



Warrenville Fire Protection District
3S447 Batavia Road
Warrenville, IL 60555

Application Date _____
 Date _____

Warrenville Fire Protection District Membership Application

Paid on Call (POC) Firefighter

Part Time Firefighter

Social Security # _____ Name _____

Other names you have used or been known by _____

Current Address _____
Street Address City State Zip Code

Mailing Address _____
Street Address City State Zip Code

Contact Numbers _____
Cell Home e-mail
business fax

Hair Color _____ Eye Color _____ Weight _____ Height _____

Have you any identifying marks such as scars, tattoos or missing digits? Yes No

If Yes, state the nature and location of same _____

Have you ever applied to, or worked for, Warrenville Fire Protection District before? Yes No

If yes, What date were you hired? _____ What date did you leave? _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Do you have any friends and/or relatives working for Warrenville Fire Protection District? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Are you able to perform the essential functions of the job for which you are applying, either with or without, reasonable accomodation? Yes No

If no. please describe the functions that cannot be performed _____

Birth Date _____ Birth Place _____

In case of emergency notify _____
Name Telephone # Relationship

Current Employer _____

Street Address City State Zip Code

Supervisor's Name _____ Tel # _____

Position or Title _____ Nature of work _____

Warrenville Fire Protection District Membership Application - Continued

Do you have a valid Illinois driver's license? Yes No Number and Class _____

Have you been convicted of a felony? Yes No

Have you had any previous fire experience? Yes No

Describe _____

EDUCATIONAL HISTORY

Name of School	Location of School	Number of Years Attended	Course of Study	Graduate
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY HISTORY

Are you now or have you ever been in the military service of the United States? Yes No

If yes: Branch of Service _____ Serial # _____

Highest Rank held _____ Type of discharge _____

Period of active duty, From _____ To _____

Are you now or were you ever an active member of any branch of the US Military Reserve Forces or National Guard Unit? Yes No

If yes, Rank _____ Unit _____ From _____ To _____

CERTIFICATES EARNED

EMT Yes No

FIREFIGHTER II Yes No

FAE Yes No

FIREFIGHTER III Yes No

OTHER Yes No

CERTIFIED DIVER Yes No

I hereby make application for membership to the Warrenville Fire Protection District.

I agree to obey the by-laws and all the rules of the Warrenville Fire Protection District if I am accepted.

Upon leaving the District, I agree to turn in all equipment belonging to the District which has been entrusted to me during the time of my membership. I declare, to the best of my knowledge, that all the information provided by me on this application is true, correct, and complete.

SIGNATURE OF APPLICANT _____