## **MEMBERSHIP APPLICATION**

## Hinckley Community Fire Protection District 911 N Sycamore St, Hinckley, Illinois 60520 815-286-7711

Hinckley Community Fire Protection District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position  Position(s) applying for: Firefighter, Emergency Medical Technician (par	t time / P.O.C.)	
How did you hear about this position?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Personal Information		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.		
Have you ever been convicted of a criminal offense (felony or misdeme	eanor)? Yes	No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:				
The date of the offense,	the denied employment solely on the nature of the offense, in and the surrounding circumst to, however, be considered.)	cluding any significan	t details that affect the	
Job Skills/Qualifications Please list below the skills	and qualifications you possess	for the position for wh	ich you are applying:	
	v Fire Protection District compli that may be necessary for elig			
High School	(0)			
Name	Location (City, State)	Year Graduated	Degree Earned	
College/University				
Name	Location (City, State)	Year Graduated	Degree Earned	
Vacational Cabaci /Consist	in all Tuninium			
Vocational School/Special Name	Location (City, State)	Year Graduated	Degree Earned	
Military:  Are you a member of the  What branch of the military ra	ary did you enlist?			
How many years did you s What military skills do you	serve in the military? u possess that would be an ass	et for this position?		

<u>revious Employment</u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
<u> </u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
<u> </u>	
<u>eferences</u>	
lease provide 3 personal and profession	nal reterence(s) below:
Reference	Contact Information
dditional Information:	

Have you had any traffic tickets in the last three y	ears? Explain if "yes"
Has your license ever been suspended? Explain if	"yes:
"employment at will." This means that your employment or without cause, with or without notice, District. No representative of Hinckley Community agreement contrary to the foregoing "employmemployment is "at will," and that you acknowledge regarding your employment can alter your at-will	Community Fire Protection District is referred to as syment can be terminated at any time for any reason, by you or the Hinckley Community Fire Protection Fire Protection District has authority to enter into any ent at will" relationship. You understand that your that no oral or written statements or representations I employment status, except for a written statement resident/Chief Operations Officer or the Company's
Applicant Signature:	Dated: