



**Orland Fire Protection District
EMPLOYMENT APPLICATION**
9790 W 151st St, Orland Park, IL 60642
Phone 708.873.2710
Email completed applications to employment@orlandfire.org

OFPD is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, sexual orientation, gender identity, political affiliation, or the presence of a non-job related medical condition or disability or any other legally protected status.

Date: _____ Position Applied For: _____

Name: _____

Address: _____
Street City State Zip Code

Home Phone No.: _____ Cell Phone No. : _____ Work Phone No.: _____

E-Mail Address: _____

Are you known to the school references or job references given in this application by another name?

Yes No If yes, what name? _____

Have you ever filed an application or been employed here before?

Yes No If yes, what date(s)? _____

Are you legally eligible for employment in the United States? Yes No

Are you available to work: Full Time Part Time Temporary Shifts: 1st 2nd 3rd

If hired, on what date would you be available to begin working: _____

Are you at least 18 years of age or more (We comply with all child labor laws)? Yes No

Are you currently on layoff subject to recall? Yes No

List job-related trade or professional organizations of which you are a member, including offices held:

Give name, address, phone numbers (home, work and cell phone) of three **professional** work references:

1. _____

2. _____

3. _____

List any relatives presently working with the Orland Fire Protection District:

EDUCATION

	<i>High School</i>	<i>College/ University</i>	<i>Graduate/ Professional</i>
School Name:	_____	_____	_____
City/State:	_____	_____	_____
Last Year Completed (Select):	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Diploma/Degree: _____

Course of Study: _____

Describe special training, apprenticeship, skills and extra-curricular activities or any additional job-related information you feel may be helpful in considering your application:

EMPLOYMENT EXPERIENCE

May we contact your present employer? Yes No

List each job held. Start with your *present* or *last* job.

1. Employer: _____ From _____ to _____
Address: _____ Work Performed: _____

Phone: _____ Job Title: _____
Supervisor: _____ Reason for Leaving: _____

2. Employer: _____ From _____ to _____
Address: _____ Work Performed: _____

Phone: _____ Job Title: _____
Supervisor: _____ Reason for Leaving: _____

3. Employer: _____ From _____ to _____
Address: _____ Work Performed: _____

Phone: _____ Job Title: _____
Supervisor: _____ Reason for Leaving: _____

AGREEMENT

I certify that the foregoing statements are true and complete. I understand that any misstatement or omission of fact shall be sufficient cause for denial of employment or summary dismissal at any time during my employment. I consent to investigation by the Orland Fire Protection District of all references and previous employers to secure additional information, including my disciplinary history, without further written notice to me, in order to arrive at an employment decision. I release from any and all liability all representatives of the Orland Fire Protection District for their acts performed in good faith in connection with evaluating my application, credentials, training and qualifications. I understand that any offer of employment is contingent upon the satisfactory completion of a criminal history check, physical examination (if applicable), drug and alcohol screening and investigation of my work record and references. I understand that if I am employed by the Orland Fire Protection District, my employment can be terminated by either the District or myself at-will, with or without cause, and with or without notice, at any time.

I understand also that I am required to abide by all rules and regulations of the employer.

Date: _____ Signed: _____

Applicant

Answers to the following statement are voluntary and will not affect the evaluation of this application.

I am applying in response to a(an):

- Advertisement (indicate source) _____
- Friend/Relative/Employee _____
- Walk-In
- OFPD web site
- Other (please specify) _____

For Departmental Use Only:

Interviewed by: _____ Reference Checks? Yes No

Employed? Yes No Starting Date: _____ Rate: _____

Job Title: _____ Shift: _____ Classification: P F T

Approved by: _____ Date: _____