

# CHERRY VALLEY FIRE PROTECTION DISTRICT

202 E. State Street, Cherry Valley, IL 61016  
Office: (815) 332-5382 Fax: (815) 332-3159



## P.O.C. FIREFIGHTER APPLICATION (Please Print Clearly)

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Present Address: \_\_\_\_\_

*Number & street* *city* *state* *zip code*

Previous Address: \_\_\_\_\_

*Number & street* *city* *state* *zip code*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (cell or home)

Drivers License State: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Have you ever had your driving privileges suspended? \_\_\_\_\_

Do you have a valid driver's license at this time? \_\_\_\_\_ Class: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_

Current Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

Job Description: \_\_\_\_\_

Circle highest level of High School Completed: 9 10 11 12

Circle highest level of College Completed: 1 2 3 4

List any Degrees or Certificates: \_\_\_\_\_

Are you now or have you been in the military service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you an active member of any branch of the Military Reserve Forces or National Guard Unit?: \_\_\_\_\_ Which one?: \_\_\_\_\_

**Have you ever been a member of any other fire department (volunteer or full-time)?**\_\_\_\_\_

**If yes, give dates of service:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Department:** \_\_\_\_\_

**Name of Chief & phone number:** \_\_\_\_\_

**Did this department participate in a Certified Firefighter Training Program?** \_\_\_\_\_

**If yes, list certifying authority:**\_\_\_\_\_

**If possible, please submit a copy of your training record, certificates, etc.**

**When are you available for calls?** Days \_\_\_\_\_ Evenings\_\_\_\_\_ Weekends: \_\_\_\_\_

**Are you willing to train every Thursday evening and respond to emergency calls to the best of your ability?** \_\_\_\_\_

**In a few sentences, explain why you are interested in the Cherry Valley Fire Department:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I must serve a one year probationary period before being accepted as a member of the Cherry Valley Fire Protection District. During that probationary period, I will be insured the same as a regular paid on call member. I agree to abide by the rules and policies of the Cherry Valley Fire Protection District. I agree to carry out those tasks assigned to me by my superior officers, to the best of my ability. I understand that my membership to the Fire Department is a public trust and I will not betray the confidence placed in me and will at all times conduct myself in a manner that will reflect credit upon the Department, my fellow firefighters and myself as member of the Cherry Valley Fire Protection District.

I understand that the Cherry Valley Fire Protection District has a drug policy and that compliance with this policy is a term and condition of employment with the Fire District.

I further understand and agree that I will be required to submit to a medical examination as a part of such a program, and that the medical examination includes urine and / or other tests to detect the presence of drugs in my system.

I understand that if I decline to sign this consent or to take the tests, the medical examination will not be completed. The Fire Chief will be so notified and my application will be rejected.

I understand that the test results and other medical information will be released to authorized Fire District management for appropriate consideration. I have read and understand all questions and statements in this application. All answers made by me are true and correct to the best of my knowledge. By signing this application I hereby authorize a criminal and driving background check to be performed.

I understand that as a volunteer / P.O.C. Firefighter I am an at will employee and my employment can be terminated at any time.

**SECURITY BACKGROUND CHECKS WILL BE MADE ON ALL APPLICANTS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief Officer upon review: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application to Chief Officer:

Background Check:

Interview:

Physical:

Recruit Class Completion/Oath:

Employment Paperwork Completion:

CHERRY VALLEY FIRE PROTECTION DISTRICT - CHERRY VALLEY, IL.

I \_\_\_\_\_ HEARBY GIVE C.V.F.P.D AUTHORIZATION  
(APPLICANT PRINT FULL NAME)  
TO PERFORM A CRIMINAL BACKGROUND SEARCH ON MYSELF.

PLEASE INCLUDE MAIDEN/AKA NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

IF LESS THAN 5 YRS. PLEASE LIST PREVIOUS ADDRESS:  
\_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YEAR IS OPTIONAL)

(A 10 YR. SEARCH WILL BE PERFORMED/ALL FELONIES REGARDLESS OF AGE WILL BE REPORTED)

**I DO** / **I DO NOT** (PLEASE CIRCLE ONE) HAVE A CRIMINAL RECORD OR  
MAJOR TRAFFIC OFFENSE. (ALCOHOL/DRUG RELATED/OR FLEEING FROM AUTHORITY)

**I DO** / **I DO NOT** (PLEASE CIRCLE ONE) HAVE A PENDING CRIMINAL OR  
MAJOR TRAFFIC OFFENSE. (ALCOHOL/DRUG RELATED/OR FLEEING FROM AUTHORITY)

IF SO, PLEASE LIST IN WHAT STATE & COUNTY OFFENSE WAS FILED.  
ALSO, STATE IF RECORD IS UNDER A DIFFERENT NAME THAN STATED  
ABOVE.

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ OTHER NAME: \_\_\_\_\_

I UNDERSTAND THE ABOVE INFORMATION AND RESULTS ARE  
COMPLETELY CONFIDENTIAL. IF INFORMATION IS SOLD/GIVEN TO ANYONE  
ELSE BESIDES THE CHERRY VALLEY FIRE PROTECTION DEPARTMENT;  
OFFENDER CAN BE PUNISHED BY LAW.

THE ABOVE INFORMATION IS CORRECT AND I AM AWARE THAT ANY  
MISINFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED.

\_\_\_\_\_  
(applicant's signature) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEARCH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY:

COUNTY/COUNTIES SEARCHED \_\_\_\_\_ STATE(S): \_\_\_\_\_

RESULTS: NO RECORD FOUND

RECORD FOUND  
PLEASE REVIEW HIT SHEET TO FOLLOW