

# Application for POC Membership



**275 West Main Street  
P.O. Box 309  
Braidwood, IL 60408  
815-458-2000**

**Name:** \_\_\_\_\_

**(Print Neatly)**

## **Introduction**

The Braidwood Fire Department consists of dedicated men and women who serve the residents of Braidwood, Godley, Reed and Custer Townships in the case of fire and medical emergencies. This service is provided 24 hours a day, 7 days a week and 365 days a year.

The members of the department consist of men and women from all walks of life who all work together to form a team of professionals whose purpose and main objective is to protect the property of and render appropriate emergency medical service to all persons that they are called upon to serve, to the best of their ability. Members of the Braidwood Fire Department pride themselves on the training they undergo on a daily basis so that they can provide the best possible service to the community.

### **Requirements for POC Membership**

All Applicants must:

- Be at least 18 years of age
- Have High School diploma or equivalent
- Have a good character
- Have a valid driver's license
- US citizen or permanent lawful resident
- Reside within the Braidwood Fire Protection District or Custer Park Fire Protection District
- Must successfully complete the prescribed department training prior to becoming a full-fledged member
- Must complete a IDPH EMT-B class with two years of joining
- Must complete the OSFM Basic Firefighter certification within two years of joining
- Must complete the physical agility test
- Must complete the interview process
- Must complete the initial training

## Required Documents

The following documents must accompany the completed application. In the event that a document is missing or not turned in, the application will not be processed.

- Copy of Birth Certificate
- Copy of Driver's License
- Copy of High School Diploma or equivalent

These documents should accompany any application when applicable:

- Copy of resume
- Copy of EMT or Paramedic License
- Copies of any and all OSFM Certificates
- Copies of any other relevant certificates

## Instructions

Please be certain that your application is accurate and complete. If a question does not apply to you insert "NA" for "Not Applicable". Double check to make sure that you have included all of the required documents and that all questions have been answered. If you do not have enough space, continue your answers on an attached sheet at the end of the application. Any and all statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from the application process. Please type or print neatly. Completed applications must be turned in at the Braidwood Fire Department. We will not accept any applications in the mail, fax or email.

Braidwood Fire Department  
Attn: Hiring Committee  
275 West Main St.  
Braidwood, IL 60408

Applications should be returned to the Braidwood Fire Department in person at the above address.



# BRAIDWOOD FIRE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

275 W. Main Street, P.O. Box 309  
Braidwood, Illinois 60408

(815) 458-2000 | STATION  
(815) 458-3636 | FAX

*The Braidwood Fire Department is committed to providing an equal employment opportunity to all persons.*

### GENERAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Marital Status: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Drivers License Class: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 years of age?  Yes  No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever applied to the BFD before? If yes, When? \_\_\_\_\_

### EDUCATION

Circle the number corresponding to the highest level of education completed:

<b>ELEMENTARY - HIGH SCHOOL</b>					<b>COLLEGE</b>				<b>GRADUATE SCHOOL</b>			
8	9	10	11	12	1	2	3	4	1	2	3	4

GED (list granting agency) \_\_\_\_\_

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL	CITY/TOWN & STATE	MAJOR(S)	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMT Certification Level: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### SKILLS

Please list any skills, certificates, or training that you have received that relates to firefighting. This includes CPR, First Aid, OSFM or IFSI, Industrial Firefighting or Other Training.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DRIVING RECORD

Any moving violations, including accidents, in the past 10 years?  Yes  No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

May we request a copy of your motor vehicle records from the Illinois Secretary of State office? (If hired, these records will be requested every three years.)  Yes  No

**CRIMINAL  
RECORD**

Any felony drug or alcohol convictions, including DUI, in the past 10 years?  Yes  No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

**WORK  
EXPERIENCE**

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). **Include any information not listed on your resume.**

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job title: \_\_\_\_\_

Supervisor (name & title): \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Normal Daily Work Hours: \_\_\_\_\_

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

May we contact this employer:  Yes  No Phone: \_\_\_\_\_

Summary of your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job title: \_\_\_\_\_

Supervisor (name & title): \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Normal Daily Work Hours: \_\_\_\_\_

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

May we contact this employer:  Yes  No Phone: \_\_\_\_\_

Summary of your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List below as character references three (3) persons you have known for at least three (3) years and who are not related to you. These persons may not be past employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_



**Affirmative Action Policy**

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and the intent of the Braidwood Fire Department to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliations, marital status, physical or mental handicap, sex, or age in all aspects of our personnel policies, programs, practices and operations except as required by job necessity or preemptive statutes. This policy applies to all phases of full-time, part-time, temporary and seasonal employment.

I understand the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that this application for employment in no way obligates the employer to employ this applicant.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

It is agreed and understood that if hired the employee may be on a probationary period during which time he may be discharged without recourse.

It is understood and agreed upon, that by signing this application, I authorize a thorough criminal background check including, but not limited to, fingerprinting which will be performed for the Braidwood Fire Department by the Braidwood Police Department and the Illinois State Police. Additionally, in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**DO NOT WRITE ANY INFORMATION ON THIS PAGE**

**OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Hiring Committee

- |          |        |        |
|----------|--------|--------|
| 1. _____ | Accept | Reject |
| 2. _____ | Accept | Reject |
| 3. _____ | Accept | Reject |
| 4. _____ | Accept | Reject |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hiring Committee Recommendation:

Accept      Reject      Date: \_\_\_\_\_

This application has been acted upon at a Regular Business Meeting of the Braidwood Fire Department and the applicant has been Accepted / Rejected for probationary membership

BFD President: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Background Check Completed     Yes     No      Date: \_\_\_\_\_

Motor Vehicle Record Check     Yes     No      Date: \_\_\_\_\_





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### Application Check Sheet

**Please ensure the following documents are attached to this application:**

- Ensure application packet is complete.
- Photocopy of your Drivers License is attached. Include both sides.
- Photocopies of any certificates pertaining to the fire service attached.
- Photocopy of valid CPR card attached (if applicable). Include both sides.

**IMPORTANT:** In order to prevent delays in reviewing your application, please answer every question on this form clearly and completely. Any false or misleading answers or statements will be the cause for rejection of this application, removal of your name from the eligibility list, or discharge from the department.

**Please detach this page from the application; it does not need to be returned with the packet.**