



Hudson Fire Protection District
502 N. Broadway
Hudson, IL. 61748
309-726-1501

Firefighter / EMT APPLICATION

Hudson Fire Protection District

We welcome you as an applicant to be a firefighter / emergency medical technician. Your application will be kept on file and considered with others for the position of firefighter / emergency medical technician for a period of one year following the date of the application. The department is committed to the policy that all persons have equal access to its programs, services, activities, facilities and employment without regard to race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation or status with regard to public assistance.

Please furnish us with complete information. An incomplete application may reduce your opportunity with the department. You are encouraged to attach any additional information which you believe qualifies you for the position. Materials submitted in support of an application are normally not returned so do not submit original documents.

PERSONAL INFORMATION

PLEASE PRINT IN INK OR USE A TYPEWRITER

NAME _____

Last

First

Middle

ADDRESS _____

Street

City

State

Zip Code

HOME PHONE NUMBER _____ OTHER (Daytime) PHONE NUMBER _____

What is the best time to call you? _____ May we contact you at work? YES NO

Are you 18 years of age or over? YES NO If NO, state date of birth _____

This position involves driving; indicate driver's license number _____ State _____ Class _____

Have you ever applied for membership on another fire department: Yes No

If yes, please list all departments where have you applied: _____

EMPLOYMENT

Date available _____ Are you employed now? YES NO

Working hours FROM _____ a.m. or p.m. TO _____ a.m. or p.m.

When not working, I would be available for calls (check one) 25% 50% 75% 100%

May we contact your present employer? YES NO

Have you previously applied with the Hudson Fire Protection District? If YES, dates: _____

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience FIRST. EVEN IF YOU HAVE ATTACHED A RESUME, YOU MUST COMPLETE THIS SECTION.

Employer's Name		LENGTH OF EMPLOYMENT	
Address		FROM	_____
Phone Number		Month	Year
Supervisor		TO	_____
Your title		Month	Year
Supervisor's title		TOTAL	_____
Principle responsibilities (be complete)		YEARS	MONTHS
		Hours per week	_____
		Voluntary Resignation / involuntary <i>Circle one</i>	

Employer's Name		LENGTH OF EMPLOYMENT	
Address		FROM	_____
Phone Number		Month	Year
Supervisor		TO	_____
Your title		Month	Year
Supervisor's title		TOTAL	_____
Principle responsibilities (be complete)		YEARS	MONTHS
		Hours per week	_____
		Reason for leaving - Voluntary Resignation / Involuntary <i>Circle one</i>	

Employer's Name		LENGTH OF EMPLOYMENT	
Address		FROM	_____
Phone Number		Month	Year
Supervisor		TO	_____
Your title		Month	Year
Supervisor's title		TOTAL	_____
Principle responsibilities (be complete)		YEARS	MONTHS
		Hours per week	_____
		Reason for leaving - Voluntary Resignation / Involuntary <i>Circle one</i>	

Employer's Name		LENGTH OF EMPLOYMENT	
Address		FROM	_____
Phone Number		Month	Year
Supervisor		TO	_____
Your title		Month	Year
Supervisor's title		TOTAL	_____
Principle responsibilities (be complete)		YEARS	MONTHS
		Hours per week	_____
		Reason for leaving - Voluntary Resignation / Involuntary <i>Circle one</i>	

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Grade School

1 2 3 4 5 6 7 8

High School

9 10 11 12 or GED

College

13 14 15 16

Post-Graduate

MA MS PHD LIB

Did you graduate from high school? Y N Name of School _____

SCHOOL College, University, Technical, Vocational, Business	Course of Study	# of years attended	Did you graduate	Degree Received
Name: _____ Location: _____				
Name: _____ Location: _____				
Name: _____ Location: _____				

List any relevant correspondence courses, special courses, or special training you have taken _____

List any firefighting experience _____

List any other experience such as police, first aid, special aptitudes _____

How did you hear about the Fire Department? _____

CONVICTION INFORMATION

The existence of a criminal conviction record will not automatically disqualify you, though certain types of criminal convictions may prohibit you from working in certain positions. Before any applicant is rejected on the basis of a criminal conviction, he/she will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Illinois Statute Chapter 70.

Have you ever been convicted of a misdemeanor, a felony or other violation of law that has not been annulled, expunged, set aside, purged, sealed or dismissed?

YES _____ NO _____

If yes, please explain the nature of the charge and the circumstances: _____

For each conviction, give the date of the conviction and the city, county and state where convicted below:

Convicted of _____ in the City of _____,
the County of _____ the State of _____

Date of conviction _____

Convicted of _____ in the City of _____,
the County of _____ the State of _____

Date of conviction _____

Have you ever been known by another name or combination of names: Yes _____ No _____

Have you ever had a driving violation, DUI or DWI? Yes _____ No _____

If yes, date of incident: _____ City/County of occurrence: _____

IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION

Information requested on your application that is defined by State Statute as public may be released on request and includes: job history, education and training, and work availability. If you are selected for a position, your name will become public information. Other information will be considered private and will be used only in conjunction with your possible acceptance.

READ and SIGN

I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of status without notice or benefits. Moreover, I hereby release the Hudson Fire Protection District and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

*

Applicant's Signature

Date

Last Updated: 8/18/2008

Application Accept
Committee: Reject

Officer's: Accept
Reject

Membership: Accept
 Reject

Record number of votes for Accept and for Reject in boxes each time.

Date: _____