

Wilmington Fire Protection District

Part Time Membership Application



Name: _____

Introduction

Thank you for your interest in applying for part time membership with the Wilmington Fire Protection District. Part time members are used to supplement the regular membership in coverage of ambulance calls and work duties. The WFPD consists of dedicated men and women who serve the residents of Wilmington, Wesley, and Florence townships in the case of fire and medical emergencies.

The members consist of men and women 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 service to all persons that they are called upon to serve, to the best of their ability, without regard as to race, color, creed, religion, sex, or national origin. These members pride themselves on the training they undergo on a regular basis to provide the best service available.

The WFPD provides fire prevention, safety education, and medical training for the general public throughout the year to help the public help themselves in an emergency situation until professional help arrives.

Requirements for Part Time Membership

All applicants must:

- Be at least 18 years of age
- Be a licensed EMT-B, EMT-I/D, or EMT-P in the state of Illinois
 - Have a good character
 - Have a valid class B non CDL or higher drivers license
 - Be a high school graduate or equivalent
- Citizen of the United States or permanent lawful resident
 - Firefighter II or III certification in the state of Illinois

Documents to Return With Application

- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma

Number of Years:_____Primary EMS System:_____

Are you currently in Will/Grundy EMS System? _____

Will/Grundy System Number: (If Applicable) _____

Are you currently on another Department/ Ambulance Service?_____

Name: _____

Duties:

Fire/EMS Certifications:

List any additional skills or knowledge that qualify you for this position:

Education

List the schools you have attended (begin with elementary school)

Name/ City/ State Dates Degree AVG. Grade

List any other formal education beyond high school that may be helpful:

Employment History

Were you ever discharged or forced to resign any employment position because of misconduct or unsatisfactory service or while under investigation? If yes, explain:

List the last three jobs you have held, put your present or most recent job first. List in order: employers name, address, phone number, type of business, name and title of supervisor, from (date) to (date), exact title or position, explain what your duties were and reason for leaving.

1.) _____

2.) _____

3.) _____

Briefly state your reasons for wishing to become a part time member of the WPFDD:

Driving History

Drivers License Number: _____ State: _____
Class: _____

List and explain any moving violations, traffic accidents, or license being suspended or revoked for the last five years:

Criminal History

Have you ever been convicted of a felony or non-traffic misdemeanor? If yes please explain:

Social

Do you have, or have you ever had any emotional or physical disabilities which may cause a problem in your capacity as a medical care provider?

Explain:

Would you submit to a physical examination, paid for by the WFPD, prior to being accepted?

List any hobbies, activities, or organizations that you take part in regularly:

What days/times are you generally available to work?

Who should we contact in case of an emergency?

I _____ hereby authorize the Wilmington Fire Protection District or any of its officers, agents, directors, or servants to fully and completely investigate all matters directly or indirectly relating to any information contained in this application. I hereby further authorize the Wilmington Fire Protection District and any law enforcement agencies or medical service providers, including hospitals, physicians, and clinics, to furnish any information which would relate directly or indirectly to any inquiries contained in this application or my ability or qualifications to serve as an EMT. I further specifically authorize and agree to give any such medical service providers, or law enforcement agencies written permission to provide such information to the Wilmington Fire Protection District upon request. I hereby state that all information contained in this application is true, to the best of my knowledge. I understand that any willfully false information may prohibit me from being accepted as a member of the Wilmington Fire Protection District.

Signature: _____ Date: _____