



WOOD RIVER FIRE DEPARTMENT **APPLICATION FOR MEMBERSHIP**

Name: _____ Date: _____

Address: _____

Street City State Zip

Telephone #: Home (____) _____ Business: (____) _____ Cell: (____) _____

Social Security #: ____-____-____ Date of Birth ____/____/____

Duration at present address: __ years __ months

Duration at previous address: __ years __ months

Driver's License #: _____ Classification: _____

Are you able to obtain an Illinois Class B Non-CDL Driver's License? ____ Y ____ N

Have you ever applied for a membership with this department before? ____ Y ____ N

Have you ever been a member of this department before? ____ Y ____ N

OTHER INFORMATION

Have you ever served in the U.S. Armed Forces? ____ Y ____ N

If yes, branch and years of service: _____

Do you hold OSFM Basic Firefighter or Firefighter II certifications? ____ Y ____ N

Do you hold an IDPH EMT or Paramedic license? ____ Y ____ N (circle which you have)

Do you have prior firefighting experience? ____ Y ____ N

If yes, please explain (department(s) and time of service): _____

Have you ever been convicted or have charges pending of a felony? ____ Y ____ N

If yes, please explain: _____

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List the last four employers, starting with the most recent:

EMPLOYMENT HISTORY

Employer: _____ Telephone #: _____

Address: _____
Street City State Zip

Position Held: _____ Date Started: _____

Reason for leaving: _____ Date Ended: _____

Name/Title of immediate supervisor: _____

Employer: _____ Telephone #: _____

Address: _____
Street City State Zip

Position Held: _____ Date Started: _____

Reason for leaving: _____ Date Ended: _____

Name/Title of immediate supervisor: _____

Employer: _____ Telephone #: _____

Address: _____
Street City State Zip

Position Held: _____ Date Started: _____

Reason for leaving: _____ Date Ended: _____

Name/Title of immediate supervisor: _____

Employer: _____ Telephone #: _____

Address: _____
Street City State Zip

Position Held: _____ Date Started: _____

Reason for leaving: _____ Date Ended: _____

Name/Title of immediate supervisor: _____

REFERENCES:

Give three (3) references that are not related:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Years Known</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

List the hours you are normally assigned by your employer: _____

Do you have other specified activities, commitments, obligations, or responsibilities that would hinder your ability to adhere to the Department's minimum performance standards? Y N

Have you reviewed and signed the Authorization for background investigation?
 Y N

Do you realize that the Wood River Fire Department is not a social club and, that if accepted as a member, you will be required to give freely of your time to attend emergency incidents, meetings, drills, and work on committees? Y N

I realize that if _____ is accepted for membership in the Wood River Fire Department that (s) he will be giving his/her time to public service. I further realize that giving some form of public service is the duty of every citizen, and hereby give my consent to this application.

Signature: _____ Date: _____
(Spouse, near relative, parent, or guardian)

Print Name: _____

Pre-Membership Health Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

If you answer yes to any questions, please provide details.

- ___ Yes ___ No 1) Uncorrectable Vision Defect?
- ___ Yes ___ No 2) Permanent Hearing Loss?
- ___ Yes ___ No 3) Lung Disorders (asthma, emphysema, etc.)?
- ___ Yes ___ No 4) Heart Trouble?
- ___ Yes ___ No 5) High Blood Pressure?
- ___ Yes ___ No 6) Dizzy Spells?
- ___ Yes ___ No 7) Diabetes?
- ___ Yes ___ No 8) Epilepsy?
- ___ Yes ___ No 9) Nervous Condition?
- ___ Yes ___ No 10) Allergies?
- ___ Yes ___ No 11) Hernia or Rupture?
- ___ Yes ___ No 12) Amputation?
- ___ Yes ___ No 13) Bone Fracture?
- ___ Yes ___ No 14) Back injury or trouble?
- ___ Yes ___ No 15) Any type of Cancer?
- ___ Yes ___ No 16) Problems with Alcoholism or Drugs?
- ___ Yes ___ No 17) Do you smoke?
- ___ Yes ___ No 18) Have you ever had an illness or injury that resulted in hospital or medical costs that exceeded \$5,000?

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- ___ Yes ___ No 19) Are you now taking any medications, or being treated for any illnesses or injuries?
- ___ Yes ___ No 20) Have you ever lost time from work, or school, for a period of two weeks or more because of illnesses or injuries?
- ___ Yes ___ No 21) Have you ever received a settlement or award from Workman's Compensation?
- ___ Yes ___ No 22) Have you received a settlement or award from a source other than Workman's Compensation?
- ___ Yes ___ No 23) Have you ever been refused employment, insurance, or turned down for military service for health or physical reasons?
- ___ Yes ___ No 24) Have you seen a physician or been hospitalized in the past five (5) years?
- 25) When was your last physical exam?
- Date: ____/____/____

Signature of Applicant: _____

Please PRINT Name: _____

Date: ____/____/____

**PAID ON CALL FIREFIGHTER
Position Description**

A. Type of Work Performed

1. Engages in firefighting and fire preventions activities and the saving of lives and property; maintains fire department equipment and quarters.

