



ROXANA FIRE DEPARTMENT

310 NORTH CENTRAL AVE. ROXANA, ILLINOIS 62084

618-254-8293

APPLICATION FOR PAID ON CALL FIREFIGHTER

THE ROXANA FIRE DEPARTMENT IS A SMALL COMBINATION FIRE DEPARTMENT. WE ARE A DEDICATED GROUP OF FIREFIGHTERS WITH THE COMMON GOAL OF PROVIDING THE BEST SERVICES POSSIBLE TO THE RESIDENTS OF THE VILLAGE OF ROXANA AND ALL WHO PASS THROUGH IT. YOU MUST EVALUATE YOUR COMMITMENT TO THIS GOAL AND THIS ORGANIZATION, AS IT WILL BE A COMMITMENT OF DEDICATION AND SACRIFICE.

IF YOU ARE JOINING THIS ORGANIZATION SIMPLY TO 'HANG OUT' OR FOR SOMETHING TO DO, THEN YOU NEED TO SERIOUSLY RECONSIDER FILLING OUT THIS APPLICATION. THIS IS NOT A HOBBY OR A SOCIAL CLUB, WE ARE A FIRE DEPARTMENT: FIREFIGHTING IS ONE OF THE MOST DANGEROUS JOBS IN THE WORLD AND IS NOT A GAME. IF ALL YOU WANT TO DO IS RESPOND TO EMERGENCIES OR RIDE ON THE 'BIG RED TRUCK' THEN YOU SHOULD AGAIN REEVALUATE YOUR DECISION; AS RESPONDING TO ALARMS, WHILE THE MOST IMPORTANT, IS ONLY A SMALL PART OF WHAT THIS DEPARTMENT DOES. IF YOU ARE ACCEPTED INTO THIS BROTHERHOOD, YOU WILL BE EXPECTED TO: ATTEND TRAININGS AND MEETINGS, PARTICIPATE IN THE FUNDRAISING ACTIVITIES AS WELL AS WORK DETAILS AND SERVE ON COMMITTEES AS ASSIGNED.

WHEN A REQUEST FOR ASSISTANCE IS PAGED, YOU MUST BE COMMITTED TO RESPONDING AND COMPLETING THE TASK AT HAND. **WE ARE ON CALL EVERY HOUR OF THE DAY AND EVERY DAY OF THE YEAR — NO MATTER WHAT — AND YOU ARE EXPECTED TO BE THERE!** BUT YOU CANNOT DO THIS WITHOUT BEING PROPERLY TRAINED. TO WORK WELL TOGETHER WE ALL NEED TO TRAIN TOGETHER AND YOUR ATTENDANCE AT THESE TRAININGS WILL ALLOW YOU TO 'GET UP TO SPEED' QUICKLY. IF ACCEPTED, YOU WILL BE PLACED ON A ONE-YEAR PROBATION PERIOD, DURING WHICH TIME YOUR ATTENDANCE, PARTICIPATION AND PROGRESSION WILL BE MONITORED BY THE MEMBERS AND OFFICERS OF THE DEPARTMENT. AFTER THIS TIME, IF YOU DO NOT MEET THE STANDARD REQUIREMENTS OF THIS DEPARTMENT YOUR PROBATIONARY PERIOD MAY BE EXTENDED OR REVOKED ALTOGETHER.

OUR WISH IS FOR YOU TO JOIN THE ROXANA FIRE DEPARTMENT, BUT WE WILL DEMAND YOUR DEDICATION TO THE SERVICE OF THIS VILLAGE. OUR MEMBERS ARE PROUD OF THIS ORGANIZATION AND WORK HARD TO MAINTAIN ITS IMAGE AND IMPROVE ITS PERFORMANCE. WE WILL DO EVERYTHING IN OUR POWER TO PROVIDE YOU WITH THE KNOWLEDGE, TOOLS AND EQUIPMENT TO SUCCEED. ALL YOU NEED IS THE DEDICATION, COMMITMENT AND WILLINGNESS TO SERVE.

