



BIG ROCK FIRE PROTECTION DISTRICT

47W863 E 2nd St, Big Rock IL, 60511

Phone (630)-556-3214

***Note: a copy of your Driver's License, Birth Certificate
and Diploma must accompany this application**

Please complete this application accurately and thoroughly. If your application is completed properly, it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) can potentially bar or remove you from employment. If the writing space provided is inadequate, use the continuation area at the end of this application and identify additional information by writing the question. Use the term 'NA' (not applicable) if the question does not apply. Applicants between 16-18 years of age who are still in high school will be considered a Cadet.

Application Date: _____

Check Position You Are Applying For:

☐ Paramedic

☐ EMT-B

☐ Firefighter

☐ Cadet

Name: (Last) (First) (Middle)			List any other names, aliases you have used, or have been known by: (including maiden name if applicable)		
Home Address: (Street, City, State, Zip Code)				Cell Phone:	
Date of Birth:	Place of Birth: (City & State)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes→ <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized					
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
DRIVING					
Can you operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License Number:		License Classification:	
Do you possess a valid driver's license from Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", expiration date:		
Have you ever had an driver's license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been refused an operators license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes", explain:	
Have your license ever been suspended, revoked, or on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes", explain:	

FIRE & EMS EXPERIENCE

Are you actively on a roster with another fire department or EMS agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which one(s)?
Are you on any fire department eligibility list? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which one(s)?
Have you ever submitted an application for appointment to another fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which one(s)?
Do you possess any of the following certifications? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> FFII or BOF <input type="checkbox"/> HAZMAT <input type="checkbox"/> FSV0 <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-P <input type="checkbox"/> CPR/First Aid </div>	

EDUCATION

List the various schools you have attended and any other information requested:

Name of school: (including city & state)	Number of years completed:	Date(s) attended:	Did you graduate?
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been expelled or suspended from any school? ☐ Yes ☐ No If "Yes", explain:

RESIDENCY

List your address for the last FIVE YEARS (if applicable), starting with your current address:

From: (Month & Year)	To: (Month & Year)	Address:	City, State & Zip Code:

CRIMINAL HISTORY

Have you ever been convicted?

☐ Yes ☐ No

Date(s):

By whom: (agency)

Charges:

Disposition of case:

If "Yes", explain:

Have you ever been placed on probation?

☐ Yes ☐ No

If "Yes", explain:

TRAFFIC CITATIONS

List ALL traffic citations you have received:

Location: (city & state)

Approximate date:

Nature of violation:

Disposition of case:

Are there any warrants, traffic violations or charges pending against you?

☐ Yes ☐ No

If "Yes", explain:

EMPLOYMENT

List all jobs you have held for the last three (3) years, including periods of unemployment, starting with your most recent job.

Employer's name:

Address:

Type of business:

Supervisor:

From:

To:

Title or position:

Explain what your duties were:

EMPLOYMENT (cont.)

List all jobs you have held for the last three (3) years, including periods of unemployment, starting with your most recent job.

Employer's name:

Address:

Type of business:

Supervisor:

From:

To:

Title or position:

Explain what your duties were:

Employer's name:

Address:

Type of business:

Supervisor:

From:

To:

Title or position:

Explain what your duties were:

Employer's name:

Address:

Type of business:

Supervisor:

From:

To:

Title or position:

Explain what your duties were:

REFERENCES

List three (3) persons below, not related to you and not former employers, whom you have known for more than five (5) years.
All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Name:

Phone number:

Years known:

Business occupation/profession:

Business address:

Name:

Phone number:

Years known:

Business occupation/profession:

Business address:

REFERENCES (cont.)

List three (3) persons below, not related to you and not former employers, who you have known for more than five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities

Name:

Phone number:

Years known & relationship:

Business occupation/profession:

Business address:

EMERGENCY

Person(s) to be notified in case of emergency:

Name:

Address:

Phone Number:

Relationship:

Name:

Address:

Phone Number:

Relationship:

Name:

Address:

Phone Number:

Relationship:

Continuances: (If necessary)

How did you hear about us?

☐ Online

☐ Referral

☐ Other

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted.

I authorize and empower the Big Rock Fire Protection District to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record (if any), health, and personal characteristics through records, correspondence, or personal interviews with neighbors, friends, associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear or affirm that the above information is true and correct to the best of my knowledge.

Applicant signature: _____ Date: _____

Received by: (District personnel only) _____ Date: _____



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Application Checklist

Please ensure the following documents are attached to this application:

☐ Ensure application packet is complete.

☐ Photocopy of your Drivers License is attached. Include both sides.

☐ Photocopies of any certificates pertaining to the fire service. (HAZMAT, FSV0, BOF/FFII, etc.)

☐ Photocopy of valid CPR card attached (if applicable). Include both sides.

☐ Any additional certifications that may pertain to the position applied for.

IMPORTANT: In order to prevent delays in reviewing your application, please answer every question on this form clearly and completely. Any false or misleading answers or statements will be the cause for rejection of this application, removal of your name from the eligibility list, or discharge from the department.

Please detach this page from the application; it does not need to be returned with the packet.