



**Orland Fire Protection District  
EMPLOYMENT APPLICATION  
9790 W 151st St  
Orland Park, IL 60462  
Phone: 708.873.2709**

**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:

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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:

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**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:

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**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: \_\_\_\_\_