ROBERT NEWBERRY, FIRE CHIEF

ROXANA FIRE DEPARTMENT

PAID ON CALL FIREFIGHTER APPLICATION

DEAR APPLICANT:

ATTACHED IS YOUR APPLICATION FOR THE POSITION OF PROBATIONARY PAID ON CALL FIREFIGHTER FOR THE VILLAGE OF ROXANA. PLEASE CHECK TO ASSURE THAT YOU HAVE RECEIVED THE APPLICATION FORM, A WAIVER/RELEASE OF LIABILITY FORM AND RELEASE OF INFORMATION AUTHORIZATION FORM.

CANDIDATE'S CHECKLIST:

THE FOLLOWING ITEMS MUST BE RETURNED TO THE ROXANA FIRE DEPARTMENT BEFORE YOUR APPLICATION WILL BE PUT ON FILE FOR REVIEW.

- APPLICATION FORM (COMPLETED IN THE APPLICANTS HANDWRITING)
- SIGNED WAIVER / RELEASE OF LIABILITY
- SIGNED RELEASE OF INFORMATION AUTHORIZATION
- A PHOTOCOPY OF YOUR ILLINOIS DRIVER'S LICENSE AND CURRENT AUTOMOBILE INSURANCE CARD

YOU MAY ALSO WISH TO PROVIDE COPIES OF ANY SECONDARY EDUCATION DEGREES, LICENSES OR CERTIFICATIONS THAT APPLY.

A PHYSICAL EXAMINATION, AS WELL AS, A STATE AND FEDERAL BACKGROUND CHECK WILL BE COMPLETED AT A FACILITY DETERMINED BY THE FIRE DEPARTMENT, AT NO COST TO THE APPLICANT, AFTER THE APPLICANT IS ACCEPTED TO THE DEPARTMENT. PASSING OF THE PHYSICAL EVALUATION AND BACKGROUND CHECKS IS A REQUIREMENT OF EMPLOYMENT.

ANY INTENTIONAL FALSIFICATION OF INFORMATION ON ANY PORTION OF THE APPLICATION WILL AUTOMATICALLY DISQUALIFY YOU FROM BEING A PAID-ON-CALL CANDIDATE. IT IS YOUR RESPONSIBILITY TO NOTIFY THE DEPARTMENT OF ANY CHANGE IN ADDRESS / PHONE NUMBER REGARDING THIS APPLICATION.

ROXANA FIRE DEPARTMENT

PAID ON CALL FIREFIGHTER APPLICATION

FIRE DEPARTMENT USE ONLY

DATE RECEIVED: _____ INTERVIEW DATE: _____ RECOMMENDATION:

DATE ACCEPTED FOR PROBATION: _____ DATE RELEASED FROM PROBATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ APT #: _____

CITY: _____ HOW LONG: _____

PHONE #: _____

#: _____ HEIGHT: _____ WEIGHT: _____

SS# _____

DL# _____ CLASS _____

AUTO INSURANCE COMPANY / POLICY #: _____

PHONE # _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT BEFORE? _____

IF YES, NAME OF DEPARTMENT AND HOW LONG:

LIST ANY FIRE / MEDICAL RELATED TRAINING:

GIVE THREE REFERENCES, NOT RELATED TO YOU, WHICH YOU HAVE KNOWN AT
LEAST FOUR YEARS AND GIVE THEIR TELEPHONE NUMBER:

1. _____

2. _____

3. _____

ROXANA FIRE DEPARTMENT

PAID ON CALL FIREFIGHTER APPLICATION

EMPLOYERS – CURRENT AND PAST, FOR THE LAST 10 YEARS.

COMPANY: _____

ADDRESS: _____ PHONE #: _____

POSITION: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

COMPANY: _____

ADDRESS: _____ PHONE #: _____

POSITION: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

COMPANY: _____

ADDRESS: _____ PHONE #: _____

POSITION: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

COMPANY: _____

ADDRESS: _____ PHONE #: _____

POSITION: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

ROXANA FIRE DEPARTMENT

PAID ON CALL FIREFIGHTER APPLICATION

FIREFIGHTING IS PHYSICALLY AND MENTALLY DEMANDING WORK. A FIREFIGHTER SHALL...

