



Bristol Kendall Fire Department

103 East Beaver Street
Yorkville, IL 60560-1704

Phone: 630 553-6186

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Application for Employment Position: Part-Time Firefighter/EMT

General Requirements for Part-Time Employment

In order to be considered for part-time employment with the Bristol Kendall Fire Protection District (BKFPD), the following minimum requirements must be met. The requirements include, but are not limited to:

1. Be at least 21 years of age.
2. Be in good physical condition and mental health and able to perform strenuous manual labor.
3. Be in good moral character and not had any serious criminal activity history as determined by a background investigation conducted by the BKFPD.
4. Be able to work a minimum of 48 hours per month.
5. Possess a valid non-CDL class B Driver's License (or equivalent) issued by the state in which the applicant resides.
6. Be a High School graduate or equivalent.
7. Be a U.S. citizen or possess work authorization from the U.S. Department of Immigration and Naturalization.
8. Possess certification from the Office of the State Fire Marshal:
 - Fire Fighter 2 or Basic Operations Firefighter
 - Hazardous Materials First Responder or Operations
 - Technical Rescue Awareness
 - Fire Service Vehicle Operator or Provisional
 - Fire Apparatus Engineer (preferred)
9. Possess a current, valid license from the Illinois Department of Public Health as an EMT-Basic (EMT-Paramedic in Southern Fox Valley EMS System preferred).
10. Possess a current, valid CPR card.
11. Upon offer of employment, obtain and maintain for duration of employment approval to function within the Southern Fox Valley EMS System.
12. Upon offer of employment present a Fire Department medical clearance letter dated no more than one year prior. If this is not applicable must pass physical examination and drug screen.
13. Upon offer of employment pass a thorough background check.

Complete position descriptions as well as hiring policies and procedures of the BKFPD are available upon written request to the Fire Chief.

Application for Employment

Position: Part-Time Firefighter/EMT

INSTRUCTIONS:

- Either print or type to complete application. Illegible applications will be rejected.
- Complete all areas of this application. No area is to be left blank.
- If an area does not apply draw a diagonal line through the area or page.
- Blank areas will be interpreted as incomplete.
- Be sure to sign the last page.
- Return this application in the envelope that was provided.

If you downloaded this application then return it via U.S. Mail or hand delivery in a 9 x 12 envelope. DO NOT fold the application.

Along with your completed application, submit legible copies of the following documents:

1. Your current and valid Driver's License issued by the state you reside in.
2. Your official certificate of live birth issue. This is usually issued by the county in which you were born. Copies of the birth certificate issued by the hospital are not acceptable.
3. Your High School diploma or equivalency.
4. Three (3) letters of reference as stated in section 4 of this application.
5. The following Illinois State Fire Marshal issued certificates:
 - Fire Fighter 2 or Basic Operations Firefighter
 - Hazardous Materials First Responder or Operations
 - Technical Rescue Awareness
 - Fire Service Vehicle Operator or Provisional
6. The following other certificates of completion:
 - Courage to Be Safe
 - ICS 100 and ICS 200
 - IS-700 and IS-800
7. A copy of all other fire/rescue/haz mat/EMS training certificates you have.
8. Your Illinois Department of Public Health issued EMT-Basic (or higher) license.
9. Your current CPR for Healthcare that was issued no more than one year earlier.
10. A copy of all continuing education hours accumulated since last relicensure.
11. A letter of good standing from your current EMS Medical Director attesting that you are in good standing with that EMS system, unless already functioning in the Southern Fox Valley EMS System.

| SECTION 1 – General Information | | | |
|--|-------|--|---|
| Full Name | | | |
| Last | First | Middle initial | |
| Address | | | Unit # |
| City | | State | Zip Code |
| Telephone number | | Social security number (last four) XXX – XX - _____ | |
| Driver's license # ATTACH COPY OF D.L. | | State of issue | Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> CDL <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Non-CDL |
| Date of birth ATTACH COPY OF CERTIFICATE OF LIVE BIRTH | | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Military Service: Are you a member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve If you were discharged from the military: ATTACH COPY OF CERTIFICATE OR FOM DD214 | | | |
| Americans with Disabilities Act: The Americans with Disabilities Act (ADA) prohibits the Bristol Kendall Fire Protection District from asking an applicant to submit to a medical examination or require that any questions related to your health be answered prior to making an offer of employment. | | | |
| Emergency Contact Information: In case of emergency contact: | | | |
| Contact #1 | | | |
| Name | | | |
| Relation to Applicant | | | |
| Address | | | |
| City, State | | | |
| Telephone number | | | |
| Contact #2 | | | |
| Name | | | |
| Relation to Applicant | | | |
| Address | | | |
| City, State | | | |
| Telephone number | | | |

