



Little Rock-Fox Fire Protection District

5 East North Street • Plano, Illinois 60545
630-552-3311

Dear Applicant,

Thank you for considering employment with our fire district. We have carefully prepared this package to answer many of your questions, orient you to the special nature of our part time positions, and begin the application process should you desire.

Firefighting, even at the part time or volunteer level, is an elite, dangerous, and physically demanding endeavor. From one vantage, the demands at Little Rock-Fox are greater than those of a full time firefighter because most of us do this work in addition to our regular jobs. Add in the mental demands of responding to emergencies and interacting with humans, usually in crisis, and you have a low paying, highly demanding, part time job that is appropriate for only a few.

Even though the number of actual structure fires nationwide generally continues to drop each year due to more and better Fire Prevention programs, we must train for and be prepared, every day, for the worst. This preparation is time consuming, usually difficult, but critical to our ability to respond safely, rapidly, and fulfill our Mission and Code of Honor (both attached)

Firefighting and EMS are exciting, interesting, and life-changing. They are also difficult, dangerous, and can be life-ending. The rush of exhilaration and accomplishment is without equal. But one of the challenges is we are called on at all hours and must transition our bodies from being at full-rest (even sleeping) to maximum physical capacity almost immediately – without warm-up or preparation time. This taxes firefighters' systems well beyond normal limits.

If you are still interested, completing and returning the Applicant Personal Data Questionnaire will begin the process. Please carefully read the accompanying sheets and complete the questionnaire. Here are some highlights:

- In order to continue the process, we will need a **photocopy of your Illinois Driver's License** and **High School Diploma** or Certificate of High School Equivalency (GED). **Include this when submitting your application.**
- We'll need your **Medical and Immunization Histories**, giving the doctors assurances and clues to your existing condition, providing the basis for further testing. **Include this when submitting your application.**
- Morris Hospital Occupational Health conducts the medical testing, evaluating against the NFPA 1582 standard, including the Essential Job Functions (attached). You must be able to perform all the functions listed.

The process is extensive. The rewards are significant. We hope you will join us.

Respectfully yours,

LITTLE ROCK-FOX FIRE PROTECTION DISTRICT

Gregory R. Witek
Fire Chief

EDUCATION

14 **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4
GRADUATE SCHOOL M.A. Ph.D. OTHER _____

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

Date(s) Attended

- 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 applied for: _____

MILITARY

- 21 Are you now or have you ever been in the military service of the United States?
Yes _____ No _____
- 22 Branch of service _____
Service Serial Number _____ Highest Rank Held _____
Type of Discharge _____
- 23 Give dates and location of active duty _____
City and State _____
Period of Active Duty: From _____ To _____
- 24 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 _____
Rank _____
- 25 Unit _____ From _____ To _____

CONVICTION HISTORY

****Please Note: You do not have to disclose expunged juvenile records ****

26 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

27 List all traffic convictions and accidents you have had in the last five years.

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

28 Have you ever been refused a driver's license? Yes ____ No ____

If yes, explain: _____

29 Has your driver's license ever been suspended or revoked? Yes ____ No ____

If yes, explain: _____

34 Employer _____ Phone _____
Address _____
Number & Street City State Zip
Job Description _____
Supervisor's Name _____ May we contact them? _____
Reason for leaving _____
Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

35 Employer _____ Phone _____
Address _____
Number & Street City State Zip
Job Description _____
Supervisor's Name _____ May we contact them? _____
Reason for leaving _____
Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

36 Employer _____ Phone _____
Address _____
Number & Street City State Zip
Job Description _____
Supervisor's Name _____ May we contact them? _____
Reason for leaving _____
Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

37 Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? If yes, please explain: _____

38 Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes ____ No ____
If yes, explain: _____

REFERENCES

Please list three adults who are not related to you and are not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

39 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

40 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

41 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

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

43 Explain your reasons for wanting to become a firefighter and/or paramedic: _____

ACCOMODATIONS & NOTIFICATIONS

44 Please review the attached “*Essential Job Functions*”, and state whether you can perform the job functions listed therein.

Yes _____ No _____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

46 **Prior to employment**, all applicants must produce/complete the following:

- valid Illinois driver's license
- high school diploma or GED
- required immunization records (see attached “*Immunization Requirements*”)
- NFPA 1582 compliant physical fitness exam conducted by the District’s chosen physician
- proof of citizenship

47 I further understand that it is my obligation to provide the District, up-to-date credentials and that the District will develop its eligibility list in accordance with the credentials on file with it.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH LITTLE ROCK-FOX FIRE PROTECTION DISTRICT.

Dated at _____, Illinois, this _____ day of _____, _____.
City/Town Date Month Year

Signature _____

**LITTLE ROCK-FOX FIRE PROTECTION DISTRICT
AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

Without reservation, I, _____, hereby authorize the LITTLE ROCK-FOX FIRE PROTECTION DISTRICT ("THE DISTRICT") and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to THE DISTRICT. I also consent to the release to THE DISTRICT of any and all medical records prepared during the medical examination I am required to undergo for employment with THE DISTRICT.

I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I understand that I may undergo a physical ability test as part of the application process and that such physical ability test will subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the LITTLE ROCK-FOX FIRE PROTECTION DISTRICT CERTIFICATION OF PHYSICAL CONDITION form prior to participating in the physical ability test.

I also agree to indemnify and hold harmless THE DISTRICT, the individual trustees, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue THE DISTRICT, the individual trustees, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of THE DISTRICT, its trustees, as well as its employees and agents.

Signature _____

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