- AFTER PROPERLY TRAINED; PERFORM TASKS INCLUDING, BUT NOT LIMITED TO,
 - LAY, CONNECT, AND ADVANCE HOSE, HOLD NOZZLES AND DIRECT STREAMS
 - RAISE AND CLIMB LADDERS
 - USE BARS, HOOKS, LINES, AND OTHER EQUIPMENT WEIGHING AS MUCH, BUT NOT LIMITED TO 75 LBS.
 - PERFORM VARIOUS RESCUE OPERATIONS
 - PERFORM SALVAGE AND OVERHAUL OPERATIONS, SUCH AS, PLACING SALVAGE COVERS AND REMOVING WATER AND DEBRIS
 - PARTICIPATE IN A VARIETY OF PUBLIC RELATIONS ACTIVITIES INCLUDING PRESENTATIONS, PARTICIPATION IN PARADES AND DEMONSTRATIONS OF EQUIPMENT
 - DRIVE AND OPERATE VARIOUS FIRE APPARATUS

- ENDURE STRENUOUS WORK FOR SUBSTANTIAL PERIODS OF TIME IN FULL TURN OUT GEAR AND SELF-CONTAINED BREATHING APPARATUS, WEIGHING 75 – 100 LBS.

- BE ABLE TO STAND, KNEEL, CRAWL AND WORK FOR EXTENDED PERIODS OF TIME EXPOSED TO THE ELEMENTS, DAY AND NIGHT, THROUGHOUT THE YEAR IN ALL TEMPERATURES.

ARE YOU AWARE OF ANY REASON YOU WOULD NOT BE ABLE TO PERFORM THE ESSENTIAL TASKS / FUNCTIONS OF A FIREFIGHTER, AS DESCRIBED ABOVE, WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

- YES PLEASE EXPLAIN: _____
- NO

I AM AWARE, THAT IF ACCEPTED TO THE ROXANA FIRE DEPARTMENT, I MUST ABIDE BY THE RULES, REGULATIONS, POLICIES AND PROCEDURES AND BYLAWS SET FORTH BY THE VILLAGE OF ROXANA AND THAT VIOLATION OF SAID RULES, REGULATIONS, POLICIES AND PROCEDURES AND BYLAWS COULD BE GROUNDS FOR MY DISMISSAL. I ACKNOWLEDGE THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE AND THAT INFORMATION FOUND TO BE INACCURATE SHALL BE SUFFICIENT GROUNDS FOR MY DISMISSAL. IT IS ALSO MY RESPONSIBILITY TO NOTIFY THE DEPARTMENT OF ANY ADDRESS OR CONTACT INFORMATION CHANGE REGARDING THIS APPLICATION.

SIGNATURE AND DATE: _____

ROXANA FIRE DEPARTMENT

WAIVER / RELEASE OF LIABILITY

AN AGREEMENT MADE THIS ____ DAY OF _____, 20__ BETWEEN (PRINT NAME) _____, AN APPLICANT FOR EMPLOYMENT AS A PAID-ON-CALL FIREFIGHTER WITH THE ROXANA FIRE DEPARTMENT OF THE VILLAGE OF ROXANA, ILLINOIS AND THE VILLAGE OF ROXANA, ILLINOIS, ITS BOARD OF TRUSTEES, AGENTS, REPRESENTATIVES AND ASSIGNS (SPECIFICALLY ANY TESTING AGENCY CONTRACTED BY THE VILLAGE) (HEREINAFTER REFERRED TO AS “THE VILLAGE”) WITNESS:

WHEREAS THE APPLICANT HAS APPLIED TO THE VILLAGE FOR EMPLOYMENT UNDER THE FIRE DEPARTMENT; AND

WHEREAS THE APPLICANT HAS AGREED TO SUBMIT TO A VARIETY OF EXAMINATIONS, INCLUDING A WRITTEN EXAMINATION, PHYSICAL ABILITY/ AGILITY, ORAL INTERVIEWS, MEDICAL EXAMINATIONS, AND OTHER SUCH EXAMINATIONS, AND TO UNDERGO THOROUGH BACKGROUND INVESTIGATIONS, AS DEEMED APPROPRIATE BY THE VILLAGE; AND

