



Harvard Fire Protection District

Appendix "D"

502 S Eastman St, Phone 815-943-6927
Harvard, IL 60033 FAX 815-943-0000

Application for Employment

Position: Introductory Firefighter

General Requirements for Introductory Membership

In order to be considered for Introductory membership (employment) with the Harvard Fire Protection District (HFPD), the following minimum requirements must be met. The requirements include, but are not limited to:

1. Be at least 21 years of age. Exception: 18 years of age if they have completed a State of Illinois certified fire cadet program.
2. Be in good physical condition and mental health and able to perform strenuous manual labor.
3. Be of good moral character and not had any serious criminal activity history as determined by a background investigation conducted by the HFPD using fingerprint submission to the Illinois State Police and FBI and request for Drivers License Abstract from the Secretary of State.
4. Possess a valid Driver's License issued by the state in which the applicant resides.
5. Be a High School graduate or possess a GED certificate.
6. Be an U.S. citizen or possess work authorization from the U.S. Department of Immigration and Naturalization.
7. Possess proof of completion within the 12 months prior to application of the Candidate Physical Ability Test – CPAT. **NOTE: At time of job offer the applicant must be in possession of a valid CPAT card or certificate.**
8. Upon acceptance pass a psychological evaluation, physical examination, and drug screen.

Complete position descriptions as well as hiring policies and procedures of the HFPD are available upon written request to the Fire Chief.

The Recruit Training Program (RTP) of the Harvard Fire Protection District is a mandatory requirement for all persons accepted for membership as a Introductory Firefighter. The course begins _____, ____ and ends _____, _____. This is a formal, structured training academy. The sessions meet in both Harvard and _____ and consist of both classroom lectures and hands-on drills that cover all material in the State Fire Marshal's Basic Operations Firefighter and IDPH Emergency Medical Technician.

After completion the new member will sit for the State Fire Marshal's Basic Operations Firefighter exam and the IDPH Emergency Medical Technician's exam. The applicant who is appointed is required to sign a tuition reimbursement agreement.

Candidate Physical Ability Test – (CPAT)

General Information

1. All applicants must demonstrate physical agility and muscular coordination by passing the CPAT and a ladder climb.
2. CPAT cards will be considered valid within one year of the date issued.
3. It is the responsibility of the candidate to make sure that their CPAT is up to date.
4. All candidates must present a valid CPAT and a ladder climb card or certificate **with this application and at the time of appointment.**
5. Any candidate not possessing a valid CPAT card at time of appointment will be disqualified.

NOTE: At time of job offer the applicant must be in possession of a valid CPAT card or certificate

Persons may perform the CPAT by contacting:

- **NIPSTA** at 2300 Patriot Boulevard, Glenview, IL 60026 at 847-998-8090 or www.nipsta.org/cpat/info.aspx
NIPSTA charges each candidate a fee for participation in the CPAT test.
- **Southwest United Fire Districts**, Darien, IL at 708-579-2064 or www.sufd.org
SUFDD charges each candidate a fee for participation in the CPAT test.
- **Naperville Fire Department** at (630) 420-6755 or email cpat@naperville.il.us
Naperville FD charges each candidate a fee for participation in the CPAT test.

Application for Employment

Position: Introductory Firefighter/EMT

INSTRUCTIONS:

- Either print or type to complete application. Illegible applications will be rejected.
- Complete all areas of this application. No area is to be left blank.
- If an area does not apply draw a diagonal line through the area or page.
- Blank areas will be interpreted as incomplete.
- Be sure to sign the last page.
- Return this application in the envelope that was provided.

If you downloaded this application then return it via U.S. Mail or hand delivery in a 9 X 12 envelope. DO NOT fold the application.

Along with your completed application, submit legible copies of the following documents:

1. Copy of your current and valid Driver's License issue by the state you reside in.
2. Copy of your OFFICIAL certificate of live birth issue. This is usually issued by the county in which you were born. **You obtain this from the County Clerk in the county you were born.** *Copies of the birth certificate issued by the hospital are not acceptable.*
3. Your Copy of your High School diploma or GED certificate.
4. Three (3) letters of reference as stated in section 4 of this application.
5. CPAT card issued no more than 12 months earlier. **NOTE: At time of job offer the applicant must be in possession of a valid CPAT card or certificate**
6. Copy of all Fire/Rescue/Haz Mat/EMS training certificates you have.

