



VILLAGE OF TILTON FIRE DEPARTMENT

FIREFIGHTER APPLICATION PACKET

APPLICATION FOR EMPLOYMENT

SUBMIT TO: Tilton Village Hall
1001 Tilton Road
Tilton, Illinois 61833
Attn: Fire Chief

INSTRUCTIONS: Please Print or Type. Notarize Signature is required on pages 5 & 6. Applicant may attach resume and/or other documentation in support of the application. All documents should be on a letter size paper (8 1/2" x 11") and should read from the top or left side.

Applicant's name: _____
First Name Middle Last Name Previous Last Names

Present
Address: _____
Number and Street Apt/ Unit Number City State Zip Code

Telephone: (____) _____ Work/Daytime: (____) _____

Email Address: _____

EQUAL OPPORTUNITY EMPLOYMENT STATEMENT

It is the policy of the Village of Tilton that all persons are entitled to equal employment opportunities, and therefore, the Village does not discriminate against applicants for employment because of race, creed, color, national origin, age, sex or physical or mental handicap unrelated to ability, provided the employee or applicant is qualified and meets the physical requirements and regulations of the job.

RESIDENCY REQUIREMENT

All Firefighters shall be required to reside within Vermilion County within 5 miles from the Village of Tilton Corporate boundaries and within the State of Illinois.



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QUESTIONNAIRE

ELIGIBILITY QUESTIONS FOR FIREFIGHTER APPLICANTS

The following questions relate to the basic requirements for the position of Firefighter:

- Yes No Do you currently reside within the residency requirements?
- Yes No Do you have a High School diploma or the equivalent of a High School diploma?
- Yes No Do you have good vision or correctable to 20/40 with normal color and depth perception?
- Yes No Are you a citizen of the United States of America?
- Yes No Have you ever been convicted of a felony or a crime involving moral turpitude?

GENERAL QUESTIONS FOR FIREFIGHTER APPLICANTS

- Yes No Are you presently or have you ever been an employee of the Village of Tilton?
If yes, which department: _____ When: _____?
- Yes No Do you hold a valid vehicle operator's license? Class: ___ State: ___ Lic. Number: _____
- Yes No Do you hold any EMR/EMT/Paramedic licenses? List type and issuing State: _____

- Yes No Do you hold any fire certifications? List type:

- Yes No Do you have a valid CPR card?



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BACKGROUND VERIFICATION FORM 1

Applicant Information

First Name	Last Name	
Current Address	Since:	Date to: From:
Previous Address	Since:	Date to: From:
Social Security#	Date of Birth	
Gender	Phone#	
Driver's License#	State of Issuance	
Email Address	Other	

Employment History (PAST 5 EMPLOYERS IF APPLICABLE AND EXPLAIN ANY GAPS OF EMPLOYMENT)

Company/Employer Name	Dates of Employment	Position/Title	Employer City & State	Supervisor Contact Number
1.				
Reason for leaving or still employed?				
2.				
Reason for leaving or still employed?				
3.				
Reason for leaving or still employed?				
4.				
Reason for leaving or still employed?				
5.				
Reason for leaving or still employed?				



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BACKGROUND VERIFICATION FORM 2

Qualification/ Education

Institute/School Name	Dates Attended: (MM/YY-MM/YY)	Institute/School Phone	City/State	Degree Earned	Major
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PROFESSIONAL LICENSES

Type of License: License# State

Type of License: License# State

Personal References

Name	Address	Phone Number	Years Known	Relationship
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1.				
2.				
3.				
4.				
5.				
6.				



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APPLICATION/EMPLOYMENT AGREEMENT

**ATTENTION: APPLICANTS MUST READ THE FOLLOWING STATEMENT
BEFORE SIGNING THIS APPLICATION**

I hereby certify and affirm that this application contains no misrepresentations of falsifications, omissions or concealments of material fact, and that the information given by me is true and complete to the best of my knowledge. I am aware that statements made by me on this application are subject to later investigation and verification. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected, and my application may be voided and not be accepted for consideration for employment with the Village of Tilton. If I am already employed by the Village of Tilton as a firefighter, I may be dismissed from my position as a firefighter.

(Signature of Applicant)

Date: _____

NOTARY

Sworn before me this _____ day of _____ 20 _____

(SEAL)

Notary Public



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RELEASE OF PERSONAL INFORMATION

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION for use by the VILLAGE OF TILTON, ILLINOIS

I, _____, do hereby authorize a review and full disclosure of all records
(Print full name, including Maiden Name if applicable)

Concerning myself to the Village of Tilton and any said agents of the Village of Tilton whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of employment; law enforcement agencies; educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); other financial statements or records wherever filed; medical and psychiatric treatments and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Village of Tilton, Illinois. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Village of Tilton and all agents of or working for the Village of Tilton, Illinois from any and all liability which may be incurred as a result of collecting such information.

I also understand that this authorization to furnish information is executed in consideration of my application for eligibility for appointment to a position with the Village of Tilton Fire Department through the Village of Tilton.

A photocopy of this release form will be as a valid as original thereof, even through the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

(Signature of Applicant-Full Name as Printed Above)

Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security Number: _____

NOTARY

Sworn before me this _____ day of _____ 20____

Notary Public (Signature)

(SEAL)



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Application Check List

INCLUDE THIS CHECKLIST WITH YOUR APPLICATION PACKET WHEN RETURNING IT.

**Applications are to be mailed or hand delivered to:
Tilton Village Hall 1001 Tilton Road Tilton, IL 61833**

We cannot accept faxed copies of applications or required attachments.
Phone 217-477-0800 Ext. 1200 and leave voicemail for clarification on any questions.

EACH APPLICATION SUBMITTED MUST INCLUDE ALL OF THE ITEMS LISTED BELOW

- Application for Employment (page 1)
- Questionnaire (page 2)
- Background Verification Form 1&2 (page 3 and 4)
- Application/Employment Agreement (page 5) (**MUST BE NOTORIZED**)
- Release of Personal Information (page 6) (**MUST BE NOTORIZED**)
- Copy of Driver's License
- Copy of CPR card (if you don't have training will be provided)
- 2-Character Reference Letters on 8 ½"x 11" typed out paper and signed with phone number.
- 2-Social/Personal Reference Letters on 8 ½"x 11" typed out paper and signed with phone number.
- Copy of Personal Resume
- Copies of High School Diplomas or Equivalent
- Copies of Training Certificates (if applicable)
- Copies of EMR/EMT/Paramedic License (if applicable)

CHARACTER REFERENCES: Attach two (2) letters from persons who have known you for at least five (5) years. These should be letters attesting to your character, abilities, experience in the field for which you are applying and other qualities that might relate to the job. **DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.**

SOCIAL/PERSONAL REFERENCES: Attach two (2) letters from persons who are friends, neighbors or fellow workers. These should be current friends or people with whom you have associated during the past year or two. **DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.**

COMPLETING YOUR APPLICATION PACKET: The following documents must be included in your application packet. All pages should read from the top left side of the page. The final document should be letter size (8 ½"x 11") and should be stapled in the upper left-hand corner. Do not use a binder, folder or presentation cover. Use this guide to prepare the final packet.