



Richmond Township Fire Protection District

5601 Hunter Drive
Richmond, IL 60071
815-678-3672
www.rtfpd.org

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Driver's License No.: _____

Position Applied for: _____

In Case of
Emergency Contact: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you at least 18 years of age? YES NO Are you currently licensed to drive a vehicle in the United States? YES NO

Have you ever worked for this department? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO *The applicant is not obligated to disclose expunged juvenile records or adjudication or arrest.

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Personal References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Comments

In the space below, please make any comments you feel appropriate to you being considered for employment with the Richmond Township Fire Protection District. You may include information about your background, training and interests not otherwise included which would be helpful in determining your suitability for the District.

| | LICENSE/CERTIFICATION | ISSUING STATE/INSTITUTION | LICENSE NUMBER (IF APPLICABLE) | EXPIRATION DATE |
|--------------------------|--|---------------------------|--------------------------------|-----------------|
| <input type="checkbox"/> | State EMT Certification | | | |
| <input type="checkbox"/> | State Paramedic Certification | | | |
| <input type="checkbox"/> | NREMT Certification | | | |
| <input type="checkbox"/> | EMD (Emergency Medical Dispatcher) | | | |
| <input type="checkbox"/> | Basic Operation Firefighter/Firefighter II | | | |
| <input type="checkbox"/> | CPAT | | | |
| <input type="checkbox"/> | CPR | | | |
| <input type="checkbox"/> | ACLS | | | |
| <input type="checkbox"/> | PALS | | | |
| <input type="checkbox"/> | EVOC | | | |
| <input type="checkbox"/> | RN | | | |
| <input type="checkbox"/> | BLS | | | |
| <input type="checkbox"/> | Do you currently hold any instructor licenses? If yes, please list _____ | | | |
| <input type="checkbox"/> | Specialty: _____ | | | |
| <input type="checkbox"/> | Other: _____ | | | |
| <input type="checkbox"/> | Other: _____ | | | |

Disclaimer and Signature

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using information and all other persons, corporations, or organization for furnishing such information.

The employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If I am hired, I understand that I am free to resign at any time, with or without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the Chief or District Trustee, has the authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by the Chief or a District Trustee.

I do release and forever hold harmless the Richmond Township Fire Protection District, its Board of Trustees, Fire Chief, Officers, and Members from any claim arising out of their completion of a reference check. Finally, I also understand that completion of this application does not assure me membership or obligate the Richmond Township Fire Protection District in any manner. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____ Date: _____