

**WASHINGTON FIRE DEPARTMENT, INC.**  
200 N WILMOR ROAD  
WASHINGTON IL 61571

**Information regarding application for a position as a firefighter  
or emergency medical services personnel  
with the Washington Fire Department, Inc.**

Thank you for your interest in serving as a firefighter or emergency medical services personnel with the Washington Fire Department, Inc. An application form and supporting documents are attached, which we ask you to complete and return to the fire chief of the Washington Fire Department, at 200 N Wilmor Road, Washington, Illinois.

Please answer each question, and use additional space if necessary. Every statement made is subject to verification.

The Washington Fire Department seeks qualified individuals who are interested in serving the community, and the department does not discriminate on the basis of sex, race, religion, color, age, physical impairment, or national origin.

After your application has been submitted, and an initial evaluation made, if approved for membership, you will be asked to meet with the directors of the "Washington Fire Department, Inc."

If you are preliminarily chosen for the position, you will be asked to complete a medical questionnaire, and will be asked to undergo medical screening, which is done at the expense of the fire department. In addition to the medical screening, a background check will be done to verify suitability for the position for which you are applying.

Again, we thank you for your interest, and look forward to meeting with you to further discuss the fire department and the contributions that you can make to the citizens of the community we serve.

Very truly yours,

The Washington Fire Department, Inc.

**Please read the following statement carefully before signing.**

I certify that the statements made above are true and correct. I understand that if any of the statements made are false or misleading, this can be cause for discipline, and any position that I might be offered can be taken away.

By signing this application, I authorize the Washington Fire Department, Inc. and its agents to investigate my background and qualifications, to contact those persons familiar with me, and to verify any statements made in this application. This shall include a right to receive and review a copy of my driving abstract. I release the Washington Fire Department, Inc., its officers and agents, and any person who might be contacted regarding my qualifications, from any possible claims or liability that otherwise might result as a result of any investigation performed or information provided pursuant to my application.

If accepted, I agree to abide by the rules and regulations of the Washington Fire Department, Inc.

I understand that, if accepted, I will be required to: undergo a physical examination and to provide certain medical background information regarding my physical ability to perform the duties of a firefighter, rescue squad member, or EMT for the Washington Fire Department, Inc.

I understand that service on the fire department in the position for which I am applying involves certain risks, and that I will be required to remain physically fit, and to regularly participate in the training and education programs that the fire department conducts. I understand that I will be required at all times to have a valid Illinois driver's license. I am attaching a copy of my current valid Illinois driver's license to this application.

I understand that a person applying for a position as an Emergency Medical Technician must become certified as an Emergency Medical Technician-Ambulance within one year of the date of membership (unless this time is extended by the fire department for good cause shown).

I understand that as a condition of employment, I will be finger printed by the Washington Police Dept. and a set of finger prints will be furnished to the Illinois State Police and FBI.

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

**WASHINGTON FIRE DEPARTMENT, INC.  
200 N WILMOR RD  
WASHINGTON IL 61571**

I, \_\_\_\_\_, hereby authorize the Washington Fire Department Inc. and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Washington Fire Department Inc. I also consent to the release to the Washington Fire Department Inc. of any and all medical records prepared during the physical examination I am required to under go for employment with the Washington Fire Department Inc.

I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I also agree to indemnify and hold harmless the Washington Fire Department Inc., the Board of Directors of the Washington Fire Department Inc, employees and agents against any claim or loss whatsoever, including but not limited to attorney's fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the application process. I also covenant that for the consideration of my application, I agree not to sue the Washington Fire Department Inc, the individual board members, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the Washington Fire Dept Inc, its board members as well as its employees and agents.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.** This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, marital status, or physical or mental disability. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

Signature \_\_\_\_\_

SUBSCRIBED and SWORN to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public

**WASHINGTON FIRE DEPARTMENT, INC.  
APPLICATION FORM**

Please print clearly or type all requested information. Use additional sheets if necessary to fully respond to a question.

Application for a position as a  Firefighter or  EMS personnel (please check box).

**I. GENERAL INFORMATION**

1. First, Middle, Last Name: \_\_\_\_\_
2. Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)
4. Telephone number(s): \_\_\_\_\_
5. If an EMT, current EMT status (for example, EMT-A, EMT-I): \_\_\_\_\_
6. If an EMT, attach a copy of your current EMT license/certification

**II. EDUCATIONAL HISTORY**

Please list all schools attended, the dates of attendance, and any certificate, diploma or degree awarded.

<u>Dates attended</u>	<u>Name and address of school</u>	<u>Certificate, diploma or degree</u>
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### III. EMPLOYMENT HISTORY

1. With what fire department, rescue squad, ambulance service, or health care provider do you now, or have you in the past, served as a member?

2. State each office and rank you have held with a fire department, rescue squad, ambulance service, or health care provider, giving the dates of such service, and the duties performed:

Dates of service	Name of organization	Office/Rank	Duties
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3. Please describe all special training, experience, and interests that you have that are relevant to a position of the fire department.

4. If you have ever been discharged or suspended from employment, please describe the circumstances, giving employer, dates, and other relevant information.

