

# Prospect Heights Fire Protection District

## STATE OF ILLINOIS

### 2022 APPLICATION FOR EMPLOYMENT

#### **POSITION: FIREFIGHTER/PARAMEDIC**

#### **INSTRUCTIONS:**

- 1) Fill out this application completely and accurately.
- 2) Hand print or type all answers.
- 3) All statements in your application are subject to verification.
- 4) False or incorrect statements will bar you from employment. False or incorrect statements discovered after employment may result in the employee's termination of employment.
- 5) If writing space is inadequate, use the continuation sheet at the end of this application and identify additional information by question number.
- 6) Use the term N/A (not applicable) if the question does not apply. **DO NOT LEAVE ANY QUESTION OR LINE BLANK.**
- 7) Applicant must sign each and every page on the line at the bottom of each page.
- 8) Have form notarized where necessary.
- 9) Provide copies of all documents as required on last page.**

**COMPLETED APPLICATION SHALL BE SUBMITTED IN PERSON BY APPLICANT AT THE Prospect Heights Fire Protection District Administrative Office, 10 East Camp McDonald Road, Prospect Heights, IL 60070 between 9:00 a.m and 4:00 p.m. weekdays excluding legal holidays NO LATER THAN THE CLOSE OF BUSINESS on October 31, 2022. Incomplete applications or applications lacking any of the required documents will be rejected and the applicant barred from taking the written examination.**

#### **Application Returned:**

Date	Time	Staff Member Receiving:

Applications submitted which are incomplete, absent required information, without all required signatures, and/or all required supporting documents will be rejected and scored as a ZERO on the written exam.

## PERSONAL DATA

# 1) Name \_\_\_\_\_  
Last First Middle

# 2) Date of Birth \_\_\_\_\_  
Month Day Year

# 3) List any other names you have used or been known by (*include maiden name*)

\_\_\_\_\_

# 4) Current Address \_\_\_\_\_  
Number & Street City State Zip

# 5) Current **EMAIL** Address \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**THIS EMAIL ADDRESS MUST BE MAINTAINED OR UPDATED AS ALL FUTURE  
CORRESPONDENCE OR OFFERS OF EMPLOYMENT WILL BE MADE VIA EMAIL.**

# 6) Home Phone Number \_\_\_\_\_

# 7) Cell Phone Number \_\_\_\_\_

# 8) Driver's License Number \_\_\_\_\_

State of Issue \_\_\_\_\_

Driver's License Class \_\_\_\_\_

Have you held a driver's license in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

Citizenship is not required. Non-citizens will be required to submit verification of legal right to work in the United States.

# 9) Are you now or have you ever been in the military service of the United States including reserve forces and/or the National Guard?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, indicate:

Branch of service \_\_\_\_\_

Period of service: From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**INCLUDE COPY OF DD214 if DISCHARGED**

SIGNATURE OF APPLICANT



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**EDUCATION**

**# 10) CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE                      HIGH SCHOOL                      COLLEGE 1 2 3 4  
GRADUATE SCHOOL                      DOCTORATE                      OTHER \_\_\_\_\_

**# 11) High School** \_\_\_\_\_  
Name of School                      Date(s) Attended                      Graduated?  
\_\_\_\_\_  
Address of School

**# 12) Undergraduate Education** \_\_\_\_\_  
Name of School                      Date(s) Attended  
\_\_\_\_\_  
Graduated?                      Degree earned  
\_\_\_\_\_  
Address of School

**# 13) Graduate Education** \_\_\_\_\_  
Name of School                      Date(s) Attended  
\_\_\_\_\_  
Graduated?                      Degree earned  
\_\_\_\_\_  
Address of School

**# 14) Trade Schools** \_\_\_\_\_  
Name of School                      Date(s) Attended  
\_\_\_\_\_  
Graduated?                      Degree earned  
\_\_\_\_\_  
Address of School

**# 15) Paramedic School** \_\_\_\_\_  
Name of School                      Date(s) Attended  
\_\_\_\_\_  
Graduated?                      Degree earned  
\_\_\_\_\_  
Address of School

SIGNATURE OF APPLICANT



**CRIMINAL HISTORY**

# 16) Have you ever been refused a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

# 17) Has your driver's license ever been placed on supervision or probation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

# 18) Has your driver's license ever been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**Illinois state law prohibits persons convicted of certain crimes from being employed as a firefighter. The law states:**

(70 ILCS 705/16.06) (from Ch. 127 1/2, par. 37.06)  
Sec. 16.06. Eligibility for positions in fire department; disqualifications.

(b) No person shall be appointed to the fire department unless he or she is a person of good character and not a person who has been convicted of a felony in Illinois or convicted in another jurisdiction for conduct that would be a felony under Illinois law, or convicted of a crime involving moral turpitude. No person, however, shall be disqualified from appointment to the fire department because of his or her record of misdemeanor convictions, except those under Sections 11-1.50, 11-6, 11-7, 11-9, 11-14, 11-15, 11-17, 11-18, 11-19, 11-30, 11-35, 12-2, 12-6, 12-15, 14-4, 16-1, 21.1-3, 24-3.1, 24-5, 25-1, 28-3, 31-1, 31-4, 31-6, 31-7, 32-1, 32-2, 32-3, 32-4, and 32-8, subdivisions(a)(1) and (a)(2)(C) of Section 11-14.3, and subsections (1), (6), and (8) of Section 24-1 of the Criminal Code of 1961 or the Criminal Code of 2012.

(Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

SIGNATURE OF APPLICANT



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**NOTICE:** A comprehensive background check that includes using fingerprint records will be conducted on each person given a conditional offer of employment. Disqualifying information learned in that process may result in a withdrawal of the offer. The following list includes some but not all possible offenses that if substantiated may result in the withdrawal of the offer of employment.

Homicide	Intimidation
Manslaughter	Theft
Robbery	Institutional Vandalism
Burglary	Mob Action
Fraud	Obstructing Justice
Kidnapping	Perjury
Forgery	Suborning Perjury
Money Laundering	Tampering with Public Records
Solicitation of a Child	Eavesdropping
Criminal Sexual Abuse	Damage of Firefighting Equipment
Criminal Sexual Assault	Defacement of Property
Aggravated Criminal Sexual Assault	Illegal firearms Possession
Aggravated Criminal Sexual Abuse	Defacing Identification Marks of Firearms
Prostitution	Resisting/Obstructing a Police or Correctional Officer
Keeping a Place of Prostitution	Escape/Failure to Report
Pimping	Aiding Escape
Juvenile Pimping	Compounding a Crime
Exploitation of a Child	Communicating with Jurors/Witnesses
Aggravated Assault	

SIGNATURE OF APPLICANT



2022 Application for Apprentice Firefighter Membership (unpaid employment)



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## EMPLOYMENT HISTORY

List all jobs you have 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.

# 19) Present (most recent) employer's name \_\_\_\_\_

Phone \_\_\_\_\_

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

Job Title or Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_  
Month-year Month-year

# 20) Employer's name \_\_\_\_\_

Phone \_\_\_\_\_

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

Job Title or Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_  
Month-year Month-year

SIGNATURE OF APPLICANT









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

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# 26) Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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SIGNATURE OF APPLICANT



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## REFERENCES

Please list three adults not related to you and 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.

# 27) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

# 28) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

# 29) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

SIGNATURE OF APPLICANT



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# 30) Please review the enclosed job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes \_\_\_\_\_ No \_\_\_\_\_

If accommodation is needed, please explain:

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SIGNATURE OF APPLICANT



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I understand that I must provide the Fire Commission with official transcripts of my High School and post-high school education as evidence of completion. I also understand that my official transcripts must be returned with the completed application **before I am eligible to participate in the examination process for the position of Firefighter/Paramedic of the Prospect Heights Fire Protection District.**

I understand that if I am placed on any eligibility list, I will be photographed and fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

Prior to employment, all applicants must produce a valid driver's license and an original or certified copy of a birth certificate issued by a state, county or municipal authority, bearing a seal;

I further understand that it is my obligation to provide the Commission, up-to-date credentials and that the Commission 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 MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH PROSPECT HEIGHTS FIRE PROTECTION DISTRICT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

SIGNATURE OF APPLICANT





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Form 1

**PROSPECT HEIGHTS FIRE PROTECTION DISTRICT  
10 East Camp McDonald Road, Prospect Heights, Illinois 60070**

**Release of Liability**

I, \_\_\_\_\_, hereby authorize the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT.

I hereby authorize the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT to contact any person or organization named in my application for any reason. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I also agree to indemnify and hold harmless the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT, the individual trustees and commissioners, 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 application process.

I also covenant that for the consideration of my application, I agree not to sue the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT, the individual trustees and commissioners, 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 PROSPECT HEIGHTS FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I also consent to the release to the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT.



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I understand I am requested to submit a sample of my blood\urine for chemical analysis. I understand this analysis will be performed by qualified laboratory personnel. The purpose of this analysis is to determine the presence of non-prescribed drugs, controlled substances or alcohol in my specimen. I consent freely and voluntarily to this request. I consent to the release of results of this test to the referring employer. I release the Prospect Heights Fire Protection District, its employees, agents and contractors from any liability whatsoever arising from this request to furnish this specimen, the testing of the specimen and decisions made concerning my application for employment or continued employment based on the results of the analysis.

I hereby acknowledge and agree that as a condition of employment with the PROSPECT HEIGHTS FIRE PROTECTION DISTRICT that during my entire term of employment, including any periods of authorized leave, paid or unpaid, including periods of leaver due to injury, I shall:

1. Not use tobacco in any form, for any period, whether on or off duty. I understand that due to the nature of my pension the fire protection district has an obligation to manage risk to the pension fund and that tobacco use has been scientifically proven to contribute to heart and lung disease as well as certain forms of cancer;
2. Maintain my primary residency within the State of Illinois;
3. Maintain a Driver's License of the class required for my position;
4. Maintain licensure in the State of Illinois as an Emergency Medical Technician-Paramedic;
5. Maintain privileges to function as a paramedic within the EMS System that the Prospect Heights Fire Protection District participates.

