

Do you have any restrictions on your license? Yes No If yes, please explain: _____

Have you had any moving violations (Excluding parking tickets) or accidents in the past 5 years?

Yes No If yes, document below:

| Month/Year | Description of Violation |
|------------|--------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Education

Are you attending school now? Yes No Cause of Study:

| | | | |
|----------------------|-------------|---|---------------|
| High School | City/State: | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Major: |
| College | City/State: | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Major: |
| Bus. or Trade School | City/State: | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Major: |
| Graduate Studies | City/State: | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Major: |

Organizations/Hobbies/Interests

List any hobbies, special areas of interest and other volunteer positions.

| |
|--|
| |
| |
| |

Related experience

Have you ever volunteered on an EMS Service before? Yes No

| Name | City/State | Phone Number | Chief Officer |
|------|------------|--------------|---------------|
| | | | |
| | | | |
| | | | |

Please describe past EMS training:

| |
|--|
| |
|--|

List current licenses or certifications:

| |
|--|
| |
|--|

Additional information

Why do you want to become an employee or member of Joliet EMS?

| |
|--|
| |
|--|

Do you know anyone who has or is currently serving with Joliet EMS? Yes No

If yes, name the person or people:

Personal Character References

Name:

Phone #:

City:

State:

Zip Code:

Occupation:

Relationship:

Name:

Phone #:

City:

State:

Zip Code:

Occupation:

Relationship:

Name:

Phone #:

City:

State:

Zip Code:

Occupation:

Relationship:

Health

Have you reviewed the position description for which you are applying? Yes No

Do you have any conditions (physical or mental) that may affect your performance as a volunteer/employee in any way? Yes No If yes, please describe: _____

Are you capable of performing in a reasonable manner the essential functions of the position, with or without reasonable accommodation? Yes No

Applicant's Statement – Acknowledgement - Agreement

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for denying membership.

I understand that neither the acceptance of this application nor the subsequent entry into any type of relationship with the Joliet EMS creates an actual or implied contract of employment. I understand that if I accept a position, it will be on a at will basis. This means that either Joliet EMS or I have the right to terminate the relationship at any time, for any reason, with or without cause.

I authorize Joliet EMS to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed position. I release Joliet EMS and its members from all liability arising from such investigation.

My signature indicates that I have read, understand and agree to all of the above.

Signature of applicant: _____ Date: ___/___/___

*Non-Discrimination: Joliet EMS does not discriminate on the basis of age, race, color, national origin, sex, sexual preference, marital status, creed, or political belief, mental or physical handicap or disability, or status as a disabled veteran in its employment/volunteer policies and practices.

Office Use Only

Application received: __/__/____

Date of Interview: __/__/____

Interview Team:

Accepted Rejected

Date: __/__/____

If Applicant is Accepted

Date of Birth: __/__/____

SSN: _____

Employment Experience

Start with your present or last job, not to exceed the past seven years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT.

If you need additional space, please continue on a separate sheet of paper.

| | | | |
|--|-------|--|-----------|
| Employer: | | Dates Employed: From: ___/___/___ To: ___/___/___ | |
| Address: | City: | State: | Zip Code: |
| Phone Number: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Work performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
| Reason for leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other | | | |
| Employer: | | Dates Employed: From: ___/___/___ To: ___/___/___ | |
| Address: | City: | State: | Zip Code: |
| Phone Number: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Work performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
| Reason for leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other | | | |