SECTION 2 – Training & Education

Part 1: Complete the following chart indicating which years the following Illinois OSFM certifications were awarded: **Attach copy of each certificate.**

| Certification | Year awarded |
|-------------------------------------|--------------|
| Fire Fighter 2 | |
| Firefighter 3 | |
| Fire Apparatus Engineer | |
| Hazardous Materials First Responder | |
| Other OSFM certification (specify) | |
| Other OSFM certification (specify) | |
| Other OSFM certification (specify) | |
| Other OSFM certification (specify) | |

Part 2 – EMS Education: Complete the following chart.
Include copy of current Illinois EMT-B or EMT-P License.

| Certification | Name and location of school where course was completed | Year course was completed |
|---|--|---------------------------|
| Emergency Medical Technician - Basic (or Ambulance) | | |
| Emergency Medical Technician - Paramedic | | |

Current Status within the Southern Fox Valley EMS System: Approved by Medical Director to function in the system
 Not approved by Medical Director to function in the system

Part 3 – Post-elementary school education: complete the following chart.
For each entry, included copy of diploma or certificate.

| | | |
|---------------------------------------|-----------------------|--|
| High School Attended: | City, State, Zip code | <input type="checkbox"/> Diploma issued <input type="checkbox"/> GED Obtained |
| College or Technical School Attended: | City, State, Zip code | Specify degree awarded or total credits obtained |
| College or Technical School Attended: | City, State, Zip code | Specify degree awarded or total credits obtained |

SECTION 3 – Experience

Complete one (1) chart for each full-time, part-time, POC, volunteer or military fire department or EMS employer you have been employed at within the past 10 years.

Employer #1 CURRENT EMPLOYER

Name of employer

Address, City, State, Zip Code

Telephone number

Current status with this employer: Currently employed
 Resigned/Retired
 Terminated

Your employment is/was: Full-time
 Part-Time (included POC and volunteer)

Year employment began

Year employment ended

Job title and general duties/responsibilities

Name of immediate supervisor:

May we contact this employer? Yes No

Does this employer have any policy that limits your ability to work for another employer?
 Yes No

If yes, please explain the limitations:

| | |
|--|---|
| Employer #2 | |
| Name of employer | |
| Address, City, State, Zip Code | |
| Telephone number | |
| Current status with this employer: | <input type="checkbox"/> Currently employed <input type="checkbox"/> Resigned/Retired <input type="checkbox"/> Terminated |
| Your employment is/was: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time (included POC and volunteer) |
| Year employment began | Year employment ended |
| Job title and general duties/responsibilities | |
| | |
| Name of immediate supervisor: | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| Employer #3 | |
| Name of employer | |
| Address, City, State, Zip Code | |
| Telephone number | |
| Current status with this employer: | <input type="checkbox"/> Currently employed <input type="checkbox"/> Resigned/Retired <input type="checkbox"/> Terminated |
| Your employment is/was: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time (included POC and volunteer) |
| Year employment began | Year employment ended |
| Job title and general duties/responsibilities | |
| | |
| Name of immediate supervisor: | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION 4 – References

List three PROFESSIONAL references. These should be persons at least 21 years of age who can appraise your character and ability to perform the strenuous and technical work for the position listed on this application. They should not be relatives or personal acquaintances. **You need to obtain a letter of reference from each of these three people. Include all three letters with your completed application.**

Reference #1

Name

Telephone number

Is this telephone number: A private residence
 A business

Address, City, State, Zip Code

Is this address: A private residence
 A business

In years, how long have you know this person?

Describe how you know and professionally interact with this person

Reference #2

Name

Telephone number

Is this telephone number: A private residence
 A business

Address, City, State, Zip Code

Is this address: A private residence
 A business

In years, how long have you know this person?

Describe how you know and professionally interact with this person

| | |
|--|---|
| Reference #3 | |
| Name | |
| Telephone number | |
| Is this telephone number: | <input type="checkbox"/> A private residence <input type="checkbox"/> A business |
| Address, City, State, Zip Code | |
| Is this address: | <input type="checkbox"/> A private residence <input type="checkbox"/> A business |
| In years, how long have you know this person? | |
| Describe how you know and professionally interact with this person | |
| | |
| | |



SECTION 5

SPECIALIZED SKILLS

List any specialized skills that you have which you feel might benefit the Fire Protection District. Examples of such skills include: Computer skills, Mechanical skills, Trade skills, Teaching experience, Experience in public education, and/or Physical fitness trainer or coach.

| |
|--|
| |
| |
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| |

AVAILABILITY

Part-Time members of the Bristol Kendall Fire Protection District work 12 or 24 hour shifts. Each shift begins at 7:00 a.m. or 7:00 p.m. and requires the member to remain on duty until the shift concludes in 12 or 24 hours. Whenever possible, the Fire Protection District schedules and prefers members to work a 24 hour shift commencing at 7:00 a.m.