SECTION 1 - General Information			
Full name			
<i>Last</i>	<i>First</i>	<i>Middle initial</i>	
Address			Unit #
City	State	Zip code	
Email Address:			
Telephone number		Social security number	
Driver's license # ATTACH COPY OF D.L.	State of issue	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> CDL <input type="checkbox"/> non-CDL
Date of birth ATTACH COPY OF CERTIFICATE OF LIVE BIRTH			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Military service: Are you a member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve If you were discharged from the military: ATTACH COPY OF CERTIFICATE OF FORM DD214			
Emergency Contact Information: In case of emergency, contact:			
Contact #1			
Name			
Relation to applicant			
Address			
City, State			
Telephone number			
Contact #2			
Name			
Relation to applicant			
Address			
City, State			
Telephone number			

SECTION 2 - Training & Education

Part 1: Complete the following chart indicating which years the following Illinois OSFM certifications were awarded. **Attach copy of each certificate.**

Certification	Year awarded
Fire Fighter 2 OR Basic Operations Firefighter	
Hazardous Materials First Responder	
Technical Rescue Awareness	
Fire Service Vehicle Operator	
Other OSFM certification (specify)	Year awarded
Other OSFM certification (specify)	Year awarded
Other OSFM certification (specify)	Year awarded

Part 2 - EMS Education: Complete the following chart.
Include copy of current Illinois EMT-B or EMT-P license.

Certification	Name and location of school where course was completed	Year course was completed
Emergency Medical Technician-Basic (or Ambulance)		
Emergency Medical Technician-Paramedic		

Current status within the Rock River EMS System: Approved by Medical Director to function in the system
 Not approved by Medical Director to function in the system

Part 3 - Post-elementary school education: Complete the following chart.
For each entry, included copy of diploma or certificate.

High school attended:	City, State, Zip code	<input type="checkbox"/> Diploma issued <input type="checkbox"/> GED obtained
College or technical school attended	City, State, Zip code	Specify degree awarded or total credits obtained
College or technical school attended	City, State, Zip code	Specify degree awarded or total credits obtained

SECTION 3 – Experience & Employment

Complete one (1) chart for each full-time, part-time, seasonal or temporary employment you have had within the past 10 years. Include all jobs held. Make copies of the next page if more space is needed.

Employer # 1 CURRENT EMPLOYER

Name of employer

Address, City, State, Zip Code

Telephone number

Current status with this employer: Currently employed
 Resigned/Retired
 Terminated

Your employment is/was: Full-Time
 Part-Time

Year employment began

Year employment ended

Job title and general duties/responsibilities

Name of immediate supervisor:

May we contact this employer? Yes No

Does this employer have any policy that limits your ability to work for another employer?
 Yes No

If yes, please explain the limitations:

Employer # 2

Name of employer

Address, City, State, Zip Code

Telephone number

Current status with this employer: Currently employed
 Resigned/Retired
 Terminated

Your employment is/was: Full-Time
 Part-Time

Year employment began

Year employment ended

Job title and general duties/responsibilities

Name of immediate supervisor:

May we contact this employer? Yes No**Employer # 3**

Name of employer

Address, City, State, Zip Code

Telephone number

Current status with this employer: Currently employed
 Resigned/Retired
 Terminated

Your employment is/was: Full-Time
 Part-Time

Year employment began

Year employment ended

Job title and general duties/responsibilities

Name of immediate supervisor:

May we contact this employer? Yes No

SECTION 4 - References

List three PROFESSIONAL references. These should be persons at least 21 years of age who can appraise your character and ability to perform the strenuous and technical work for the position listed on this application. They should not be relatives. Examples of acceptable references include, but are not limited to, neighbors, former teachers or coaches, clergy (such as minister, priest, or rabbi). **You need to obtain a letter of reference from each of these three people. Include all three letters with your completed application.**

Reference # 1

Name

Telephone number

Is this telephone number A private residence
 A business

Address, City, State, Zip Code

Is this address A private residence
 A business

In years, how long have you know this person?

