

GALENA FIRE DEPARTMENT
101 SOUTH BENCH ST.
GALENA, IL 61036



APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

FIRST NAME MIDDLE INTIAL LAST NAME

HOME ADDRESS CITY STATE ZIP

DATE OF BIRTH SOCIAL SECURITY # DRIVERS LICENSE #

HOME TELEPHONE NUMBER CONTACT TELEPHONE NUMBER EMAIL ADDRESS

EMPLOYMENT INFORMATION

CURRENT EMPLOYER NAME OF IMMEDIATE SUPERVISOR

OCCUPATION YEARS EMPLOYED HOURS OF EMPLOYMENT

EMPLOYERS ADDRESS CITY STATE ZIP TELEPHONE #

PREVIOUS EMPLOYER NAME OF IMMEDIATE SUPERVISOR

EMPLOYERS ADDRESS CITY STATE ZIP TELEPHONE #

EDUCATION AND EXPERIENCE

EDUCATION: HIGHEST GRADE COMPLETED		10	11	12	13	14	15	16	16+
------------------------------------	--	----	----	----	----	----	----	----	-----

GED HIGH SCHOOL DIPLOMA DEGREE(S) _____

DO YOU HAVE PREVIOUS FIREFIGHTING EXPERIENCE? YES NO

IF YES, WHERE, PROVIDE LOCATION AND DATES OF SERVICE

MISCELLANEOUS INFORMATION

IF YOU WERE NOT A RESIDENT OF THE GALENA FIRE PROTECTION DISTRICT FOR THE PAST FIVE (5) YEARS, LIST PREVIOUS ADDRESS:

HOME ADDRESS	CITY	STATE	ZIP
--------------	------	-------	-----

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

REFERENCES

LIST TWO CHARACTER REFERENCES, OTHER THAN YOUR SPOUSE OR RELATIVES

NAME	ADDRESS	TELEPHONE #
------	---------	-------------

NAME	ADDRESS	TELEPHONE #
------	---------	-------------

PLEASE EXPLAIN WHY YOU ARE CHOOSING TO BECOME A MEMBER OF THE GALENA FIRE DEPARTMENT?

ACKNOWLEDGEMENT

IF THIS APPLICATION IS GRANTED, I PROMISE FULL AND FAITHFUL OBSERVANCE OF ALL OF THE LAWS, RULES AND POLICIES THAT GOVERN THE GALENA FIRE DEPARTMENT. I WILL ALSO PRESENT A COMPLETED PHYSICAL EXAMINATION REPORT PRIOR TO ACTIVELY PARTICIPATING IN ANY GALENA FIRE DEPARTMENT FUNCTION. I ALSO UNDERSTAND THAT I MUST PASS A STANDARD ABILITY AND FITNESS TEST SET FORTH BY THE DEPARTMENT BEFORE BEING CONSIDERED FOR MEMBERSHIP.

SIGNED BY MY OWN HAND ON THIS _____ DAY OF _____, 20_____

APPLICANT

SIGNATURE: _____

ENDORSEMENT

THIS CANDIDATE IS BEING ENDORSED BY:

AS A DEPARTMENT MEMBER, YOU HAVE A RESPONSIBILITY TO EXERCISE EVERY PRECAUTION IN SELECTING FIRE DEPARTMENT MEMBERS. THEREFORE, WE WOULD APPRECIATE YOUR OPINION AS TO THE CHARACTER AND RELIABILITY OF THIS INDIVIDUAL, AS WELL AS INFORMATION ON HIS/HER EMPLOYMENT AND CRIMINAL HISTORY. THE INFORMATION THAT YOU PROVIDE WILL BE HELD IN CONFIDENCE.

**GALENA FIRE DEPARTMENT
REQUEST FOR INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY AUTHORIZE THE GALENA FIRE DEPARTMENT TO ENGAGE IN A BACKGROUND INVESTIGATION INCLUDING A CRIMINAL HISTORY. I AUTHORIZE ALL FORMER EMPLOYEES TO FURNISH ANY INFORMATION CONCERNING MY EMPLOYMENT BACKGROUND. I UNDERSTAND THAT THIS INFORMATION WILL BE PROVIDED TO ASSIGNED GALENA FIRE DEPARTMENT PERSONNEL FOR REVIEW AND CONSIDERATION.

I RELEASE THE CITY OF GALENA, THE GALENA FIRE DEPARTMENT, AND THEIR AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY ASSOCIATED WITH HIS/HER REVIEW AND USE OF THIS INFORMATION.

APPLICANT SIGNATURE

DATE: _____

WITNESS

DATE: _____

To assist us in our recruiting effort, please indicate how you heard about us:

GFD Brochure

Newspaper

GFD Member

Friend

Other _____