

**APPLICATION FOR FIREFIGHTER
LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT**

Limestone Township Fire Protection District

Information regarding application for a position as a firefighter with the Limestone Township Fire Protection District.

Thank you for your interest in serving as a firefighter with the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT. An application form is attached, which ask you to complete and return to the Fire Chief of the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT, at 6105 W. Plank Rd., Peoria, IL 61604.

Please answer each question, and use additional space if necessary. Every statement made is subject to verification.

The LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT seeks qualified individuals who are interested in serving the community, and the district does no discriminate on the basis of sex, race, religion, color, age, physical impairment, or national origin.

After your application has been submitted, and an initial evaluation made, if approved of membership, you will be asked to meet, either with the fire protection district trustees, or with a group of firefighters, to answer any questions that you might have.

If you are preliminarily chosen for the position, you will be asked to complete a medical questionnaire, and you may be asked to undergo medical screening, which is done at the expense of the fire protection district. In addition to the medical screening, a background check will be done to verify suitability for the position.

Again, we thank you for your interest, and look forward to meeting with you to further discuss the fire department and the contributions that you can make to the citizens of the communities we serve.

Very truly yours,

The Limestone Township Fire Protection District Board of Trustees.

ATTACHMENT

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS BY THE LIMESTONE
TOWNSHIP FIRE PROTECTION DISTRICT

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, and the Identity-Protection Policy of the Limestone Township Fire Protection District ("District") require the District to provide an individual with a statement of the purpose or purposes for which the District is collecting and using the individual's Social Security number ("SSN") anytime an individual is asked to provide the District with his or her SSN or upon request of the individual. This Statement of Purpose is being provided to you because you have been asked by the District to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

Employment

Volunteer (Background Check)

Contract Payment

W-9

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
 - Publicly post or publicly display your SSN;
 - Print your SSN on any card required for you to access our services;
 - Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted;
- or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT: Attn: Secretary of the Board 6105 W.
Plank Road, Peoria, IL 61607

Effective 5/31/2011 LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT

Name: _____



Limestone Twp. Fire Protection District

7800 W Plank Road, Peoria, IL 61604
(309) 697-4312



Employment Application for Volunteer Firefighter

Date: ____ / ____ / ____

Applicant Information

Full Name: _____
Last First M.I.

Have you ever used another name? (yes / no) If yes, please explain? _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Address: _____
Street Address Apartment/Unit #

(If less Than 5 Years) _____
City State ZIP Code

Phone: _____ Email _____

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____

Previous Employment

Most recent or current employer:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous employer (if less than 2 years):

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Emergency Services Experience Information

Have, or are, you a member of ANY Fire, Rescue, or EMS Department? (please circle) YES NO			
If yes,	Department Name:		Dates of service: <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
Please List any Certifications and Their Expiration Dates:			
Cert:		Exp Date:	

Name: _____

Interest in our Department

Please briefly state why you are interested in joining the LFD. Please state what aspects of Emergency Services you're interested in and how you plan to participate.

How did you hear about Limestone? (Please circle all that apply)

Community

Website

LFD Member

Other

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Schedule and Availability

Name: _____	Date: _____
-------------	-------------

Joining a professional organization such as Limestone Fire Department requires a significant commitment of personal time. This decision should take into account commitments and priorities that you already have established, such as school, work, and family obligations. Consider that initial training as an Emergency Responder (EMR) requires 60 hours and EMT-Basic requires 120 hours. These classes typically meet twice a week at either Limestone Central, AMT, or the EMS office. These classes last up to 4 months, including weekends.

Given your current schedule/obligations, please complete the below chart, indicating your current availability for training and participation in activities at Limestone Fire Department.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600-noon							
Noon-1800							
1800-midnight							
Midnight-0600							

*Please complete using: U (unavailable), S (sometimes available), A (available)

*The Distance from my house to the nearest Limestone Fire Department Station (road miles): _____

Signature: _____ Date: _____

Name: _____

Revised 10/2015

Background Check Authorization

Limestone Township Fire Protection District

Authorization of Background Check

Applicant Consent:
I, the undersigned, understand and agree the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT will verify all or part of the information I have given. I understand that this verification may include an inquiry into my driving record, criminal and civil records, prior employment, education, as well as any information provided above. I understand that I will be required to consent to a physical and drug screen. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for any of the above reports, at any time, during my tenure on the department. I authorize the release of such information as may be necessary to verify any information I have provided. I release, and hold harmless from all liability, any individual or entity requesting, or supplying, information with respect to this application.

Applicant Printed Name:
(include middle initial) _____

Applicant Date of Birth: _____

Applicant Legal Signature: _____

Printed Full Name of Parent/ Guardian (if under 18):
(include middle initial) _____

Parent/Guardian Signature: _____