Describe how you know and professionally interact with this person

Reference # 2

Name

Telephone number

Is this telephone number A private residence
 A business

Address, City, State, Zip Code

Is this address A private residence
 A business

In years, how long have you know this person?

Describe how you know and professionally interact with this person

Reference #3
Name
Telephone number
Is this telephone number <input type="checkbox"/> A private residence <input type="checkbox"/> A business
Address, City, State, Zip Code
Is this address <input type="checkbox"/> A private residence <input type="checkbox"/> A business
In years, how long have you know this person?
Describe how you know and professionally interact with this person

SECTION 5
SPECIALIZED SKILLS
List any specialized skills that you have which you feel might benefit the Fire Protection District. Examples of such skills include: Computer skills, Mechanical skills, Trade skills, Teaching experience, Experience in public education, and/or Physical fitness trainer or coach.

SECTION 6 - Criminal Activity History

In that past ten years, have you even been arrested or convicted of a crime other than a traffic offense? *Be advised that your fingerprints will be submitted to the Illinois State Police and FBI to determine any past arrests or convictions.*

- No
- Yes

If yes, explain below

Are you a registered sex offender?

- No
- Yes

Have you even been arrested or convicted of Driving Under the Influence or had your driver's licenses suspended or revoked? *Be advised that a request for your Drivers License Abstract from the Secretary of State will be made to determine your past driving record.*

- No
- Yes

If yes, explain below

I hereby attest that the information supplied in this application is, to the best of my ability, true and correct and that any falsification of information may subject me to disciplinary action that could ultimately result in my application being rejected or my employment terminated. Should I be hired and any of the information in this application changes during the course of my employment with the Fire Protection District, I agree to supply the Fire Protection District with the new and current information.

Signed

Date



Harvard Fire Protection District

502 S Eastman St,
Harvard, IL 60033

Phone 815-943-6927,
FAX 815-943-0000

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Instructions to applicant:

- Either print or type to complete this form. Illegible forms will be rejected.
- Complete all areas of this form. No area is to be left blank.
- If an area does not apply draw a diagonal line through the area or page.
- Blank areas will be interpreted as incomplete.
- Be sure to sign at bottom of page where indicated.
- Return this form with the application in the envelope that was provided.

Be advised that your fingerprints will be submitted to the Illinois State Police and FBI to determine any past arrests or convictions and that a request for your Drivers License Abstract from the Secretary of State will be made to determine your past driving record.

Full name

Last

First

Middle initial

Address

Unit #

City

State

Zip code

Telephone number

Social security number

Driver's license #

State of issue

Circle Class

A B C D

CDL

non-CDL

Date of birth

Sex

Male

Female

To whom it may concern:

I hereby give my permission to the Harvard Fire Protection District and the agency selected by them to conduct an investigation into my background using those records which may be available to the selected agency.

The background investigation will be completed following the laws of the United States and the State of Illinois. All findings reported by the law enforcement agency to the Harvard Fire Protection District will be kept confidential by the Harvard Fire Protection District and used only to determine if I am an acceptable candidate for employment with the Harvard Fire Protection District.

Signed

Date



Harvard Fire Protection District

Appendix "D"

