



Scales Mound Fire Protection District
Chief Al Busch
130 Franklin Street
Scales Mound IL 61075-9719
(815) 845-2300

APPLICATION FOR FIREFIGHTER

COVER SHEET

Check primary response station:

	Station 1, 130 Franklin Street, Scales Mound, IL
	Station 2, 611 Territory Drive, Galena, IL
	Station 3, 2085 South Apple Canyon Road, Apple River, IL

CHECK LIST:

Forms:

- Completed Application for Firefighter
- Physical Ability Test Form
- Authority to Investigate Personal Information

Other required documentation:

- Copy of High School Diploma or GED
- Copy of valid Driver's License (copy of front and back)
- Copy of Social Security Card
- Copies of past firefighter/EMS educational certificates/documents (if applicable)

Tasks before final consideration:

- Collect all documents from investigation
- Physical Ability Test
- Final interview with Fire Chief
- Final approval from Scales Mound Fire Protection District Fire Chief
- Fire Chief signature on the bottom of application form following approval
- Collect all documents, including the application, and make a file

Comments:



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PERSONAL

Last Name	First	Middle	Birth Date (applicant must be 18 years or older)
Street Address			Cell Phone Number
City	State	Zip	Home Phone Number
Driver's License Number			Social Security Number
Marital Status Single _____ Married _____ Spouse's Name _____ # of children _____ Names of children _____			E-mail Address

EMPLOYMENT INFORMATION

<u>Current Employer</u>		Current Employer Telephone Number	
Current Employer Street Address	Current Employer City	State	Zip
Job Title / Job Description	Name of Current Supervisor		
<u>Previous Employer</u>		Previous Employer Telephone Number	
Previous Employer Street Address	Previous Employer City	State	Zip
Previous Job Title / Job Description	Name of Previous Supervisor		



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List three character REFERENCES other than your spouse or relatives:

<u>First Reference (Name)</u>		Telephone Number	
Street Address	City	State	Zip

<u>Second Reference (Name)</u>		Telephone Number	
Street Address	City	State	Zip

<u>Third Reference (Name)</u>		Telephone Number	
Street Address	City	State	Zip

EDUCATION

School	Name and Location of School	Course of Study	# of years completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/Trade Technical					
High School Or GED					



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PERSONNEL INFORMATION

ANY PROBLEMS WITH SIGHT, HEARING, SMELL, TOUCH OR TASTE?

ANY PHYSICAL DEFECTS OR DEFORMITIES?

ANY RECENT ILLNESS OR INJURIES?

TAKING ANY MEDICATION OR HAVE ANY ALLERGIES?

BLOOD TYPE?

HAVE YOU HAD A HEPATITIS B VACCINATION AND TB TEST?

HEP B Vaccination Location: _____ HEP B Vaccination Date: _____

TB Test Location: _____ Last TB Test Date: _____

ANY OTHER HEALTH PROBLEMS? (INCLUDING SEXUALLY TRANSMITTED DISEASE)

GLASSES, CONTACTS, DENTURES, HEARING AIDS, ETC?

ARE YOU ABLE TO PERFORM THE FOLLOWING TASKS WITH OR WITHOUT ACCOMODATION?

Climbing: _____ Wearing of breathing apparatus: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

ARE YOU CURRENTLY UNDER INDICTMENT FOR A FELONY WARRANT?

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?



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EMERGENCY CONTACTS: List two people to notify in case of emergency

<u>Emergency Contact 1 (Name)</u>		Best Contact Number	
Street Address	City	State	Zip

<u>Emergency Contact 2 (Name)</u>		Best Contact Number	
Street Address	City	State	Zip

If this application is granted, I promise a full and faithful observance of all the laws that govern the Scales Mound Fire Protection District. I also understand that I must be 18 years of age or older and in good physical health. I must pass a standard ability and fitness test set forth by either the Fire Chief or an Officer and an Emergency Medical Technician of the Scales Mound Fire Protection District before being considered for membership. I promise to faithfully make regular drills, meetings, social outings and fire calls. I am also required to read all Standard Operating Procedures of the Scales Mound Fire Protection District.

Once assigned, you must serve a probationary period. This is typically a 12-month period. During this time you will learn your station's apparatus and equipment operation. In order to pass your probationary period, you must demonstrate your knowledge of and your ability to operate all of the apparatus and equipment. You will be tested at the end of your 11th month by either the Fire Chief or a designated officer. You need to pass the test by 70%.

The Scales Mound Fire Protection District provides all necessary equipment including protective turnout gear (helmet, coat, pants, boots, gloves, eye protection and flashlight) along with a pager and blue light for your vehicle. The blue light is only to be used for responding to emergency calls; the blue light does not grant you the right of way. You will not be able to drive any apparatus during your probationary period. You will be disqualified if you have any of the following issues related to your driving during your probationary period:

- 1) Three or more points on your driving record.
- 2) Any current suspensions.
- 3) Driving convictions related to alcohol or narcotic substances.
- 4) Occurrences of careless or reckless driving.

Individual driving records may be evaluated on a case-by-case basis by the Fire Chief in situations where the driving record has been clear for the past three years.

Agreed: _____
Applicant Signature

_____ Date

Approval: _____
Fire Chief Signature

_____ Date

_____ Scales Mound Fire Protection District Trustee Signature

_____ Date



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UNIFORM SHEET

Glove Size:

Coat Size (size by inches):

Pant Size (size by inches):

Boot Size: