

Eureka-Goodfield Fire Protection District
 211 North Main Street
 Eureka IL 61530
 Ph: (309)467-6181
 Fax: (309)467-2904

EMS Division Application

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City				State		ZIP				
Home Phone				Cell Phone						
E-mail Address										
How did you hear about this position?										
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you over the age of 18?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you previously applied for this position?		YES <input type="checkbox"/> when? NO <input type="checkbox"/>	
EDUCATION AND TRAINING										
High School				City/State						
Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
College/Trade School				City/State						
Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree /Major				
Other				City/State						
Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree /Major				
Have you served on a Fire/E.M.S./Rescue Department before?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, where and when				
Have you had Firefighter/E.M.S training in the past?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Type/Date:				
Please list any other skills, experience, or certifications that you have that relate to this position.										
MILITARY SERVICE										
Branch					From To					
Rank at Discharge					Type of Discharge					
If other than honorable, explain										

PREVIOUS EMPLOYMENT			
Please provide employment information for a minimum of five years. Attach a separate sheet of paper, if needed.			
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer/supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer/supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer/supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DRIVING RECORD CHECK			
Driver's License No.	State of Issuance		
Expiration Date	Driver's License Classification	Endorsements	
Do you have any special training in the operation of motor vehicles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
Have you had any motor vehicle accidents in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
Have you ever had your license or permit suspended, revoked, forfeited or terminated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
Please note: If you are accepted and are an authorized driver of emergency vehicles, you will be required to provide verification of a valid driver's license and any additional information regarding driving record, including accident information, conviction of traffic offenses, and property damage.			

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REFERENCES

Please list three references (non-relatives) that have a definite knowledge of your qualifications and fitness as related to this position

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE

By signing below, I certify that I have not withheld any information that might adversely affect my chance to be employed by the Eureka-Goodfield Fire Protection District (EGFPD) - EMS Division. I further understand that false or misleading information in my application or interview may result in my immediate release. I understand that Illinois is an at-will employment state and my employment may be terminated by the employee or employer at any time.

I understand that any offer of employment may be contingent upon the results of a reference and background check, physical examination, medical background information as to my ability to perform specific related job duties and any other necessary pre-employment testing. I authorize the EGFPD to investigate my background and qualifications, to contact those persons familiar with me, and to verify statements made on this application. I release the EGFPD, its officers and agents, and any person who might be contacted regarding my qualifications from any possible claims of liability that otherwise might result from any investigation performed or information provided pursuant to my application.

If accepted for employment, I agree to abide by the rules and regulations of the EGFPD-EMS Division, the OSF Saint James Emergency Medical Services System, and the Illinois Department of Public Health as they apply. I understand that the position I am applying for with the EGFPD involves certain risks, and that I will be required to remain physically fit and to regularly participate in the training and educational programs that are provided. I understand that I will be required at all times to maintain a valid Illinois Driver's License and to maintain any necessary license classification required for the duration that I am on the department.

I understand that I will be required to respect department confidentiality and must maintain Health Insurance Portability and Accountability Act (HIPPA) regulations at all times.

I further understand that applications are active for one year from the signature date below.

Signature

Date

Received by: _____ **for the Eureka-Goodfield Fire Protection District-EMS Division on** ____/____/____ **(Date)**

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Consent to Criminal Background Check

The undersigned person acknowledges that he/she is a current volunteer or an employee of the Eureka-Goodfield Fire Protection District, or is applying to become a volunteer or employee of the Eureka-Goodfield Fire Protection District.

The position being requested is to provide an emergency medical service to the public by the District. The undersigned hereby consents to a criminal background check as authorized by the Illinois Health Care Worker Background Check Act 225 ILC 46/1, eq seq., as if the Act applied to the employment of volunteer status of the undersigned. Further, the undersigned forever releases the District, its Trustees, and Officers, from any liability incurred from the performance of the background check for which consent is hereby given, or any use of the information obtained through the means of that background check.

Dated this _____ day of _____, 20_____.

Employee/Applicant Signature