502 S Eastman St, Phone 815-943-6927,
Harvard, IL 60033 FAX 815-943-0000

AUTHORIZATION ALLOWING RELEASE OF INFORMATION ABOUT APPLICANT			
Instructions to applicant: <input type="checkbox"/> Either print or type to complete this form. Illegible forms will be rejected. <input type="checkbox"/> Complete all areas of this form. No area is to left blank. <input type="checkbox"/> If an area does not apply draw a diagonal line through the area or page. <input type="checkbox"/> Blank areas will be interpreted as incomplete. <input type="checkbox"/> Be sure to sign at bottom of page where indicated. <input type="checkbox"/> Return this form with the application in the envelope that was provided.			
Full name <i>Last</i> <i>First</i> <i>Middle initial</i>			
Address			Unit #
City		State	Zip code
Telephone number		Social security number	
Date of birth			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
To whom it may concern: I acknowledge that the Harvard Fire Protection District requires all applicants to furnish any and all information concerning their past work record and reputation including that which may appear in their personnel file. The checking of references and employment history will be completed following the laws of the United States and the State of Illinois. All findings made by and documents given to the Harvard Fire Protection District will be kept confidential by the Harvard Fire Protection District and used only to determine if I am an acceptable candidate for employment with the Harvard Fire Protection District. Therefore, as an applicant desiring employment with the Harvard Fire Protection District, I hereby give my permission to the Harvard Fire Protection to contact my listed references, former employers and organizations, and if indicated "yes" on my application, my current employer in order to gather information, including documents, regarding my employment and/or suitability for employment with the Harvard Fire Protection District. I further authorize my listed references, former employers and organizations, and if indicated "yes" on my application, my current employer to release and provide any and all information, including records contained in my personnel file, concerning my past. Further, in consideration of potential employment with the Harvard Fire Protection District, I hereby release from liability and hold harmless the Harvard Fire Protection District, its agent and employees as well as release from liability and hold harmless my listed references, former employers and organizations, and if indicated "yes" on my application, my current employer, their agents and employees for providing the above stated information.			
Signed			Date

Harvard Fire Protection District

Training and Reimbursement Agreement

In order to ensure that the Harvard Fire Protection District does not invest time and money educating or training persons for advanced certification without receiving the services for which the member was trained the following agreement is made by and between _____ (hereinafter referred to as the "Member" and the Prospect Heights Fire Protection District (hereinafter referred to as the "District").

1. The Member agrees to undertake and fully complete the **McHenry County College Fire Academy** training course beginning _____ and ending _____ at the times specified in the course notice or materials.
2. The Member agrees to undertake and fully complete the **Rock River EMS System EMT** training course beginning _____ and ending _____ at the times specified in the course notice or materials.
3. The Member may be paid a wage by the District during the above training period.
4. The Fire District agrees to pay the tuition cost of \$ _____ for the training specified above. The Member agrees to reimburse the Fire District for the full cost of the tuition as entered should the Member not complete or unsuccessfully complete the course or fail to obtain any related certification or licensure within 180 days of completing of the course.
5. The Member agrees to repay the District the sum stated in item 3 above in the event that he or she terminates his or her membership with or is separated either voluntarily or involuntarily from the District at any time during the twenty-four (24) months subsequent to completion of the training course specified in item 1 above. The sum in item 3 above must be paid to the District within 14 days of the termination of or separation from his or her membership with the District. Installment payments will not be permitted. the sum in item 3 or 4 above shall be deducted from the member's last wages earned.
6. No liquidated damages will be payable in the event that the Member is in the event that he or she is required to terminate his or her membership due to a disabling illness or injury.
7. In the event the Member is called to active military duty or is granted a leave of absence during the period covered by this Agreement, the period of the Agreement shall be extended accordingly.
8. This Agreement shall become effective upon signature below by both the Member and Fire Chief and shall remain in full force and effect for the twenty-four (24) month period specified in item 4 above, unless extended as provided in Paragraph 6 above.
9. This document embodies the whole agreement between the parties hereto, and there are not inducements, promises, terms, conditions or obligations made or entered into by the District other than contained herein.
10. Savings Clause: Should any part of this agreement be determined by a court or administrative law judge to be void, all other parts remain in effect.

The foregoing provisions are understood and agreed to by the undersigned. In witness whereof the parties have executed

this Agreement on _____, 20____.

_____, Member

Accepted _____, 20____. _____, Fire Chief

CHECKLIST OF REQUIRED DOCUMENTS

To be submitted with "Harvard Fire District Introductory Firefighter/EMT" application for employment

- Copy of your current and valid Driver's License issue by the state you reside in.
- Copy of your official certificate of live birth issue. This is usually issued by the county in which you were born. **You obtain this from the County Clerk in the county you were born.** *Copies of the birth certificate issued by the hospital are not acceptable.*
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