

EMPLOYMENT APPLICATION - MCFD

DATE: \_\_\_\_\_  
mm/dd/yy

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
print - Last, First, Middle Initial mm/dd/yy

ADDRESS: \_\_\_\_\_  
Include Street Address and Post Office Box Number

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
Include Area Code if not 815

SOCIAL SECURITY NO: \_\_\_\_\_ DRIVER'S LICENSE NO: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NORMAL WORK HOURS: \_\_\_\_\_

DO YOU CURRENTLY RESIDE WITHIN OUR FIRE DISTRICT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DO YOU HAVE ANY PAST FIRE/AMBULANCE SERVICE EXPERIENCE/TRAINING? \_\_\_\_\_

IF SO, WHEN, WHERE, HOW LONG? \_\_\_\_\_

DO YOU HAVE ANY PHISICAL HANDICAPS? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

IN THE EVENT OF A FIRE/EMERGENCY, WILL YOU RESPOND WHEN CALLED, REGARDLESS  
OF PLACE, TIME, OR WEATHER? \_\_\_\_\_

WILL YOU MAKE AN EFFORT TO ATTEND ALL TRAINING, DRILLS, AND MEETINGS? \_\_\_\_\_

WILL YOU FOLLOW ORDERS OF SENIOR/SUPERIOR OFFICERS? \_\_\_\_\_

WILL YOU BE WILLING TO TAKE ADVANCED FIRST AID TRAINING OR EQUIVILANT? \_\_\_\_\_

WILL YOU BE WILLING TO BECOME AN EMERGENCY MEDICAL TECHNICIAN? \_\_\_\_\_

WILL YOU BE WILLING TO BECOME AN EMERGENCY RESCUE TECHNICIAN? \_\_\_\_\_

WILL YOU BE WILLING TO RESPOND TO AMBULANCE CALLS? \_\_\_\_\_

I UNDERSTAND THAT IF AFTER A PROBATIONARY PERIOD OF SIX (6) MONTHS I DO NOT  
BECOME A REGULAR MEMBER OF THE MTFPD, I WILL

AUTOMATICALLY BE DROPPED FROM THE ROSTER AND ALL EQUIPMENT ISSUED TO ME  
WILL BE RETURNED TO THE DEPARTMENT.

\_\_\_\_\_  
SIGNATURE

FOR THE CHIEF:

DATE ACCEPTED: \_\_\_\_\_ CHIEF'S SIGNATURE: \_\_\_\_\_  
mm/dd/yy

ADDITIONAL INFORMATION:

AUTHORIZATION FOR DEPARTMENT OF MOTOR VEHICLE CHECK

I, the undersigned, authorize the insurance carrier of the Monroe Township Fire Protection District to run a Department of Motor Vehicle check on my

license number.

Driver's License Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yy

AUTHORIZATION FOR BACKGROUND CHECK

I, the undersigned, authorize the Ogle County Sheriff's Department to run a criminal background check on me. I also authorize the Ogle County

Sheriff's Department to provide a copy of this report to the Monroe Township Fire Protection District.

Driver's License Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_