



Bristol Kendall Fire Protection District

103 East Beaver Street
Yorkville, IL 60560-1704

Phone: 630 553-6186
Fax: 630 553-1482



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 96 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 at level of IDPH license within the Southern Fox Valley EMS System.
12. **Upon offer of employment**, complete physical examination and drug screen. If a firefighter on another department, a Fire Department medical clearance letter dated no more than one year prior may be considered.
13. **Upon offer of employment**, pass a thorough background check.
14. **Upon offer of employment**, agree to maintain two year employment.

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.

If any items are missing your application will be considered incomplete and will be disregarded.

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 - _____	
Email Address			
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/Basic Operations Fire Fighter		
Firefighter 3/Advanced Operations Fire Fighter		
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:	<input type="checkbox"/> Approved by Medical Director to function in the system <input type="checkbox"/> 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.

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.

Would you be willing to work a 24 hour shift every 6th day? Yes No

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.

SECTION 6 – Criminal Activity History

“The applicant is not obligated and should not disclose expunged juvenile records or adjudication or arrest.”

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 _____

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

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