

# CARY FIRE PROTECTION DISTRICT

CARY, ILLINOIS 60013

## APPLICATION FOR PAID ON CALL MEMBERSHIP

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PH. #: \_\_\_\_\_

EMAIL ADDRSS: \_\_\_\_\_ CELL PH. #: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_ AGE 19 OR OVER: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD PREVENT CARRYING OUT THE DUTIES OF A FIREFIGHTER? \_\_\_\_\_

### MILITARY SERVICE RECORD

PERIOD OF SERVICE: \_\_\_\_\_ BRANCH: \_\_\_\_\_ RANK ATTAINED \_\_\_\_\_

DUTIES: \_\_\_\_\_

SPECIAL SCHOOLS/TRAINING: \_\_\_\_\_

### EDUCATION

NAME OF SCHOOL	CITY, STATE	GRAD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### RESIDENCY (LAST 10 YEARS)

STREET ADDRESS	CITY	STATE	FROM	TO	OWN/ RENT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**EMPLOYMENT HISTORY (START WITH CURRENT EMPLOYER)**

EMPLOYER: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PH. #: \_\_\_\_\_

JOB DESCRIPTION/DUTIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PH. #: \_\_\_\_\_

JOB DESCRIPTION/DUTIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PH. #: \_\_\_\_\_

JOB DESCRIPTION/DUTIES: \_\_\_\_\_

**REFERENCES**

NAME	ADDRESS	PH. #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GENERAL INFORMATION**

DRIVERS LICENSE #: \_\_\_\_\_ CLASS OF LICENSE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

NO. OF ACCIDENTS LAST 10 YEARS: \_\_\_\_\_ PERSONAL INJURY \_\_\_\_\_ FATAL \_\_\_\_\_

NO. OF MOVING VIOLATIONS & DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

ON WHAT CHARGES: \_\_\_\_\_

DO YOU USE DRUGS? \_\_\_\_\_ HAVE YOU EVER USED DRUGS? \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM: \_\_\_\_\_ RESULTS: \_\_\_\_\_

PREVIOUS FIREFIGHTER EXPERIENCE: \_\_\_\_\_ WHERE: \_\_\_\_\_

FIRST AID/EMT TRAINING: \_\_\_\_\_ WHERE: \_\_\_\_\_

EMS/PM LICENSE #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

(CIRCLE ONE)

**I, THE UNDERSIGNED, DO HEREBY ATTEST THAT ALL THE FOREGOING ANSWERS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ANY MISREPRESENTATION OF FACTS IS GROUNDS FOR DISMISSAL. I FURTHER UNDERSTAND THAT PRIOR TO BEING APPOINTED, A PHYSICAL EXAMINATION INCLUDING A DRUG SCREENING TEST IS REQUIRED AND DO HEREBY AUTHORIZE SAME AND RELEASE OF THE RESULTS.**

**DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**

**This application will expire after two years on file.**