

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: _____

NAME: _____ SS #: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE NUMBER: _____ REFERRED BY: _____

DL# _____

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

EDUCATION	NAME/LOCATION OF SCHOOL	DATE GRADUATED	SUBJECT
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER			

ARE YOU A CERTIFIED FIREFIGHTER? _____ LEVEL AND STATE: _____

ARE YOU A CERTIFIED EMERGENCY MEDICAL TECHNICIAN? _____

WOULD YOU BE WILLING TO TAKE CLASSES TO FURTHER YOUR EDUCATION? _____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

HAVE YOU ANY DEFECTS IN HEARING? _____ IN VISION? _____

REFERENCES

LIST BELOW THE NAMES OF THREE PERSONS **NOT RELATED** TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS:

NAME	ADDRESS	PHONE	YRS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY MEMBERSHIP WILL INCLUDE A PROBATIONARY PERIOD OF AT LEAST ONE (1) YEAR DURING WHICH MY MEMBERSHIP MAY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE: _____ DATE: _____

**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