



**Greater Round Lake Fire Protection District
Board of Fire Commissioners
Application for Employment
Full-Time Firefighter/Paramedic**

The Board of Fire Commissioners for the Greater Round Lake Fire Protection District, Round Lake, IL, is seeking qualified applicants to establish a hiring eligibility list. Applications must be submitted before 4:00 pm, local time on April 8, 2024 using this form. Minimum eligibility requirements have been established for this position by the Board and/or State statutes:

- Applicant must be at least twenty-one (21) years of age at the time of hire and shall be under the age of thirty-five (35) years of age at the time of application, unless the individual falls under one of the exceptions to the statutory maximum hiring age detailed in 70 ILCS 705/16.06 or 65 ILCS 5/10-2.1-6.
- Applicant must possess a high school graduation diploma or GED equivalent.
- Applicant must have a valid driver's license.
- Applicant must submit with their completed application proof of a current and valid CPAT card with ladder certification that is dated not older than April 8, 2023.
- Applicant must be licensed by the Illinois Department of Public Health as an EMT-Paramedic or be currently enrolled in a paramedic program at the time of application (must be licensed as a Paramedic at the time of hire).
- At a minimum, applicant must be certified by the Illinois Office of the State Fire Marshal to the level of Firefighter II or Basic Operations Firefighter at the time of hire.

Applicants are to submit copies of the following documents with their completed application package:

- * Birth Certificate.
- * High School Diploma and any college degrees attained.
- * Driver's License.
- * Current paramedic license.
- * Illinois OSFM Certifications.
- * Current and valid CPAT card.

An orientation session followed by written testing will be held at 8:00 am on April 13, 2024. Interviews are tentatively scheduled for April 20, 2024. Attendance is mandatory at all components of the testing process.

Applicants must be of good moral character and meet all requirements of the Board of Fire Commissioners and the State of Illinois. Applicants must successfully complete all phases of testing to be placed upon the eligibility list. Placement on the eligibility list does not guarantee future employment with the Greater Round Lake Fire Protection District.

Persons requiring assistance completing the application may telephone or visit the Greater Round Lake Fire Protection District Administrative Offices located at 409 W. Nippersink Road, Round Lake, IL 60073, Monday through Friday between 8:00 am and 4:00 pm or call the District Office at (847) 546-6001. Completed applications must be submitted no later than 4:00 pm on April 8, 2024.

The Greater Round Lake Fire Protection District considers all applicants for employment without regard to race, color, religion, sex, age, origin, handicap or disability in accordance with Federal law. In addition, the Greater Round Lake Fire Protection District complies with applicable State and local laws prohibiting discrimination in employment in every jurisdiction it maintains facilities.

This Application for Employment is the first step of the testing process. Please read each question carefully before answering and answer each question accurately. The application is not the sole criterion for hiring, and various procedures are utilized to verify the accuracy of the information that you have provided. An applicant may be disqualified from further processing, employment, and/or terminated after appointment for failing to complete this form, or if he/she intentionally makes a false application, examination, hiring process or appointment.

THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT ONLY

By signing below, you signify that you have read and understand the above statements.

Signed:

Applicant Signature

Date

First Name:

Last Name:

Middle Name:

Maiden name or other names (including nicknames or aliases) that you have used or have been known by may be necessary to verify background information, previous employment and education.

Maiden names, other names or aliases:

E-mail address:

Current Address:

Apartment No.

City:

State:

Zip Code:

How long at current address?

Less than one year.

1 – 5 years.

More than 5 years.

Mobile Phone:

Other Phone:

Past Address 1:

From:

To:

Past Address 1:

From:

To:

Past Address 1:

From:

To:

US Citizen?

Yes

No

Social Security No.

If Naturalized Citizen – Date?

PERSONAL REFERENCES

List 5 people that you have known for at least 5 years. Do not list relatives or former employers.

Name:	Address:		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	Number of Years Known:		
<input type="text"/>	<input type="text"/>		

Name:	Address:		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	Number of Years Known:		
<input type="text"/>	<input type="text"/>		

Name:	Address:		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	Number of Years Known:		
<input type="text"/>	<input type="text"/>		

Name:	Address:		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	Number of Years Known:		
<input type="text"/>	<input type="text"/>		

Name:	Address:		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	Number of Years Known:		
<input type="text"/>	<input type="text"/>		

EMPLOYMENT HISTORY

Beginning with your present position, list all jobs held over the past 10 years, including part-time and full-time employment.

Employer:	Supervisor Name:	
<input type="text"/>	<input type="text"/>	
Address:	Telephone:	
<input type="text"/>	<input type="text"/>	
Job Title:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Duties:	<input type="text"/>	
Reason for Leaving:	<input type="text"/>	

Employer:	Supervisor Name:	
<input type="text"/>	<input type="text"/>	
Address:	Telephone:	
<input type="text"/>	<input type="text"/>	
Job Title:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Duties:	<input type="text"/>	
Reason for Leaving:	<input type="text"/>	

Employer:	Supervisor Name:	
<input type="text"/>	<input type="text"/>	
Address:	Telephone:	
<input type="text"/>	<input type="text"/>	
Job Title:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Duties:	<input type="text"/>	
Reason for Leaving:	<input type="text"/>	

Employer:

Address:

Job Title:

Job Duties:

Reason for Leaving:

Supervisor Name:

Telephone:

From:

To:

Employer:

Address:

Job Title:

Job Duties:

Reason for Leaving:

Supervisor Name:

Telephone:

From:

To:

Employer:

Address:

Job Title:

Job Duties:

Reason for Leaving:

Supervisor Name:

Telephone:

From:

To:

EMPLOYMENT HISTORY (CONTINUED)

Please note any objections to our contacting any of the previous listed employers:

Are you engaged in any business as an owner or partner?

