

Akron-Princeville Fire Dept.

Firefighter Application



-PLEASE WRITE CLEARLY WITH A PEN OR PENCIL-

WHEN FINISHED WITH APPLICATION, PLEASE MAIL TO:

Akron Princeville Fire Dept.
240 East Main Street
Princeville, IL 61559

You may also drop off the application to the firehouse if somebody is there.

Your application will be reviewed by the board members, officers, and firefighters of the department, and then a ballot vote will be taken. Applications are voted on at our monthly business meetings, which are held every 3rd Monday of each month. The Chief will notify you of the results of your application as soon as possible after the meeting.

If you have any questions about this application, you may call the firehouse at 309-385-4913.

-General Information

Name: _____ SSN: ____ - ____ - ____
Address: _____
City/State/Zip: _____
Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____
D.O.B: ____ / ____ / ____ Birthplace: _____
U.S. Citizen: Yes / No Drivers License Class: _____

-Emergency Contacts

Name: _____ Relation: _____
Address: _____
City/State/Zip: _____
Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

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Address: _____
City/State/Zip: _____
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-Employment

Employer: _____ Employed Since: _____
Address: _____
City/State/Zip: _____
Phone: (____) ____ - ____ Occupation: _____ Shift: _____
Person to contact in case of an emergency: _____

-Military Record

Branch: _____ Date of Entry: _____ Serial Number: _____
Date / Type of discharge: _____ Highest Rank: _____
Duties / Specialty: _____
Special Training: _____

-Education

Current grade / Highest grade completed: _____
College Degrees: _____
Apprenticeships: _____
Other skills: _____
Hobbies: _____
Fire Service Experience: _____

-Medical

Current Condition: Excellent / Good / Fair / Poor
Blood Type: _____ Height: _____ Weight: _____
Hair / Eye Color: _____ / _____
Allergies: _____
Phobias: _____

Have you ever had any defects or troubles with:

Sight:	Y / N	Black Outs:	Y / N	Kidneys:	Y / N
Hearing:	Y / N	Head Injury:	Y / N	Lungs:	Y / N
Bones:	Y / N	Diabetes:	Y / N	Asthma:	Y / N
Back:	Y / N	Varicose:	Y / N	Hernia:	Y / N
Blood Pressure:	Y / N	Other:	_____		

-Convictions

Have you ever been convicted of a felony: Y / N
If yes, what: _____
When / Where: _____

-References

Name:	Address:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

State, in a few words, why you decided to join the Fire Department:

-Do you realize that as a member you will be required to give freely of your time to respond on EMS calls & fires, attend meetings & drills, serve on committees, and participate in activities sponsored by the department? Yes / No

-Have you discussed this application with your family? Yes / No

-Do they approve of you being a member of the department? Yes / No

-Do you promise that upon termination of your status as a member to surrender any articles or properties of the department which may have come into your possession while serving as a member? Yes / No

All of the information furnished on this application is true and correct to the best of my knowledge, and I authorize investigations of all statements contained in this application. I would be willing to submit to a physical examination if requested by the fire department. I understand and agree that I may be subject to a random drug testing at any time while serving as a member.

Printed Name: _____ Date: ____/____/____

Signature: _____

Recommended by firefighter: _____