

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