I do further agree that my failure to maintain all the requisite licenses, certifications, and/or residency will constitute just cause for my dismissal from employment with the District.

**THE PROSPECT HEIGHTS FIRE PROTECTION DISTRICT IS 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 disability. 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.

Signature \_\_\_\_\_



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Form 2

June September 12, 2022

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Prospect Heights Fire Protection District, any and all information you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Prospect Heights Fire Protection District.

I hereby release you and/or your employer from any liability and damage of whatsoever nature as a result of furnishing the information requested above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

(This waiver sheet may be duplicated and each copy will be considered an original)





**PROSPECT HEIGHTS FIRE PROTECTION DISTRICT  
REIMBURSEMENT AGREEMENT FOR HIRING EXPENSES**

**WHEREAS**, the Applicant identified below acknowledges that the Prospect Heights Fire Protection District will incur substantial expenses in the process of hiring the undersigned to be a Firefighter/Paramedic; and

**WHEREAS**, it is acknowledged by the undersigned that these expenditures are expected to be recaptured through service by Applicant with the Prospect heights Fire Protection District, and that the District will suffer substantial detriment if the undersigned should take employment elsewhere during a period of time for two (2) years;

**NOW, THEREFORE**, it is agreed as follows:

**WITNESSETH:**

1. **Reimbursement Obligation.** I, \_\_\_\_\_ hereafter the "Applicant", in consideration of the Agreement by the Prospect Heights Fire Protection District, hereinafter "the Department", to provide me with employment, do hereby agree that in the event my employment with the Department ceases due to any cause other than "termination" as defined below, within twenty-four (24) months from commencement of full-time service as a firefighter/paramedic, I will reimburse the Department for all expenses incurred in connection with my hiring.
2. **Definition of Termination.** "Termination" as used in this Agreement shall mean any discontinuance of the Applicant's employment initiated by the Department, and shall also include discontinuance of employment due to injury or illness resulting in the Applicant's permanent inability to perform the normal duties of the position held by the Applicant at the time of commencement of such injury or illness.
3. **Calculation of Reimbursement Obligation.** The reimbursement obligation shall consist of the sum of all amounts expended by the Department in connection with the hiring and outfitting the Applicant. Such amounts expended may include, but are not limited to, psychological and/or medical examinations/evaluations, tuition for training classes such as Fire Apparatus Engineer, Hazardous Materials Operations and Airport Firefighter, and protective clothing and uniforms. I agree that my actual reimbursement obligation will be determined by the Department based upon actual expenditures and/or reasonable estimates thereof in the event actual expenditures cannot be documented through a reasonable effort. The Department agrees not to include in its calculation of my actual reimbursement obligation, any sums previously received from any State or Federal agency as reimbursement for expenses incurred on my behalf.



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4. **Credit for Continuous Employment.** There is no such credit for services rendered that will be given against the reimbursement obligation. Any absence from work due to illness, injury, or other cause for a period greater than two (2) weeks shall be excluded from the period of service for which credit will be given. However, all absences related to any injury sustained in the line of duty shall not be excluded.
  
5. **Terms of Repayment.** Complete payment of the reimbursement obligation shall be made within thirty (30) days of cessation of employment. At the time the Applicant's employment ceases with the Department, the Department may apply any sums due the Applicant such as, but not limited to, accrued sick time, vacation time, other paid time off, and final wages owed as payment against said Applicant's owed expenses. If the amount owed to the Applicant by the Department is in excess of the Applicant's obligation the Department will pay the balance to the Applicant. If the amount owed to the Applicant by the Department is insufficient to payoff the Applicant's obligation the will Applicant pay the balance to the Department.

The Applicant further agrees that in the event the Department incurs legal fees or other costs of collection in an effort to collect any delinquent sums owing pursuant to this Agreement, the Applicant will pay such expenses in addition to the portion of the reimbursement obligation then due.

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Signature of Applicant

Date Signed



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## Prospect Heights Fire Protection District

# Application Submittal and Review Checklist

Each application shall be returned with all areas completed as instructed and a copy of the each of the following documents:

Document required
Application completed
<b>FORMS</b>
Form 1 - Release of liability
Form 2 - Release to references
Form 3 - Reimbursement agreement for hiring expenses
<b>COPIES</b>
Certified High School transcript
Certified College transcript, if applicable
DD214 if prior military service
Certified copy of Birth Certificate
Copy of Certificate of Naturalization or Permanent Alien Resident document if not a natural born citizen.
Copy of valid Driver's License
Copy of OSFM Basic or Advanced FF
Copy of valid IDPH EMT-Basic or Paramedic license
Copy of valid (less than 12 months old) CPAT card or certificate
<b>If you are unable to complete the CPAT before the submission deadline you may alternatively submit proof of registration to participate in a CPAT</b>
<b>NOTE: At time of job offer the applicant must be in possession of a valid CPAT card or certificate</b>

