



Village of Lake Bluff Fire Department Application to become a Volunteer Firefighter or EMS Services Member

Please Read and Sign: I certify that the information provided in this application is true and complete to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information provided in my application, interview(s), or other forms, whenever or however discovered, will be sufficient reason not to accept me as a member with the Lake Bluff Fire Department and shall be grounds for discontinuing my probationary or member status. I further understand that this application is not intended to be a contract of employment, nor is it a request for an offer of employment.

I authorize the Village of Lake Bluff to thoroughly investigate all statements contained in my application, interview(s) or other forms. I further authorize the Village to conduct an investigation of my background, including my criminal history, credit history and driving record. I agree to cooperate in any such investigation and release and discharge from all claims, demands, liabilities or damages of any kind or nature all persons or entities requesting or supplying information pursuant to such an investigation, including the Village, any reference from whom information is obtained and any third party that provides information to the Village. If I have prior experience as a firefighter or EMS provider, I authorize my current and former employers and entities for which I have performed firefighting or EMS services to disclose information regarding my firefighting or EMS experience, without giving me prior notice of such disclosure. I also understand that, if appointed to the Lake Bluff Fire Department, I am required to abide by all rules, ordinances and regulations of the Village of Lake Bluff and the Lake Bluff Fire Department that apply to firefighting or EMS services.

NAME (please print)

PREVIOUS ADDRESS (LESS THAN 7 YRS)

SIGNATURE

DATE

EMAIL ADDRESS

PHONE NUMBER

DATE OF BIRTH

CURRENT ADDRESS

DRIVER'S LICENSE NUMBER AND STATE

CITY/STATE/ZIP CODE

SOCIAL SECURITY NUMBER



LAKE BLUFF FIRE DEPARTMENT

FIREFIGHTER or EMS Services Member APPLICATION

Are you applying for a Firefighter/EMS _____ EMS _____ Firefighter _____?

1. Name: _____
Last First Middle
2. List any other names you have used or been known by (include maiden name):

3. Address: _____
Number & Street City State Zip
4. Home Phone No. (____) _____ Business Phone No. (____) _____
5. Cell Phone No. (____) _____
6. Email Address: _____
7. Date of Birth: _____
8. Driver's License No. _____ Driver's License State: _____ Class _____
9. Social Security No. _____
10. U.S. Citizen? Yes _____ No _____
If no, are you an alien with authorization to be in the US and evidence of intention to become a U.S. Citizen?
Yes _____ No _____

LIST ALL FORMER ADDRESSES FOR THE PAST THREE YEARS IN CHRONOLOGICAL ORDER.

11. Address _____
Number & Street City State Zip
12. Address _____
Number & Street City State Zip
13. Address _____
Number & Street City State Zip

EDUCATION

14. CIRCLE HIGHEST GRADE COMPLETED:

GED CERTIFICATE

HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4

GRADUATE SCHOOL

OTHER

**Name and Address of School
(Include City and State)**

Date(s) Attended

**Graduate?
Yes No**

15. High School _____

16. Undergraduate Education _____

17. Graduate Education _____

18. Trade Schools _____

19. What college degrees have you attained? _____

20. List course work relevant to position for which you have applied: _____

21. Do you live within Five miles of the Lake Bluff Fire Station?

Yes _____ No _____ If no, how far: _____

22. Do you have previous firefighting experience? Yes _____ No _____

If Yes, explain _____

MILITARY

23. Are you now or were you ever an active member of any branch of the U.S. Military,
Reserve Forces or National Guard Unit? Yes _____ No _____ Currently Active _____

Honorably Discharged Yes _____ NO _____ Date _____

Branch of Service _____ Rank _____

Unit _____ From _____ To _____

CONVICTION HISTORY

24. Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

25. List all traffic convictions and accidents you have had in the last four years. (If more room is needed, please type on a separate page and attach).

LOCATION (CITY-STATE)	APPROXIMATE DATE	VIOLATION	DISPOSITION

EMPLOYMENT HISTORY

List all jobs you have had for the last Five years. Include periods or unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

26. **Employer's name:** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____ **Contact:** _____

Do you object to us contacting them? YES ___ NO ___ **Employed** _____ to _____

27. **Employer's name:** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____ **Contact:** _____

Do you object to us contacting them? YES ☐ NO ☐ **Employed** _____ to _____

EMPLOYMENT HISTORY cont'd

28. **Employer's name:** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____ **Contact:** _____

Do you object to us contacting them? YES ☐ NO ☐ **Employed** _____ to _____

29. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes _____ No _____ If yes, please explain:

30. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

31. Have you applied to other Fire Departments? Yes _____ No _____
If yes, please list:

32. Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate position applied for, status on list and expiration date of each: _____

33. List organizations of which you are a member that relate to the position for which you are applying:

34. Explain your reasons for wanting to become a firefighter and/or EMT for the Lake Bluff Fire Department:

EMERGENCY CONTACT INFORMATION

35. Person(s) to be notified in case of emergency.

Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship _____

Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship _____

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY MEMBERSHIP WITH THE LAKE BLUFF FIRE DEPARTMENT.

Signature in Full _____

Dated at _____ Illinois, this _____ day of _____, 20____