person or by mail. A photocopy of this signed authorization shall have the same effect as the original.

I further do hereby release and agree to hold harmless any person or agency, including records custodians of any such person or agency, from any and all liability for damages of whatever kind or nature which may at any time result to me by reason or as a consequence of the provision or attempt to provide information pursuant to this written direction.

I further do hereby release and agree to hold harmless the Wonder Lake Fire Protection District, its Trustees, officers, members, employees, attorneys, and agents from any and all liability or claim for damages incurred now or in the future by me as a result of the release of the above authorized information.

I understand that the above information will be utilized to verify information provided in my application for membership in the Wonder Lake Fire Protection District fire department and to determine my fitness for such a position, and I authorize the use of all such information for such purpose.

Signature _____

Date ----- _____