5. For your current and past employments, fill in the below information.

A. Present employer's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

B. Employer's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_  
Month-Year Month-Year

C. Employer's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_  
Month-Year Month-Year

**IV. DRIVING RECORD**

1. Driver's license number: \_\_\_\_\_  
(Attach copy of driver's license.)

2. Special training in the operation of motor vehicles:

3. Describe any special experience driving emergency vehicles or large trucks:

4. If you have been convicted of any traffic offenses during the past three years, state:

Date (Of Conviction)	Location (City & State)	Offense	Penalty
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## V. REFERENCES

List three persons (not relatives) whom we may contact who are not related to you, and who have definite knowledge of your qualifications and fitness to serve as a member of the Washington Fire Department.

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ In what capacity does person know you? \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ In what capacity does person know you? \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ In what capacity does person know you? \_\_\_\_\_

\_\_\_\_\_

## VI. OTHER INFORMATION

1. If you have ever been convicted of: (a) a felony; or (b) a crime involving dishonesty or moral turpitude; or (c) a DUI; or (d) a traffic or other offense involving death or serious bodily injury; or (e) a military court martial, please explain, giving dates, locations, charges, and circumstances.

2. Please tell us why you would like to serve as a firefighter, rescue squad member, or EMT on the Washington Fire Department (use other side if necessary).

**ACKNOWLEDGMENT OF RISKS AND CONDITIONS FOR EMT**  
**WASHINGTON FIRE DEPARTMENT, INC**

An individual applying for a position with the Washington Fire Department, Inc. as an emergency medical technician must understand and acknowledge certain conditions which will exist during the time of this association with the department. Because of the nature of the activities in which the department is engaged, an individual associated with the department will be exposed to certain hazards. Serving as an EMT with the department will involve physical exertion, emotional, and psychological stress, and exposure to hazardous substances and conditions.

Before beginning association with the Washington Fire Department, Inc., an individual must therefore read and sign the following form.

I acknowledge the following:

1. Providing emergency medical services can be a physically and mentally challenging and stressful activity, requiring significant physical exertion, an ability to react quickly in emergency situations, exposure to high temperature and humidity levels, toxic atmospheres, working at great heights and in confined spaces, and exposure to disease, among other conditions. This can result in the potential for sickness, accident and injury. This work necessarily results in increased pulse, respiration, and blood pressure, and can result in elevated body temperatures.

2. Because of the physical challenges involved in these activities, persons with known physical limitations which may affect health and safety under the conditions described above, including but not limited to heart and lung disease and hypertension, are advised to check with a physician before participating in fire department activities.

3. During my time of association with the Washington Fire Department, Inc., I will be required to remain in a physical condition which will allow me to respond to the challenges of my position as an EMT with the department, and to regularly participate in the training and education programs offered to members, so that I will be better aware of dangerous conditions, and better able to respond to them.

4. Appropriate protective clothing is to be worn at all times when conditions warrant.

5. No individual shall be under the influence of alcohol, or of any other substance, prescription or otherwise, which may affect mental or physical reactions, at the time of performing any activities as a member of the Washington Fire Department, Inc.

6. The Washington Fire Department, Inc. has adopted certain rules and regulations relating to Firefighter/EMT health and safety. These must be followed at all times.

7. I will notify my supervisors of any change in my EMT status promptly upon learning of such a change, and will not provide any care beyond my level of training and license.

Dated at Washington, Illinois, on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of applicant

Received by \_\_\_\_\_ for the Washington Fire  
Department, Inc. on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of officer

**ACKNOWLEDGMENT OF RISKS AND CONDITIONS**  
**Firefighters and rescue personnel**  
**WASHINGTON FIRE DEPARTMENT, INC**

An individual applying for a position as a member with the Washington Fire Department, Inc. must understand and acknowledge certain conditions which will exist during the time of this association with the department. Because of the nature of the activities in which the department is engaged, an individual associated with the department will be exposed to certain hazards. Service on the department will involve physical exertion, physical, emotional, and psychological stress, and exposure to hazardous substances and conditions.

Before beginning association with the Washington Fire Department, Inc., an individual must therefore read and sign the following form.

I acknowledge the following:

1. Fire-fighting and rescue activities can be physically and mentally challenging and stressful activities, requiring significant physical exertion, an ability to react quickly in emergency situations, exposure to high temperature and humidity levels, toxic atmospheres, working at great heights and in confined spaces, among other conditions. This can result in the potential for accident and injury. This work necessarily results in elevated body temperatures, and in increased pulse, respiration, and blood pressure.
2. Because of the physical challenges involved in fire-fighting and rescue activities, persons with known physical limitations which may affect health and safety under the conditions described above, including but not limited to heart and lung disease and hypertension, are advised to check with a physician before participating in fire department activities.
3. During my time of association with the fire department, I will be required to remain in a physical condition which will allow me to respond to the challenges of my position with the department, and to regularly participate in the training and education programs offered to members, so that I will be better aware of dangerous conditions, and better able to respond to them.
4. Protective clothing is to be worn at all times when conditions warrant. Individuals with facial hair, jewelry, or any other condition which may interfere with the proper seal of a face piece on self-contained breathing apparatus should avoid any situations where the atmosphere is toxic, or may become toxic.
5. No individual shall be under the influence of alcohol, or of any other substance, prescription or otherwise, which may affect mental or physical reactions, at the time of performing any activities as a member of the Washington Fire Department, Inc.

6. The Washington Fire Department, Inc. has adopted certain rules and regulations relating to firefighter health and safety. These must be followed at all times.

Dated at Washington, Illinois, on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of applicant

Received by \_\_\_\_\_ for the Washington Fire  
Department, Inc. on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of officer