|  |  |  |
| --- | --- | --- |
| **Bedford Park Fire Department**  **Application for Employment**  Please fill out this application completely and accurately. The Village of Bedford Park is an equal opportunity employer. We will not discriminate against employees or applicants for employment on any unlawful basis, including race, color, religion, creed, sex, gender, national origin, age, disability, citizenship, marital status, ancestry, military or veteran status, sexual orientation, pregnancy or any other basis upon which discrimination is prohibited by federal, state and/or local law. No question in this application is intended to secure information to be used for such discrimination.  *PLEASE PRINT* | | |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number Street City State/Zip  Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant is over the age of 21 Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Drivers Lic #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has applicant reached their 35th birthday? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_  Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Have you filed an application here before?  If Yes, give date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been employed here before?  If Yes, give date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| Are you employed now? | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| May we contact your present employer? | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| Are you legally authorized or permitted to work in the U. S.? (Proof of identification and employment eligibility will be required upon employment.) | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| On what date would you be available to start work? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Are you on a lay-off and subject to recall? | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| Are you willing to travel if a job requires it? | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |
| Are you a veteran of the U.S. Military Service? | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |

**Employment Experience**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin or any other legally protected basis.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | | | Work Performed |
| Address | | |  |
| Telephone Number | Supervisor | |  |
| Job Title | | |  |
| Reason for Leaving | | |  |
| Employer | | | Work Performed |
| Address | | |  |
| Telephone Number | | Supervisor |  |
| Job Title | | |  |
| Reason for Leaving | | |  |
| Employer | | | Work Performed |
| Address | | |  |
| Telephone Number | | Supervisor |  |
| Job Title | | |  |
| Reason for Leaving | | |  |
| Employer | | | Work Performed |
| Address | | |  |
| Telephone Number | | Supervisor |  |
| Job Title | | |  |
| Reason for Leaving | | |  |

If you need additional space, please continue on a separate sheet of paper. State any additional information you feel may be helpful to us in considering your application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education \_** | | | | | |
|  | **Name and Address of School** | **Course of Study** | **Years Completed** | **Diploma/Degree** |
| **High School** |  |  |  |  |
| **College** |  |  |  |  |
| **Firefighting Schools** |  |  |  |  |
| **Other (Certificates, special courses, training)** |  |  |  |  |

**Special Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have ever belonged to a professional trade, business or civic activity or held an office in such a club or organization and you believe that your experience would be relevant to the job for which you have applied, you may describe it here. (Exclude organization names which indicate race, color, religion, sex or national origin, ancestry or health, sexual orientation, gender identity, disability status or any other legally protected documentation. Instead, describe your position in the organization.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Declarations**

|  |  |  |
| --- | --- | --- |
| Do you understand all prospective employees will be required to submit to a urinalysis and hair follicle test for drugs of abuse prior to employment? | Yes \_\_\_\_\_\_\_\_\_\_\_ | No \_\_\_\_\_\_\_\_\_\_\_ |

List the names of federal, state and local departments, agencies or offices (including law enforcement) to which you have applied for employment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any of the above agencies have conducted an investigation on you, indicate the name of the agency and the approximate date of the investigation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Acknowledgement**

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of fact, as stated or implied, given in my application, interview(s) or other employment forms will be sufficient reason not to hire me and may result in my discharge if I am hired.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that I waive any rights I may have to receive notice from any persons listed on this application regarding the release of information relating to this application for employment with the Village of Bedford Park.

I understand that the Village is in no way obligated to provide employment and that I am in no way obligated to accept employment with the Village. Nothing in this application is intended to create any contract of employment, expressed or implied or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. If I am hired, nothing shall restrict my right as an employee to terminate my employment at any time, nor shall anything in the application restrict the right of the Village to terminate my employment at any time during the probationary period, at the option of the Village, except as defined by applicable law and collective bargaining agreements.

I also understand that, if hired, I am required to abide by all rules and regulations of the Village. The Village policies and procedures relating to conditions of employment are subject to modification by the Village without notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Date**

**Equal Employment Opportunity Commission (EEOC) Data Record**

The Village of Bedford Park is an equal opportunity employer. We will not discriminate against employees or applicants for employment on any unlawful basis including race, color, religion, creed, sex, gender, national origin, age, disability, citizenship, marital status, ancestry, military or veteran status, sexual orientation, gender identity or expression, pregnancy, other conduct protected by applicable laws or any other basis upon which discrimination is prohibited by federal, state and/or local law. No question in this application is intended to secure information to be used for such discrimination.

**Government agencies require periodic reports on the race and gender of its employees. This data is for analysis and affirmative action only**.

To help us comply with government recordkeeping, reporting and other legal requirements we request that you fill out this Applicant Data Record that is inserted in this application. An applicant’s provision of this information is voluntary and is not required in order to be considered for employment with the Village of Bedford Park. We appreciate your cooperation.

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

**Position(s) Applied for:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Source:**

🞎 Advertisement 🞎 Personal Contact 🞎 Walk-In 🞎 Employment Agency

🞎 Department website 🞎 Prefer not to say 🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one: 🞎** Male 🞎 Female 🞎 Prefer not to say

**Check one of the following Race/Ethnic Groups:**

🞎 White 🞎 Black 🞎 Hispanic

🞎 American Indian/Alaskan Native 🞎 Asian/ Pacific Islander

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Prefer not to say

**Check all that are applicable:**

🞎 Military Service Veteran 🞎 Disabled Veteran

🞎 Handicapped Individual 🞎 Prefer not to say

**Applicant Required Documentation**

🞎 Illinois Department of Public Health Paramedic License or National   
 Registry Paramedic Certificate (if applicable)

🞎 Valid candidate Physical Ability Test (CPAT) Card with Ladder Climb

🞎 Copy of Valid Driver’s License

🞎 Military Service Record (if applicable)

🞎 Copy of applicable Fire/EMS Certifications

🞎 Resume

**Please attach the required files to the same email as the application**