Peoria Heights Fire Department

APPLICATION FOR EMPLOYMENT

4901 N. Prospect Rd
Peoria Heights, Illinois 61616

Position applied for:

Full Time Firefighter

SUBMIT THE FOLLOWING DOCUMENTATION WITH YOUR COMPLETED APPLICATION

- ☐ Copy of *Current* Driver's License - front and back
- ☐ Copies of any and all Fire Service or EMS certifications
- ☐ Copy of High School/GED/College diplomas

AN EQUAL OPPORTUNITY EMPLOYER

The Village of Peoria Heights accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

Applications for employment and the hiring process are subject to the ***Rules and Regulations for Original Full-Time Fire Department Appointments*** adopted by the Peoria Heights Board of Police and Fire Commissioners, dated March 6, 2024

If you have any questions regarding information on this application, please contact Administrative Assistant Sarah Witbracht at (309) 686-2385

IMPORTANT

Instructions: Print clearly in black ink or type. Applicant must complete application fully and accurately. If writing space provided is inadequate, use the continuation sheets at the end of the application and identify additional information by page number and question number. Use "N/A" if the question does not apply.

Incomplete applications may be disqualified from consideration.

All information on your application is subject to verification. Any misrepresentations or omissions on your application could result in automatic disqualification.

Personal Data

NAME of APPLICANT:		
(Last Name)	(First Name)	(Middle Name)

CURRENT ADDRESS:						
Street #	Street Name	Apt #	City	County	State	Zip Code

SOCIAL SECURITY NUMBER	**DRIVER'S LICENSE NUMBER**	**D/L STATE**

HOME PHONE: (include area code)	**CELL PHONE:** (include area code)	**E-MAIL ADDRESS:**

DATE OF BIRTH:	**AGE:**	**GENDER:** ☐ Male ☐ Female	**ELIGIBLE TO WORK IN U.S:** ☐ Yes ☐ No

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (include maiden name):

RESIDENCES

1. LIST YOUR ADDRESSES FOR PAST 10 YEARS, BEGIN WITH PRESENT ADDRESS (List Additional on Continuation Sheet)

From (Mo/Year)	To (Mo/Year)	ADDRESS OF RESIDENCE	City, State & Zip code

EDUCATION AND TRAINING

2. LIST SCHOOLS, COLLEGE, OR TRADE SCHOOLS

Name and address of school	Highest year attained or credit hours		Dates attended	Type of diploma/degree
High School	Circle the highest completed 9 ☐ 10 ☐ 11 ☐ 12 GED ☐		From: To:	
College/University		hrs.	From To:	
Graduate School		hrs.	From: To:	
Business/Trade School		hrs.	From: To:	

A COPY OF EACH DIPLOMA OR CERTIFICATE MUST ACCOMPANY THE APPLICATION WHEN SUBMITTED

3. LIST FIRE SERVICE AND/OR EMS COURSE CERTIFICATIONS. INCLUDE THE CERTIFYING AGENCY (*OSFM,NFPA, NAEMT, ETC.*)

TYPE OF CERTIFICATE	DATE OF CERTIFICATION	CERTIFYING AGENCY
☐ BASIC OPERATIONS FIREFIGHTER/ FF I or II		
☐ ADVANCED TECHNICIAN FIREFIGHTER/ FF III		
☐ APPARATUS ENGINEER		
☐ FIRE OFFICER I		
☐ FIRE OFFICER II		
☐ NREMT-EMR		
☐ NREMT-EMT		
☐ NREMT-ADVANCED EMT		
☐ NREMT-PARAMEDIC		

OTHER FIRE SERVICE AND/OR EMS COURSE CERTIFICATIONS

A COPY OF EACH CERTIFICATE MUST ACCOMPANY THE APPLICATION WHEN SUBMITTED

EMPLOYMENT HISTORY

4. LIST THE LAST 6 EMPLOYERS STARTING WITH THE MOST RECENT

CURRENT EMPLOYER NAME (1)	PHONE# (including area code)	
ADDRESS	Start date	Ending date
CITY	State	Zip Code
JOB TITLE		
SUPERVISORS NAME and PHONE#	Worked performed	
REASON FOR LEAVING		
PRIOR EMPLOYER NAME (2)	PHONE# (including area code)	
ADDRESS	Start date	Ending date
CITY	State	Zip Code
JOB TITLE		
SUPERVISORS NAME and PHONE#	Worked performed	
REASON FOR LEAVING		

PRIOR EMPLOYER NAME (3)	PHONE# (including area code)	
ADDRESS	Start date	Ending date
CITY	State	Zip Code
JOB TITLE		
SUPERVISORS NAME and PHONE#	Worked performed	
REASON FOR LEAVING		

PRIOR EMPLOYER NAME (4)	PHONE# (including area code)	
ADDRESS	Start date	Ending date
CITY	State	Zip Code
JOB TITLE		
SUPERVISORS NAME and PHONE# Worked performed		
REASON FOR LEAVING		
PRIOR EMPLOYER NAME (5)	PHONE# (including area code)	
ADDRESS	Start date	Ending date
CITY	State	Zip Code
JOB TITLE		
SUPERVISORS NAME and PHONE# Worked performed		
REASON FOR LEAVING		
PRIOR EMPLOYER NAME (6)	PHONE# (including area code)	
ADDRESS	Start date	Ending date
CITY	State	Zip Code
JOB TITLE		
SUPERVISORS NAME and PHONE# Worked performed		
REASON FOR LEAVING		

MILITARY RECORD

5. U.S. MILITARY VETERAN ☐ YES ☐ NO If **"YES"** WHAT BRANCH?

☐ ACTIVE DUTY ☐ NATIONAL GUARD ☐ RESERVES ☐ COMBINATION

IF COMBINATION PLEASE EXPLAIN ON CONTINUATION SHEET

☐ DISCHARGED ☐ INACTIVE RESERVE STATUS ☐ STILL SERVING

6. TYPE OF DISCHARGE: ☐ HONORABLE ☐ DISHONORABLE ☐ OTHER THAN HONORABLE: Explain

7. DID YOU RECEIVE A DD 214? ☐ YES ☐ NO If **"YES"** A VALID COPY MUST BE SUBMITTED WITH APPLICATION

8. WERE YOU DEPLOYED? ☐ YES ☐ NO If **"YES" When** and **Where?** explain on continuation sheet

9. HIGHEST RANK HELD	**10. RANK AT DISCHARGE**	
11. LIST PERIOD(S) OF ACTIVE DUTY SERVICE ONLY	FROM (date)	To (date)

12. LIST THE LAST MILITARY UNIT YOU WERE ASSIGNED TO:

Branch of Service: _____ Unit Assigned: _____

Unit Address and Phone: _____

_____

From (date): _____ To (date): _____

DRIVING HISTORY

13. DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes ☐ No	**If "YES" What State was it issued** _____
14. DRIVER'S LICENSE EXPIRATION DATE? ____/____/____	**LICENSE "CLASSIFICATION"** _____

15. *OTHER THAN ILLINOIS,* **LIST ALL STATES IN WHICH YOU HOLD OR HAVE HELD A DRIVERS LICENSE**

ISSUING STATE	LICENSE CLASSIFICATION	LICENSE NUMBER	EXPIRATION DATE

SECURITY DATA

16. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SIMILAR MILITARY OFFENSE?	☐ Yes ☐ No	**IF "YES"** Explain on continuation sheet
17. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?	☐ Yes ☐ No	**IF "YES"** Explain on continuation sheet
18. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION?	☐ Yes ☐ No	**IF "YES"** Explain on continuation sheet
19. HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER?	☐ Yes ☐ No	**IF "YES"** Explain on continuation sheet

REFERENCES

20. PROVIDE THE NAMES OF FIVE (5) ADULTS NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS. *ALL PERSONS WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALTY AND OTHER QUALITIES*		
1. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?
2. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?
3. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?
4. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?
5. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?

ACQUAINTANCES

21. PROVIDE THE NAMES OF THREE (3) ADULTS NOT LISTED ABOVE. THOSE LISTED HOULD BE THOSE WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR. *ALL PERSONS Will BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES*		
1. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?
2. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?
3. **NAME**	PHONE# (including area code)	
ADDRESS	CITY / STATE / ZIP	
OCCUPATION	Relationship to you?	How long have you known them?

EMERGENCY CONTACTS

22. LIST PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME	ADDRESS	PHONE#	RELATIONSHIP
NAME	ADDRESS	PHONE#	RELATIONSHIP
NAME	ADDRESS	PHONE#	RELATIONSHIP

23. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION

I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all my answers are true and correct to the best of my knowledge and belief.

It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that in processing my application, a background check and reference checks will be conducted, which I hereby authorize and I understand that my employment is contingent upon successful completion of same and the employer's interview processes.

Signature of Applicant _____ Date: _____

CONTINUATION SHEET

INDICATE IN THE LEFT HAND COLUMNS THE PAGE# AND QUESTION# YOU ARE ANSWERING, THEN COMPLETE YOUR ANSWER IN THE SPACE PROVIDED

Page#	Question#	CONTINUATION OF ANSWER

SIGNATURE _____ DATE _____