



## 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



Little Rock-Fox Fire Protection District  
5 E North Street  
Plano, IL 60545

## ***Essential Job Functions***

The Little Rock-Fox Fire Protection District shall evaluate the following thirteen essential job tasks against the types and levels of emergency services provided to the local community by the Fire District, the types of structures and occupancies comprising the community, and the configuration of the Fire District to determine the essential job tasks of the Fire District employees and candidates:

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods
2. Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece and/or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Climbing six or more flights of stairs while wearing a fire protective ensemble including SCBA, weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20-40 lbs (9-18 kg).
5. Wearing a fire protective ensemble, including SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2 degrees Fahrenheit (39 degrees Celsius).
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lbs (90 kg) to safety despite hazardous conditions and low visibility.
7. Advancing water-filled hose lines up to 2-1/2 inches (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, which is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.



**Little Rock-Fox Fire Protection District**  
**Code of Honor**

As a Little Rock-Fox firefighter,  
I pledge to act in a manner that earns trust and shows integrity.  
I accept a special responsibility to help those in need,  
giving my very best in all situations.

I am aware of the sacrifices I must make in order to  
perform to the best of my abilities.

Duty, Pride, and Tradition are my values.

*Duty* is doing it.

*Pride* is wearing it.

*Tradition* is living it.



## ***Little Rock-Fox Fire Protection District Mission Statement***

The Little Rock-Fox Fire Protection District is committed to protecting the lives and property of the inhabitants and all who travel through the townships of Little Rock and Fox including the cities of Plano and Millbrook from the adverse effects of fire and exposure to dangerous conditions created by man or nature.

This commitment to fire prevention, fire suppression, rescue, emergency medical service, and other special services can only be accomplished through the constant and earnest cooperative efforts of all the district members to perform all duties and assignments in an efficient, honest, and professional manner. This shall be maintained by continuous training and personal dedication.

**Little Rock-Fox Fire Protection District  
5 E North St, Plano, Illinois 60545**

**APPLICANT PERSONAL DATA QUESTIONNAIRE**

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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** \_\_\_\_\_

5. **Other Phone** \_\_\_\_\_

6 **Driver's License No.** \_\_\_\_\_

7. **Social Security No.** \_\_\_\_\_

8 **U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, have you applied for United States citizenship?** Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST ALL FORMER ADDRESSES FOR THE PAST 10 YEARS IN CHRONOLOGICAL ORDER**

9 **Address** \_\_\_\_\_  
Number & Street City State Zip

10 **Address** \_\_\_\_\_  
Number & Street City State Zip

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                      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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT HISTORY**

List all jobs held for the last ten years. Include periods of unemployment. **Put your present or most recent job first.** Include military service in proper time sequence along with temporary or part-time jobs.

30 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
                    Number & Street    City    State    Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
                    month-year    month-year

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31 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
                    Number & Street    City    State    Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
                    month-year    month-year

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32 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
                    Number & Street    City    State    Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
                    month-year    month-year

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33 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
                    Number & Street    City    State    Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
                    month-year    month-year

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34 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

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35 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

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36 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street City State Zip  
Job Description \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

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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.

**AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION  
(EMPLOYMENT PURPOSE - MAY BE SUBMITTED AFTER INITIAL INTERVIEW)**

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**TO BE COMPLETED BY APPLICANT  
(PLEASE PRINT LEGIBLY OR TYPE)**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Applicant Signature: \_\_\_\_\_

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**Applicant Authorization**

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Email address \_\_\_\_\_

Signature: \_\_\_\_\_

\* This information is requested by LRFFPD solely for purposes of insuring accurate retrieval of records.

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**TO BE COMPLETED BY EMPLOYER (PLEASE PRINT LEGIBLY OR TYPE)**

Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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