WHEREAS, THE VILLAGE HAS AGREED TO ADMINISTER SAID EXAMS, ON AN AS NEEDED BASIS AND PROVIDED BY THE RULES AND REGULATIONS OF THE VILLAGE, WITHOUT EXPENSE TO THE APPLICANT; AND

WHEREAS, BOTH PARTIES HERETO, AGREE THAT THE EXAMINATION PROCESS IS CONDUCTED FOR THE PURPOSE OF OBTAINING WELL-QUALIFIED INDIVIDUALS TO FILL THE POSITION SOUGHT BY THE APPLICANT, THE PARTIES HERETO AGREE AS FOLLOWS:

THE APPLICANT, IN CONSIDERATION OF THE PAYMENT, BY THE VILLAGE, OF THE FEES ASSOCIATED WITH EXAMINATIONS TO BE TAKEN BY THE APPLICANT, HEREBY AGREES TO WAIVE CLAIMS THE APPLICANT MAY NOW HAVE OR MAY HAVE IN THE FUTURE (SPECIFICALLY INCLUDING ANY CLAIM AS TO PERSONAL INJURY AND/OR DAMAGES) ARISING FROM THE APPLICANT’S PARTICIPATION IN ANY EXAMINATION (SPECIFICALLY INCLUDING THE PHYSICAL ABILITY/ AGILITY EXAMINATION) OR BACKGROUND INVESTIGATION CONDUCTED BY OR FOR THE VILLAGE AS PART OF ITS PRE-EMPLOYMENT SCREENING PROCESS. THE APPLICANT FURTHER STATES THAT THIS WAIVER IS GIVEN VOLUNTARILY AND WITH KNOWLEDGE THAT THE APPLICANT IS WAIVING ALL LIABILITY THE VILLAGE MAY INCUR AS TO THE APPLICANT RESULTING FROM THE APPLICANT’S PARTICIPATION IN THE PRE-EMPLOYMENT SCREENING PROCESS. THE APPLICANT SPECIFICALLY WAIVES THE RIGHT TO WRITTEN NOTICE REQUIRED OF ANY FORMER EMPLOYER PURSUANT TO THE PERSONNEL RECORDS REVIEW ACT, 820 ILCS, SEC. 40/7 (1). THE APPLICANT ALSO ACKNOWLEDGES THAT THE APPLICANT HAD THE OPPORTUNITY TO DISCUSS THE IMPORTANCE OF THE WAIVER WITH LEGAL COUNSEL OF THE APPLICANT’S OWN CHOOSING.

WITNESS OUR HANDS AND SEALS THE DAY AND YEAR ABOVE WRITTEN.

APPLICANT SIGNATURE

WITNESS SIGNATURE

ROXANA FIRE DEPARTMENT

RELEASE OF INFORMATION AUTHORIZATION

I AUTHORIZE AND EMPOWER THE VILLAGE OF ROXANA, ANY PERSON, CORPORATION, CONSUMER REPORTING AGENCY OR OTHER OUTSIDE SERVICE COMPANY ENGAGED BY SAID VILLAGE FOR THIS PURPOSE, NOW OR SUBSEQUENTLY, TO OBTAIN, PREPARE, USE AND FURNISH INFORMATION CONCERNING MY CURRENT AND FORMER EMPLOYMENT, CRIMINAL AND / OR POLICE RECORD, EDUCATION, CREDIT, GENERAL REPUTATION, HEALTH (INCLUDING MEDICAL RECORDS), PERSONAL CHARACTERISTICS AND MODE OF LIVING, THROUGH CORRESPONDENCE OR PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS, ASSOCIATES OR OTHERS WHOM I AM ACQUAINTED OR WHO MAY HAVE KNOWLEDGE CONCERNING ANY OF THE ABOVE ITEMS.

UPON WRITTEN REQUEST I UNDERSTAND THAT THE VILLAGE OF ROXANA WILL PROVIDE ME WITH INFORMATION REGARDING THE SCOPE OF THE INVESTIGATION IF ONE IS MADE.

APPLICANT SIGNATURE / DATE

WITNESS SIGNATURE / DATE