

## Stickney Fire Department 6433 W. 43<sup>rd</sup> Street Stickney IL, 60402 708-795-6333

## **Employment Application**

Applicant Information									
Full Name:	Last	First	t			M.I.	Date:		
Address:	Street Address								
	Street Address						Apartment/Unit #		
	City					State	ZIP Code		
Phone:			E	Email					
Social Security No.:									
Position Applied for: Part-Time Firefighter/EMT-B									
Are you lega	ally authorized to work in the es?	YES	NO □						
Have you ever worked for the village?			NO □	lf yes,	when?				
Have you ever been convicted of a felony YES NO or misdemeanor?									
lf yes, expla	in:								
Education									
High School	:		Address:						
From:	То:	Did you gi	raduate?	YES	NO □	Diploma:			
College:			Address:						
From:	То:	Did you gi	raduate?	YES	NO □	Degree:			
Fire Academy			Address:						
From:	То:	Did you gr	aduate?	YES	NO □	Degree:			

EMS		
school	Address:	
From:	YES To: Did you graduate?   □	S NO Degree:
	Reference	95
Please list th	ree professional references.	
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Dhana
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
-	Previous Emplo	nument
0		
Company:		
Address:		Supervisor:
Job Title:	Starting Salary:	\$ Ending Salary:
Responsibiliti	es:	
From:	To:Reas	son for Leaving:
	YE	ES NO
May we conta	act your previous supervisor for a reference?	
Company:		Phone:
Address:		
loh Titloj		
Job Title:	Starting Salary:	\$ Ending Salary: <u>\$</u>
Responsibiliti	es:	
From:	To: Reas	son for Leaving:
	YE	ES NO

May we contact your previous supervisor for a reference?

A dalaa a a .		Phone: Supervisor:							
Job Title:	Starting Sta	Ending Salary: <u>\$</u>							
Responsibilities	S:								
From:	То:	Reason fo	r Leaving:_						
May we contac May we contac	YES VES								
Military Service									
Branch:			From:		То:				
Rank at Discha	Type of	Type of Discharge:							
If other than ho	norable, explain:								
Disclaimer and Signature									

I hereby affirm that the information provided on this application, and any included resume, is true and complete to the best of my knowledge. I also agree that incorrect or falsified information or significant omissions may disqualify me from further consideration for employment.

If this application leads to employment, I understand that the discovery of false or misleading information or significant omissions in the information provided, whether on this application or in an interview, may be considered just cause for my dismissal from employment

\*Please attach all required and relevant documentation to this application. No application will be considered without required documentation.

**Required:** 

- High school diploma or GED
- Illinois OSFM Firefighter II or BOF
- Illinois Department of Public Health EMT-B License
- Valid Driver's License

Relevant:

- Military DD 214 or proof of current active/reserve status
- All State fire marshal certificates
- Any job related certifications or training

I am available to work RED:2 / GOLD:3 / Black:1 shifts (please circle all that apply)

Signature:

Date: