

MEMBERSHIP APPLICATION
UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT

You must fully and accurately complete this Application. Incomplete applications will not be considered. This Application will be inactive after 1 year. If you want to be considered after that time, you must complete a new Application.

NAME: _____ SOCIAL SECURITY NUMBER: XXX-XX-_____
 Last First Middle

PRESENT ADDRESS: _____
 Street City State Zip

PRIOR ADDRESS: _____
 Street City State Zip

PHONE NO.: _____ REFERRED BY: _____

E-MAIL ADDRESS: _____

VALID DRIVER'S LICENSE? YES NO LICENSE #: _____ STATE: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO

___ YES ___ NO If requested, can you supply proof of your age?

___ YES ___ NO If requested, can you supply the required documentation to verify your lawful right to work in the United States?

___ YES ___ NO Have you ever been convicted of a felony or crime involving moral turpitude? (Applicant need not disclose sealed or expunged records of convictions or arrests.)

___ YES ___ NO Have you ever been convicted of any of the misdemeanors listed on the last page of this application? (Applicant need not disclose sealed or expunged records of convictions or arrests.)

HAVE YOU EVER BEEN MEMBER OF THE UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT OR ANY OTHER FIRE DEPARTMENT OR AMBULANCE SERVICE BEFORE?
YES NO IF SO, WHEN AND WHERE? _____

POSITION DESIRED: Firefighter EMT/Paramedic Both DATE YOU CAN START: _____

FOR EMT/Paramedics:
Are you currently licensed by the Illinois Department of Public Health? YES NO

License #: _____ Expiration Date: _____

In process: _____ Expected Completion Date: _____ School Attending: _____

FOR FIREFIGHTERS: Do you have any current certifications? YES NO If so, what certifications do you have and when and where did you obtain the certification(s)?

EDUCATION:	<u>NAME OF SCHOOL</u>	<u>YEARS ATTENDED</u>	<u>GRADUATED?</u>	<u>SUBJECTS STUDIED</u>
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HIGH SCHOOL _____

COLLEGE _____

TRADE SCHOOL _____

EMT/PARAMEDIC SCHOOL _____

OTHER EDUCATION: _____

EMPLOYERS: (MOST RECENT EMPLOYER FIRST)

<u>DATE:</u> <u>MONTH/YEAR</u>	<u>NAME AND ADDRESS</u> <u>OF EMPLOYER</u>	<u>POSITION</u>	<u>REASON FOR</u> <u>LEAVING</u>
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From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

WHICH OF THESE EMPLOYERS CAN WE CONTACT FOR A REFERENCE?

I certify that all facts contained in this application are true and complete to the best of my knowledge. I understand that omissions or misrepresentations of facts may be grounds for rejection of this application or for dismissal from the Department if subsequently discovered.

I understand and agree that, if accepted as a member of the Department, my association is for no definite period and that my membership may be terminated at any time with or without cause or prior notice.

In consideration of my membership in the Department, I agree to comply with all current and future rules, regulations, and policies of the Department.

DATE: _____ SIGNATURE: _____

I, _____, hereby authorize the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for membership made to the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT. I also consent to the release to the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT of any and all medical records prepared during the physical examination I am required to undergo for membership with the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT. I further release from liability any person or persons providing or receiving any such information in connection with this membership investigation.

I understand that my membership in the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT may be subject to satisfactorily completing a pre-membership medical exam, including drug and alcohol screen, and that the truthfulness of the statements in this application may be verified by polygraph examination. A physician designated by the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT will administer all medical exams. I further understand that I will undergo a physical test as part of the application process and that such physical test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the physical test. I also agree to indemnify and hold harmless the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT, the UTICA COMMUNITY FIRE PROTECTION DISTRICT, and the individual trustees, employees and agents of the Department and District against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT, UTICA COMMUNITY FIRE PROTECTION DISTRICT, or the individual trustees, employees and agents of the Department or the District for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT, UTICA COMMUNITY FIRE PROTECTION DISTRICT, or the individual trustees, employees and agents of the Department or District.

I hereby acknowledge and agree that as a condition of membership with the UTICA VOLUNTEER FIRE AND AMBULANCE DEPARTMENT, I must maintain at all times a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the UTICA COMMUNITY FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for my dismissal from membership with the Department.

SUBSCRIBED and SWORN to before me
this ____ day of _____, 20____

SIGNATURE: _____

Notary Public

EQUAL OPPORTUNITY STATEMENT

This organization is committed to the policy of equal opportunity in recruitment, membership, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are accepted as a member of the Department.

LIST OF DISQUALIFYING MISDEMEANOR CONVICTIONS

720 ILCS 5/11-6	Indecent solicitation of a child
720 ILCS 5/11-7	Adultery
720 ILCS 5/11-9	Public indecency
720 ILCS 5/11-14	Prostitution
720 ILCS 5/11-15	Soliciting for a prostitute
720 ILCS 5/11-17	Keeping a place of prostitution
720 ILCS 5/11-18	Patronizing a prostitute
720 ILCS 5/11-19	Pimping
720 ILCS 5/12-2	Aggravated assault
720 ILCS 5/12-6	Intimidation
720 ILCS 5/12-15	Criminal sexual abuse
720 ILCS 5/14-4	Eavesdropping
720 ILCS 5/16-1	Theft
720 ILCS 5/21.1-3	Residential picketing
720 ILCS 5/24-1(1)	Unlawful use of weapons
720 ILCS 5/24-3.1	Unlawful possession of firearms and firearm ammunition
720 ILCS 5/24-5	Defacing identification marks of firearms
720 ILCS 5/25-1	Mob action
720 ILCS 5/28-3	Keeping a gambling place
720 ILCS 5/31-1	Resisting or obstructing a peace officer or correctional institution employee
720 ILCS 5/31-4	Obstructing justice
720 ILCS 5/31-6	Escape; failure to report to a penal institution or to report for periodic imprisonment
720 ILCS 5/31-7	Aiding escape
720 ILCS 5/32-1	Compounding a crime
720 ILCS 5/32-2	Perjury
720 ILCS 5/32-3	Subornation of perjury
720 ILCS 5/32-4	Communicating with jurors or witnesses
720 ILCS 5/32-8	Tampering with public records