

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: ____/____/____ - ____/____/____
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.

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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: _____
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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: \_\_\_\_\_

**Background Check Authorization**

Authorization for Records Check

I understand and agree that the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT may/will verify all or part of the information that I have entered on my application. I also understand that this verification may/will include an inquiry into my driving, criminal and civil records, any prior employment, education, as well as any other information that I may have provided.

I understand that I will be required to pass a specific physical and drug screen prior to being accepted. Once 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 Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

After review of the individuals record and background check, please indicate below (check box) in regards to if the individual has or doesn't have a record.

YES (record)	NO (record)

PCSD Name \_\_\_\_\_

PCSD Signature \_\_\_\_\_

Date \_\_\_\_\_

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