Yes No

If yes, please provide details:

Were you ever discharged or asked to resign from any employment?

Yes No

If yes, please provide details:

Have you ever had any garnishments or judgements against you?

Yes No

If yes, please provide details:

EDUCATION AND TRAINING

Highest Degree Earned:

High School Diploma

GED Diploma

Associate degree

Bachelor's Degree

Master's Degree

Doctorate

High School Name:

Address:

Graduation / GED Date:

College / University

Degree or Program:

Degree Earned:

Date Completed:

College / University

Degree or Program:

Degree Earned:

Date Completed:

College / University

Degree or Program:

Degree Earned:

Date Completed:

Illinois Office of the State Fire Marshal Certifications:

Certification:

Training Location:

Date Completed:

Paramedic License:

Certification (Illinois or National):

Training Location:

Date Completed:

Describe any other specialized training, experience, qualification or skills that you have that make you a quality candidate:

DRIVERS LICENSE INFORMATION

Do you have a valid driver's license?

Yes No

State Issued:

License Number:

Expiration Date:

During the past 10 years, has your license been suspended or revoked?

Yes No

If yes, please give details:

Have you ever been convicted of driving under the influence of alcohol or drugs?

Yes No

If yes, please give details:

Were you ever involved in and vehicular crashes?

Yes No

If yes, please give dates and details:

Were police reports completed for these crashes?

Yes No

If yes, with what police agencies?

US MILITARY EXPERIENCE

Have you ever served on active duty in the Armed Forces of the United States?

Yes

No

Branch of Service:

Length of Service:

Highest Rank:

Discharge Status:

Date of Discharge:

Reserve Status:

Please attach a copy of your DD214 or service record.

Were you ever rejected for service in the US Armed Forces?

Yes

No

If yes, please give details – including dates:

Please list any specialist training you received while in the Armed Forces:

Please list any commendations and citations awarded to you as a member of the Armed Forces:

GENERAL INFORMATION

Have you ever been convicted of a misdemeanor or felony crime?

Yes No

If yes, describe the details, including dates, nature, place of the offense and sentence received:

Have you ever filed for bankruptcy?

Yes No

If yes, please give details including dates:

Have you received any traffic citations in the past five years?

Yes No

If yes, please list all convictions:

Do you use, or have you ever used illegal drugs or abused legal drugs?

Yes No

If yes, please give details:

Have you paid, promised to pay, or given any money, material services or other consideration to any person, directly or indirectly, toward procuring your appointment to this Fire District?

Yes No

If yes, please give details:

Please list any civic, professional, or social organizations to which you belong:

Do you have any knowledge or information, in addition to the information specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment with a fire department, including but not limited to employment, education, subversive activities, family association, criminal record, traffic violations, residences or otherwise?

Yes

No

If yes, please give details:

Describe why you are an outstanding candidate for this position?

By signing this application below, I certify that all of my answers in this application are true and correct. I agree to verification of all my statements and answers in this application before any hiring decision is made. I authorize investigation of my past employment history as well as any investigation into my criminal and driving history, credit card and character.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, psychological testing and polygraph, physical examination, and a drug screening test.

I further understand and agree that any false, misleading, or incomplete information given in my application, interviews or other pre-employment questionnaires and procedures, regardless of when discovered by the Greater Round Lake Fire Protection District (GRLFPD), will be sufficient basis for my disqualification for employment or if employed, the termination of my employment with the GRLFPD. I agree the GRLFPD shall not be liable in any respect if I am not hired, or my employment is terminated as a result of providing such false, misleading, or incomplete information.

I hereby attest that I have personally read and answered each and every applicable question herein and do solemnly swear that each and every answer is full and correct in every respect. I further acknowledge that I have read and understand all of the information above and agree to the terms therein.

Applicant Signature

Date



Greater Round Lake Fire Protection District

409 W. Nippersink Road
Round Lake, Illinois 60073

Office: 847-546-6001

Fax: 847-546-0758

George Steinberg
President

Rob Meister
Secretary

Marva Meeks
Treasurer

Nitai Pandya
Trustee

Jadyn Castro
Trustee

Greg Formica
Fire Chief

Joe Krueger
Deputy Chief

Tony Breuscher
Fire Marshal

Authorization for Release of Information

I, _____, hereby consent and authorize the Greater Round Lake Fire Protection District, its representatives, or agents bearing this release to obtain any information in your files pertaining to, but not limited to, my employment records, driving records, criminal records, criminal records, civil case history. I also consent to your release of any and all public information that you may have concerning me, my work record, by background, my reputation, my criminal history records and personal references.

I hereby release any representative or agent of the Greater Round Lake Fire Protection District from liability or damages pursuant to any State or Federal laws. I hereby release you as the custodian of such records and your organization, including its officers, employees, or other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which, at any time, may result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand my rights under Title 5, Unites States Code, Section 552a, the privacy act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Greater Round Lake Fire Protection District in conjunction with employment procedures.

A photocopy or fax copy of this release will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. This authorization will remain valid for six months of the date of my signature.

Signature _____

Name(Printed) _____

Address _____

Telephone _____

Date of Birth _____

Social Security No. _____

Date: _____

Notary Public _____

Mission: Make Things Better!