Indicate the shift you work at your current full-time employer:

Indicate which shift(s) you are available to work

- | | |
|---|---|
| <input type="checkbox"/> Black Shift 7:00 a.m. to 7:00 p.m. | <input type="checkbox"/> Black Shift 7:00 p.m. to 7:00 a.m. |
| <input type="checkbox"/> Red Shift 7:00 a.m. to 7:00 p.m. | <input type="checkbox"/> Red Shift 7:00 p.m. to 7:00 a.m. |
| <input type="checkbox"/> Gold Shift 7:00 a.m. to 7:00 p.m. | <input type="checkbox"/> Gold Shift 7:00 p.m. to 7:00 a.m. |

Does your full time employer prohibit you from working another job for a set number of hours before your report for duty time? If yes, fill in the blank:

I cannot work the _____ hours before I am to report for duty at my full time employer.

I hereby attest that the information supplied in this application is, to the best of my ability, true and correct and that any falsification of information may subject me to disciplinary action that could ultimately result in my application being rejected or my employment terminated. Should I be hired and any of the information in this application changes during the course of my employment with the Fire Protection District, I agree to supply the Fire Protection District with the new and current information.

Signed _____ Date _____

SECTION 6 – Criminal Activity History

In the past ten years, have you ever been arrested or convicted of a crime other than a traffic offense?

Yes No

If yes, explain below

Are you a registered sex offender?

Yes No

Have you ever been arrested or convicted of Driving Under the Influence or had your driver's licenses suspended or revoked?

Yes No

If yes, explain below

Have you ever excluded from participation, as an employee or provider, in a federal or state healthcare program?

Yes No

If yes, explain below

I hereby attest that the information supplied in this application is, to the best of my ability, true and correct and that any falsification of information may subject me to disciplinary action that could ultimately result in my application being rejected or my employment terminated. Should I be hired and any of the information in this application changes during the course of my employment with the Fire Protection District, I agree to supply the Fire Protection District with the new and current information.

Signed _____ Date _____

**BRISTOL KENDALL FIRE PROTECTION DISTRICT
Part-Time Employment Agreement**

THIS AGREEMENT, made this _____ day of _____, _____ by and between the Bristol Kendall Fire Protection District (hereinafter referred to as District) and _____, (hereinafter referred to as the Candidate).

WHEREAS, the District provides fire and rescue services, and

WHEREAS, the Candidate is seeking part time employment with the District; and

WHEREAS, the District will incur substantial costs for additional equipment, a background investigation, possible medical and physical ability examinations as a direct and indirect result of hiring the Candidate; and

WHEREAS, the District, will suffer substantial detriment if the Candidate is unable to maintain part time employment for two (2) years from the time of hiring.

Now, therefore, in consideration of the premises, it is hereby agreed by and between the parties as follows:

1. If appointed to the part time position of Firefighter with the Bristol Kendall Fire Protection District, the Candidate agrees to maintain employment with the District for a period of two (2) years from the date of appointment.
2. The Candidate recognizes that the estimated cost of the equipment, uniforms, background check and physical can exceed \$3000.00.
3. In the event that the Candidate does not maintain part time employment for two (2) years with the District, unless excused for medical reasons or military leave, the Candidate shall repay the District, a proportional amount, of the actual total sum, as agreed by both parties, incurred by the District, as determined with reference to the following table pro-rata:

| Completed Months of Employment | % of Costs Paid by Candidate |
|---------------------------------------|-------------------------------------|
| 24 Months | 0% |
| 21-24 Months | 25% |
| 18-21 Months | 50% |
| 15-18 Months | 75% |
| 0-15 Months | 100% |

The scheduled for repayment of cost will be agreed upon by both parties with full repayment due within ninety (90) days from the actual date of termination.

Candidate

District Representative

Date

**CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED WITH
Bristol Kendall Fire Protection District Part-Time Firefighter/EMT
APPLICATION FOR EMPLOYMENT**

- Your current and valid Driver's License issued by the state you reside in.
- Your official certificate of live birth issue. This is usually issued by the county in which you were born. Copies of the birth certificate issued by the hospital are not acceptable.
- Your High School diploma or equivalency.
- Three (3) letters of reference as stated in section 4 of this application.

The following Illinois State Fire Marshal issued certificates:

- Fire Fighter 2 or Basic Operations Firefighter
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- Technical Rescue Awareness
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The following other certificates of completion:

- Courage to Be Safe
- ICS 100 and ICS 200
- IS-700 and IS-800
- Your Illinois Department of Public Health issued EMT-Basic (or higher) license.
- Your current CPR for Healthcare that was issued no more than one year earlier.

If not already approved to function in the Southern Fox Valley EMS System, also provide the following:

- A copy of all continuing education hours accumulated since last relicensure.
- A letter of good standing from your current EMS Medical Director attesting that you are in good standing with that EMS System.