



## Richmond Township Fire Protection District

5601 Hunter Drive  
 Richmond, IL 60071  
 815-678-3672  
 www.rtfpd.com

### Employment Application

Please print in ink all information. Print legibly. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification.

Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. You may attach additional sheets if necessary.

### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
           Last                      First                      M.I.

Address: \_\_\_\_\_  
           Number                      Street                      Apartment

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a citizen of the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you authorized to work in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you at least 18 years old?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a certified Firefighter II / Basic Operations Firefighter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a certified EMT-B?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a certified EMT-P?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

• Have you been a member of a fire department or an EMS provider?  Yes  No  
 Where? \_\_\_\_\_

• Are you currently an EMT-B or EMT-P or BOFF student? Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• Have you been convicted of a felony or misdemeanor?  Yes  No  
 Explain? \_\_\_\_\_

• Have any of your professional licenses or certificates ever been suspended or revoked?  Yes  No  
 Explain? \_\_\_\_\_

**Driver's License Information**

• Driver's license number: \_\_\_\_\_  
 State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration date: \_\_\_\_\_

• Has your driver's license ever been revoked or suspended?  Yes  No  
 If yes, provide details, including dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education**

• Do you have a high school diploma?  Yes  No  
 High School name: \_\_\_\_\_  
 City: \_\_\_\_\_

• GED?  Yes  No If no, highest grade completed: \_\_\_\_\_

• Have you attended a College, University,  Yes  No If yes, list below or other specialized training?

**\*\* Provide copies of all your education transcripts. \*\***

Name and Location	Credit Hours		Graduate		Field of Study	Degree Earned
	Sem	Qtr	Yes	No		

**References**

<b>Name:</b>	<b>Relationship:</b>
<b>Company:</b>	<b>Phone:</b>
<b>Address:</b>	

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<b>Company:</b>	<b>Phone:</b>
<b>Address:</b>	

**Employment History**

Most recent to oldest

Company 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Company 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Company 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

## Disclaimer and Signature

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using information and all other persons, corporations, or organization for furnishing such information.

The employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the Chief or District Trustee, has the authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by the Chief or a District Trustee.

I do release and forever hold harmless the Richmond Township Fire Protection District, its Board of Trustees, Fire Chief, Officers, and Members from any claim arising out of their completion of a reference check. Finally, I also understand that completion of this application does not assure me membership or obligate the Richmond Township Fire Protection District in any manner.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Name: \_\_\_\_\_

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