

DEER CREEK FIRE PROTECTION DISTRICT

402 E. First Ave, P.O. Box 352
Deer Creek, IL 61733

Telephone 309-447-6490 NON-EMERGENCY

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

DATE:

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

DL#

ADDRESS:

DATE OF BIRTH:

PHONE NUMBER:

EMAIL ADDRESS:

EMPLOYMENT

CURRENT EMPLOYER:

PHONE:

ADDRESS:

NORMAL WORK HOURS:

WOULD YOUR EMPLOYER LET YOU LEAVE WORK TO ATTEND FIRE CALLS?

WHAT HOURS WOULD YOU BE AVAILABLE TO ATTEND FIRE CALLS?

DO YOU HAVE PREVIOUS FIRE OR RESCUE EXPERIENCE?

IF SO, PLEASE LIST TYPE, LOCATION, TIME PERIODS, AND POSITION:

CRIMINAL HISTORY

HAVE YOU HAD ANY VEHICULAR TICKETS IN THE LAST 5 YEARS?

NUMBER:

HAVE YOU HAD ANY VEHICULAR ACCIDENTS IN THE LAST 5 YEARS?

NUMBER:

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN A COURT OF LAW?

IF SO, PLEASE LIST CONVICTION, LOCATION, AND YEAR:

PLEASE KNOW THAT A CRIMINAL HISTORY CHECK WILL BE CONDUCTED BEFORE THIS APPLICATION IS APPROVED

**ALL APPLICANTS MUST READ THE FOLLOWING STATEMENT
CAREFULLY AND SIGN BELOW**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION OR DELIBERATE OMISSION OF A MATERIAL FACT IN MY APPLICATION IS GROUNDS FOR REFUSAL TO MEMBERSHIP, OR IF HIRED, DISMISSAL.

IT IS MY UNDERSTANDING THAT THE DEER CREEK FIRE PROTECTION DISTRICT MAY MAKE A THOROUGH INVESTIGATION OF MY ENTIRE WORK AND PERSONAL HISTORY AND MAY VERIFY ALL DATA GIVEN IN MY APPLICATION FOR MEMBERSHIP, RELATED PAPERS, OR ORAL INTERVIEW. I SPECIFICALLY AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THE APPLICATION TO GIVE ANY AND ALL INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT THIS IS AN APPLICATION FOR MEMBERSHIP AND THAT NO MEMBERSHIP OR EMPLOYMENT IS BEING OFFERED OR IMPLIED. I FURTHER UNDERSTAND THAT IF A MEMBERSHIP OFFER IS MADE, SUCH OFFER MAY BE WITHDRAWN, WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE DEPARTMENT OR MYSELF. IN ADDITION, IF I BECOME A MEMBER, IT IS ALSO UNDERSTOOD THAT WAGES, BENEFITS, RULES, REGULATIONS, AND THE CONDITIONS OF MY MEMBERSHIP AT ANY TIME AND MY MEMBERSHIP WITHIN THIS ORGANIZATION MAY BE TERMINATED AT ANY TIME BY EITHER THE DEPARTMENT OR THE MEMBER.

I ACKNOWLEDGE THAT I HAVE BEEN ADVISED THAT THIS APPLICATION MAY REMAIN ACTIVE FOR NO MORE THAN 120 DAYS FROM THE DATE IT WAS MADE.

SIGNATURE OF APPLICANT

DATE

REJECTED OR APPROVED _____

OFFICER _____

TITLE