



Grayslake Fire Protection District
160 Hawley Street
Grayslake, Illinois 60030
Part-Time Firefighter/EMT Employment Application Checklist

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

I understand that I am required to submit copies of the following documentation and/or certifications with my application:

Required at the Time of Application Submission:

- Valid Driver's License
- Valid CPAT Card

If Licensed or Certified (as applicable):

- Copy of EMT License
- Copy of Firefighter Basic Operations Certification
- Copy of Hazardous Materials Operations Certification

This checklist will be initialized on Page 5. All required documentation must be included with the application at the time of submission.

Applications missing any required credentials or documentation will be considered **incomplete** and will **not be accepted**.



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PERSONAL INFORMATION

1. Applicant Full Name (Last, First, Middle): _____
2. Give any other name(s) you have been known by or used and attach a statement giving reasons, include maiden name if applicable: _____
3. Home Address (Number & Street, City, State, ZIP): _____

4. Home Phone: _____ 5. Mobile/Cell Phone: _____
6. Email: _____
7. Drivers License State: _____ 8. Driver's License Number: _____
9. Date of Birth (Month/Date/Year): _____ 10. Social Security Number: _____
11. U.S. Citizen: ☐ Yes ☐ No. If no, have you applied for United States citizenship? ☐ Yes ☐ No.

List your residences for the past 10 years in chronological order.

Address	City and State
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____

EDUCATION, TRAINING, EXPERIENCE

17. Highest Grade Completed:
☐ GED; ☐ High School;
College: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
Graduate School: ☐ M.A., ☐ Other: _____
18. High School

Name, Address, City and State	Date(s) Attended	Graduate
_____	_____	_____
19. Undergraduate Education

_____	_____	_____
-------	-------	-------
20. Graduate Education

_____	_____	_____
-------	-------	-------
21. Trade School

_____	_____	_____
-------	-------	-------
22. What college degrees have you attained? _____
23. List course work relevant to position applied for: _____



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MILITARY

24. Are you now or have you ever been in the military service of the United States? ☐ Yes ☐ No.
25. Branch of service: _____
26. Highest Rank Held: _____
27. Type of Discharge: _____
28. Give dates and location of active duty: _____

29. City and State: _____
30. Period of Active Duty: From _____ To _____
31. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? ☐ Yes ☐ No.
32. Rank: _____
33. Unit: _____ From: _____ To: _____

CONVICTION HISTORY

34. Have you ever been convicted of a crime other than minor traffic violations? ☐ Yes ☐ No. If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE
35.			
36.			
37.			

List all traffic convictions and accidents you have had in the last ten years.

LOCATION (City-State)	DATE	VIOLATION	DISPOSITION
38.			
39.			
40.			

41. Have you ever been refused a driver's license? ☐ Yes ☐ No. If yes, explain:

42. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No. If yes, explain:



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EMPLOYMENT HISTORY

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

List your previous three (3) employers. Begin with your current or most recent employer.

43. Employer: _____

Address: _____

Telephone number: _____

Job Description: _____

Do you object to our contacting them? ☐ Yes ☐ No

Reason for Leaving: _____

Date(s) Employed (mm/yy): From: _____ To: _____

44. Employer: _____

Address: _____

Telephone number: _____

Job Description: _____

Do you object to our contacting them? ☐ Yes ☐ No

Reason for Leaving: _____

Date(s) Employed (mm/yy): From: _____ To: _____

45. Employer: _____

Address: _____

Telephone number: _____

Job Description: _____

Do you object to our contacting them? ☐ Yes ☐ No

Reason for Leaving: _____

Date(s) Employed (mm/yy): From: _____ To: _____

46. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment?
If yes, please explain: _____

47. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? ☐ Yes ☐ No. If yes, explain: _____



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48. Have you ever taken a civil service exam? ☐ Yes ☐ No

Agency: _____ Date: _____ Position on List _____

Status _____

49. Are you currently on any eligibility list(s)? ☐ Yes ☐ No

If yes, indicate position applied for, status on list and expiration date of each:

REFERENCES

Please list two 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.

50. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

51. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

52. List organizations of which you are a member that relate to the position that you are applying for:

53. Explain your reasons for wanting to become a firefighter and/or paramedic:

54. Please review the enclosed job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation. ☐ Yes ☐ No

If accommodation is needed, please explain:



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SUBMISSION OF DOCUMENTATION AND CREDENTIALS

I understand that I must provide copies of the following documentation and/or certifications with my application upon submission: _____ Initials that all are attached

- Valid Driver's License (Required)
- EMT License (If Licensed)
- Firefighter II Basic Certification (If Certified)
- Valid CPAT Card (Required)

If hired, I understand that on the first day of employment I will need to provide; one selection from List A or a combination of one selection from List B and one selection from List C. Documents must be UNEXPIRED.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

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I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints may be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

I hereby certify that I have read the above questions and statements, and I certify that there are no willful 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 any misrepresentations, omissions or falsifications on this questionnaire may result in my application no longer being considered or in termination of my employment with Grayslake Fire Protection District.

Dated this _____ day of _____, 20____.

Signature _____

Grayslake Fire Protection District is an equal opportunity employer. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

CONTINUATION SPACE

(If adequate spice was not provided for a specific item, please continue here).

Question Number, Continuation of Answer

[illegible]



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RELEASE AND LIABILITY AUTHORIZATION FORM

I, _____ (Print Name), hereby authorize the Grayslake Fire Protection District and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Grayslake Fire Protection District. I also consent to the release to the Grayslake Fire Protection District of any and all medical records prepared during the physical examination I am required to undergo for employment with the Grayslake Fire Protection District. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I also agree to indemnify and hold harmless the Grayslake Fire Protection District, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the Grayslake Fire Protection District, its individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the Grayslake Fire Protection District, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the Grayslake Fire Protection District, I must maintain at all times a valid Driver's License, of the Class required to operate all vehicles of the Grayslake Fire Protection District. I do further agree that my failure to maintain said Driver's License will constitute reason for just cause of my dismissal from employment with the Grayslake Fire Protection District. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II certification and EMT-P license. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the Grayslake Fire Protection District.

Signature: _____

Date: _____