B. Types of Duties Performed (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

1. Responds to fire alarms with company; lays and connects hose, holds nozzle and directs water stream; raises and climbs ladders; uses chemical lines and extinguishers; uses bars, hooks, lines, and other equipment.
2. Makes forcible entry into buildings when necessary; ventilation of buildings to drive out smoke and gases; opens walls and other structures which impede effective firefighting.
3. Performs general maintenance work in the upkeep of fire department property; cleans and washes walls and floors; hangs and dries hose; washes, cleans, polishes, and tests apparatus.
4. Performs rescue operations from burning buildings, vehicle crashes, and other emergencies as called upon.
5. Assists with pre-plans inspections and makes layout sketches; inspects homes and commercial establishments for violations of fire safety codes or apparent fire hazards; Assists writing correction orders and enforces code.
6. Performs salvage operations such as placing salvage covers, sweeping water, and removing debris.
7. Detects evidence of arson and reports to superior; performs preliminary investigation upon suspicion of arson.
8. Responds to a variety of emergency and non-emergency requests.
9. Participates in a variety of public relations projects, such as speeches in schools, parades, and demonstrations during Fire Prevention Week.
10. May be called upon at any time for emergency duties.
11. Performs related work as assigned.
12. Operate both as a member of a team and independently at incidents of uncertain duration.
13. Spend extensive time outside exposed to the elements

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14. Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400 degrees), humid (up to 100 percent) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
15. Experience frequent transition from hot to cold and from humid to dry atmospheres
16. Work in wet, icy, or muddy areas
17. Perform a variety of tasks on slippery, hazardous surfaces as on rooftops or from ladders
18. Work in areas where sustaining traumatic or thermal injuries is possible
19. Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact
20. Face exposure to infectious agents such as hepatitis B or HIV
21. Wear personal protective equipment that weighs approximately 50 lb while performing fire-fighting tasks
22. Perform physically demanding work while wearing positive pressure breathing equipment.
23. Perform complex tasks during life-threatening emergencies
24. Work for long periods of time, requiring sustained physical activity and intense concentration
25. Face life-or-death decisions during emergency conditions
26. Be exposed to grotesque sights and smells associated with major trauma and burn victims
27. Make rapid transitions from rest to near-maximal exertion without warm-up periods
28. Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces
29. Use manual and power tools in the performance of duties
30. Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation
31. Must wear approved or issued turnout clothing and gear, or any other safety equipment while performing their duties as firefighters. (exceptions at chief's discretion)
32. Must obey all reasonable orders given by the Fire Chief, Shift Officer, or higher ranking officer.
33. Must not report for duty in a condition that would be considered harmful to himself and others while performing his duties as a firefighter, or in a condition such that his actions would be detrimental to the Fire Department image as a whole.

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34. Must observe all City and State traffic laws when responding to an alarm in their private vehicle.
35. Must carry his/her portable pager with him/her whenever possible and is expected to report any malfunction or inoperable units as soon as possible

C. Minimum Qualifications Required

1. Must reside within 1 mile of the City limits of Wood River and be a full time resident of that address.
2. Must be 18 years of age or older.
3. Must hold a valid Illinois driver license and have own means of transportation, either as owner or be the insured driver of record.
4. Must be physically capable to perform the duties of a POC firefighter.
5. Ability to learn a wide variety of firefighting duties and methods within a reasonable probationary period.
6. Ability to carry out work assignments involving danger to life and health.
7. Ability to develop mechanical skills in the operation of fire equipment and apparatus.
8. Ability and sufficient physical strength, agility, and endurance to perform strenuous work under adverse and dangerous conditions.
9. Ability to understand and follow oral and written instructions.
10. Ability to establish and maintain effective working and living relationships with other employees.
11. Ability to operate motor vehicles safely.
12. Ability to perform routine station house maintenance work.
13. Ability to work at heights and within confined areas.
14. Ability to learn and carry out first aid principles and practices.
15. Ability to meet requirements as established by the State of Illinois, and the City of Wood River Fire Department



Wood River Fire Department

I have received, and reviewed, Wood River Fire Department's Job Description, and can perform these essential functions, with or without, reasonable accommodations.

Signature of Applicant: _____

Please PRINT Name: _____

Date: ____ / ____ / ____

I understand this application is based upon the truthfulness of my answers and that there exists no misrepresentation. I further acknowledge that any false information given shall be cause for rejection *before* acceptance or dismissal from the Department *after* my appointment.

If accepted for membership, as a member, I shall attend all required drills, meetings, and emergency incidents. I shall obey the orders of the Chief Officers and at emergency incidents those orders of the Incident Commander. I further agree to adhere to the Department's rules, regulations, policies, procedures, and Bylaws of the Wood River Fire Department.

Signature of Applicant: _____

Please PRINT Name: _____

Date: ____ / ____ / ____



Wood River Fire Department

AUTHORIZATION

I authorize, and empower, the Wood River Fire Department consumer reporting agency, or other outside service company, engaged by the said Department for this purpose, now and subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, criminal history and mode of living through correspondence or personal interviews with neighbors, friends, associates, or others with whom I am aquatinted, or who may be knowledgeable concerning any of the above items.

Signature of Applicant: _____

Please PRINT Name: _____

Date: ____ / ____ / ____



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INDEMNIFICATION AGREEMENT

I _____ do hereby declare that I am of good health and feel
Print name

capable of the steps outlined in the physical agility testing for Paid-On-Call firefighter for the City of Wood River.

It is hereby agreed that in consideration of _____ testing for a
Print name

a position as Paid-On-Call Firefighter with the City of Wood River , the above signed agrees to hold the City of Wood River and its agents harmless as to any injury or damages incurred by this individual as a result of activities while testing for this position. I further agree to hold harmless the City of Wood River, its fire department, and department agents acting on behalf of the city, regardless of fault or negligence on the part of any official, fire department employee, or agent acting on behalf of the City of Wood River.

This applicant being of the age of _____ years has read this document, understands the meaning of same, and this shall bind the applicant, his heirs, executors, and administrators to agreement as stated above.

Applicant signature

date

City agent