



PART-TIME FIREFIGHTER APPLICATION

HUNTLEY FIRE PROTECTION DISTRICT
11808 CORAL AVENUE
HUNTLEY, ILLINOIS 60142
PHONE: (847)669-5066



HUNTLEY FIRE PROTECTION DISTRICT
Part-Time Firefighter Application



Application

Name

1. Last: _____
2. First: _____
3. Middle: _____
4. Suffix: _____
5. List any other names you have been known by, including nicknames:

Address

6. Street Number and Name: _____
7. City: _____
8. State: _____
9. Zip Code: _____

Contact Information

10. Home Phone Number: _____
11. Cell / Mobile Number: _____
12. E-Mail Address: _____

Driver Information

13. Driver's License Number: _____
14. Driver's License Class: _____
15. Driver's License State: _____



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Employment Eligibility

16. Social Security Number: _____

17. Are you a United States Citizen? (Yes or No): _____

18. If No, are you and alien with evidence of intention to become a Citizen? (Yes or No): _____

Current and Former Addresses – List in chronological order for the last ten (10) years

19.	Street Number & Name:	
	City:	
	State:	
	Zip Code:	
	Years Resided:	

20.	Street Number & Name:	
	City:	
	State:	
	Zip Code:	
	Years Resided:	

21.	Street Number & Name:	
	City:	
	State:	
	Zip Code:	
	Years Resided:	



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22.	Street Number & Name:	
	City:	
	State:	
	Zip Code:	
	Years Resided:	

Education

23. Select Highest Level of Education Completed:

- GED Certificate
- High School
- College 1 – 2 – 3 – 4
- Graduate School
- Master’s Degree
- Doctoral Degree

24. List any / all college degrees you have earned: _____ -

25.	High School Name:	
	City:	
	State:	
	Zip Code:	
	Dates Attended:	
	Did You Graduate:	



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26.	Undergraduate Institution Name:	
City:		
State:		
Zip Code:		
Dates Attended:		
Did You Graduate:		

27.	Graduate Institution Name:	
City:		
State:		
Zip Code:		
Dates Attended:		
Did You Graduate:		

28.	Trade School Name:	
City:		
State:		
Zip Code:		
Dates Attended:		
Did You Graduate:		

The Huntley Fire Protection District is an equal opportunity employer.



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Military Service

29. Are you now or have you ever served on active duty in the U.S. Armed Forces? (Yes or No):

30. If Yes to the above question, which branch? _____

31. Are you now or were you ever an active member of any branch of the U.S. Armed Forces Reserve or the National Guard? (Yes or No): _____

Legal / Traffic History

32. Have you ever been convicted of a crime other than minor traffic violations? (Yes or No): _____

33. If the answer to the above question is yes, please explain below. If more room is needed, please type on a separate page and attach.

Incident Date	Police Agency	Offense	Disposition



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34. List all traffic convictions and accidents you have had in the last four years. If more room is needed, please type on a separate page and attach.

Location (City & State)	Date	Violation	Disposition



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Employment History

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

35.	Current Employer Name:	
	Street Number & Name:	
	City:	
	State:	
	Zip Code:	
	Phone Number:	
	Job Description:	
	May We Contact Them?	
	Reason for Leaving:	
	Employment Dates:	
	Salary (Hourly or Yearly):	



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36.	Employer Name:	
Street Number & Name:		
City:		
State:		
Zip Code:		
Phone Number:		
Job Description:		
May We Contact Them?		
Reason for Leaving:		
Employment Dates:		
Salary (Hourly or Yearly):		

37.	Employer Name:	
Street Number & Name:		
City:		
State:		
Zip Code:		
Phone Number:		
Job Description:		
May We Contact Them?		
Reason for Leaving:		
Employment Dates:		
Salary (Hourly or Yearly):		

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38.	Employer Name:	
Street Number & Name:		
City:		
State:		
Zip Code:		
Phone Number:		
Job Description:		
May We Contact Them?		
Reason for Leaving:		
Employment Dates:		
Salary (Hourly or Yearly):		

39.	Employer Name:	
Street Number & Name:		
City:		
State:		
Zip Code:		
Phone Number:		
Job Description:		
May We Contact Them?		
Reason for Leaving:		
Employment Dates:		
Salary (Hourly or Yearly):		

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40. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? (Yes or No): _____

41. If yes, please explain: _____

42. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? (Yes or No): _____

43. If yes, please explain: _____

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.

44.	Reference Name:	
Address:		
Home Phone:		
Business Phone:		
Occupation:		
Relationship:		

45.	Reference Name:	
Address:		
Home Phone:		
Business Phone:		
Occupation:		
Relationship:		



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46.	Reference Name:	
Address:		
Home Phone:		
Business Phone:		
Occupation:		
Relationship:		

Certification

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

Date: _____ Month: _____ Year: _____

Print Name: _____

Signature: _____



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Huntley Fire Protection District
Certification of Physical Condition

Name: _____ is capable of performing the essential job functions of a firefighter including but not limited to climbing ladders, pulling hose, dragging heavy weights, swinging an axe, wearing an SCBA and lifting heavy weight.

Doctor's Printed Name: _____

Doctor's Signature: _____

Date: _____



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Acknowledgements - Applicants Copy

I have received copies of the following policies:

1. Huntley Fire District Policy 1047 - Part Time Work Requirements
2. Huntley Fire District Policy 1061 - Part Time Firefighter Employment Process

I understand that I must return copies of the following documents with this application:

1. State of Illinois Firefighter II Basic Operations Firefighter certification.
2. Current Illinois Department of Public Health EMT-B or EMT-P License
3. A valid Illinois driver's license: Class D or Class B Non-CDL.
4. CPAT certificate obtained within the previous 12 months.
5. Certification of Physical Condition

Date: _____ Month: _____ Year: _____

Print Name: _____

Signature: _____

Witness Printed Name: _____

Witness Signature: _____



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Acknowledgements - District Copy

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4. CPAT certificate obtained within the previous 12 months.
5. Certification of Physical Condition

Date: _____ Month: _____ Year: _____

Print Name: _____

Signature: _____

Witness Printed Name: _____

Witness Signature: _____