

# Savoy Fire Department Firefighter Application

**General Information:**

Full Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Alternate Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is your license currently valid? Yes: \_\_\_ No: \_\_\_ Social Security #: \_\_\_\_\_

**Availability Information:**

List what hours are you available to respond to fire calls below. Can you leave work to respond to fire calls? Yes: \_\_\_ No: \_\_\_

Sunday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

**Employment Information:**

List your work history; start with you PRESENT or MOST RECENT job. Specifically include any Firefighting/Emergency Service experience and then also any paid and job-related unpaid or volunteer experience.

Employer:		Address:		City:		State:	Zip Code:
Supervisor's Name:		Phone Number:	Dates Employed (MM/YY to MM/YY)	Hours/Week		Ending Salary: \$ _____ /per _____	
Job Title:	Reason for Leaving:		May we contact you employer?		<b>Yes</b>	<b>No</b>	

Your job duties (include examples of paid or volunteer work you performed): \_\_\_\_\_

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Employer:		Address:		City:		State:	Zip Code:
Supervisor's Name:		Phone Number:	Dates Employed (MM/YY to MM/YY)	Hours/Week		Ending Salary: \$ _____ /per _____	
Job Title:	Reason for Leaving:		May we contact you employer?		<b>Yes</b>	<b>No</b>	

Your job duties (include examples of paid or volunteer work you performed): \_\_\_\_\_

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Employer:	Address:	City:	State:	Zip Code:
Supervisor's Name:	Phone Number:	Dates Employed (MM/YY to MM/YY)	Hours/Week	Ending Salary: \$/per_____
Job Title:	Reason for Leaving:	May we contact you employer?	<b>Yes</b>	<b>No</b>

Your job duties (include examples of paid or volunteer work you performed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference Information (List Three [3] References. Please do not list those related to you by blood or marriage):**

Name	Occupation:	Phone Number:	Email Address:
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Name	Occupation:	Phone Number:	Email Address:

**Other Information:**

Title VII of the Civil Rights Act prohibits discrimination of employment practices based on race, color, religion, sex, or national origin. Further, the Age Discrimination in Employment Act (ADEA) prohibits discrimination on the basis of age with respect to any individuals who are 40 years of age or older. Title 1 of the Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability. These acts cover hiring and all terms, conditions, and privileges of employment.

Are you eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been terminated from employment, or asked to resign? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Do you have a high school diploma? \_\_\_\_\_ or G.E.D.? \_\_\_\_\_

Do you have any education beyond high school or any relevant training? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes please explain:

\_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain. Do not include juvenile convictions (under 18 years of age) unless you were tried as an adult: \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment.)

Has your driver's license ever been suspended or revoked? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please give dates and reason for suspension or revocation: \_\_\_\_\_

Have you ever held a drivers license in another state? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list state, class of license and dates: \_\_\_\_\_

\_\_\_\_\_

List all addresses for the past 10 years, or back to your freshman year of high school. Include approximate dates:

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Do you have any physical limitations? If yes, please explain: \_\_\_\_\_

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**PLEASE BE SURE TO SIGN THIS APPLICATION, AND READ THE FOLLOWING STATEMENTS CAREFULLY**

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize the Village of Savoy or the Savoy Fire Department to verify this information to determine whether or not I am qualified for the position for which I am applying.

I hereby authorize all current and previous employers to release job-related information upon the request of the Village of Savoy or the Savoy Fire Department. However, I understand that if, in the Employment Information section, I have answered "No" to the question, "May we contact you employers?" contact with those particular employers will not be made without my specific authorization.

I understand that any references I list will be verified. If my application is accepted I agree to abide by the Savoy Fire Department By-Laws, Rules and Regulations, and Standard Operating Guidelines there of.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed Application can be emailed to [HR@savoyfd.com](mailto:HR@savoyfd.com), mailed, or submitted in person.**

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Received by (PLEASE PRINT AND INITIAL): \_\_\_\_\_



## VILLAGE OF SAVOY, ILLINOIS

### Employment Background Inquiry Authorization

I, \_\_\_\_\_, am applying for the position of \_\_\_\_\_ with the Village of Savoy, Illinois, and understand that the Village as part of its hiring process must complete its due diligence in making sure the Village will not be put in harms way by anyone with as undesirable past. With that in mind and the Village explaining to me the information obtained in any investigations or background checks will be held confidential, I hereby authorize the Village of Savoy to perform any and all criminal checks, background checks or other employment inquiries relative to obtaining this position with the Village of Savoy, This authorization permits the Village of Savoy to contact former employers, co-workers, supervisors, law enforcement agencies and any others the Village of Savoy deems necessary to complete its employment investigation.

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Signature

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Date