

OGLESBY FIRE DEPARTMENT COMPANY #1

I. What does it mean to be a volunteer firefighter?

- * Sense of pride and self-worth in your accomplishments.
- * Being there to help a friend, neighbor, or other human being in their time of need.
- * Being part of the solution, not the problem.
- * Helping the community with other projects.

II. What do I get for being a volunteer firefighter?

- * Become part of a growing organization of dedicated professionals.
- * Educational opportunities in firefighting and emergency service fields.
- * Satisfaction of making a difference in your community.

III. What can I do as a volunteer?

A. Two positions are available.

1. Firefighting Support

Training for direct support of firefighting functions.

2. Firefighter

Completion of firefighter training for internal fire suppression.

(all training is provided by Oglesby Fire Department)

IV. What is required to be a volunteer firefighter?

- A. At least 21 years of age*
- B. Be an able-bodied person of good moral character.
- C. Complete the required training for the position.
- D. Participate in monthly drills, department and company functions.
- E. Respond to alarms as needed.
- F. Abide by O.F.D. constitution, by-laws, policies and procedures.

*OTHER OPPORTUNITIES ARE AVAILABLE FOR CANDIDATES 15 – 20 YEARS OLD. PLEASE CONTACT RECRUITMENT OFFICER TO DISCUSS.

Once you have completed this application, please drop off or mail pages 3 - 8 to:

**Oglesby Fire Department
500 S. Columbia Ave.
Oglesby, IL. 61348**

REQUIRED COPIES:

- *COPY OF FRONT AND BACK OF DRIVER'S LICENSE
- *COPY OF BIRTH CERTIFICATE
- *COPY OF SOCIAL SECURITY CARD
- *COPY OF ANY FIREFIGHTING RECORDS AND/OR CERTIFICATIONS.

Application Process:

1. Complete the application and return to Oglesby Fire Department .
2. The application will be processed and you will be contacted for a possible interview, drug screen and / or physical exam.
3. Upon successful review of all information, candidate will be granted probationary status.

You can contact the Training Officer's Office at 815-883-3151 with questions.

Driver's License Minimum Requirements:

- *Valid Class "D" License
- *No convictions for driving while intoxicated or driving under the influence of intoxicants or drugs within the past five (5) years.
- *Other violations and history will be reviewed and may affect your application.

Optional Information:

- *Resume'
- *Training Certificates
- *Education Documentation

Training Process:

(Applicants with prior experience and/or training may be exempt of some of the required training at the discretion of the training officer.)

Courses:

- 1 Orientation (40 hours minimum)
- 2 Firefighter Training:
NIMS 100 & 700, CPR/AED, HAZ MAT Awareness Training,
& SCBA Training.
- 3 Emergency Vehicle Driving Operations

YOU MAY BEGIN VOLUNTEERING UPON NOTIFICATION OF PROBATIONARY STATUS AND PRIOR TO CLASSES, BUT CANNOT DRIVE OR PARTICIPATE IN ANY EMERGENCY FUNCTIONS UNTIL PROPERLY TRAINED.

NOTE: Please complete all Blank Spaces

What position are you applying for?

Active Firefighting _____ Firefighting Support _____

Name: _____ **SSN:** _____ - _____ - _____
(Last) (First) (M.I.)

Current Address:

(Street Number) (Street Name) (Apt. #)

(City) (State) (Zip)

How long at this address? _____ Years _____ Months

Previous Address:

(If less than 2 years at current address)

(Street Number) (Street Name) (Apt. #)

(City) (State) (Zip)

Phone Numbers:

Home: (____) _____
 Business: (____) _____ May we call you at this #? _____

Drivers License Information:

Do you posses a valid driver's license? (not expired or revoked within past 3 yrs) _____

State: _____ License # _____ Restrictions: _____

Classification(s): _____

List construction vehicles or heavy equipment you can operate:

FOR OFFICE USE ONLY:

Date

Received Application		N/A
Interview		Pass / Fail
Background Check		Pass / Fail
Driving Record		Pass / Fail
Drug Test		Pass / Fail
Physical Exam		Pass / Fail
Final Action		Probationary / Reject

New volunteers must satisfactorily complete a one (1) year probationary period and will receive a review at the end of the first year.

Items reviewed will include, but not be limited to response activity, training attendance, and adaptability to the job.

	YES	NO
1. Will your current employer allow you to leave work in the event of a major fire? (I.e. large woods fire, structure fire, etc.) ?		
2. Is your current employment location a specific work site or do you travel? (specific site) Mark YES		
3. Do you feel you are able to perform the essential functions of the position with or without accommodations?		
4. Have you ever been convicted of any criminal violation of law including traffic ? (If Yes, Explain in "Comments Section")		
5. Do you have a source of transportation to the Fire Station?		
6. Have you ever been employed with the City of Oglesby?		
7. Have you ever been discharged for any reason from any job? If yes indicate in "Comments Section"		
8. Do you feel you can volunteer at least 8 hours per month outside of fire calls to the department?		
9. Have you ever driven a large truck, such as a fire engine?		
10. Have you ever driven a floor shift, standard transmission?		
11. Can you climb a 65 foot ladder?		
12. Can you wear a self-contained breathing apparatus and operate in zero visibility situations?		
13. Are there any issues with inconvenient calls (i.e. middle of the night, holidays, etc)?		
14. Do you have any issues with being in confined spaces?		
15. Have you done previous volunteer work before?		
16. Have you ever been a firefighter before? (if yes, complete #19 below)		

17. How did you learn about being a Oglesby Volunteer Firefighter? (Check the appropriate space)

_____ Vacancy Announcement Posting _____ Newspaper (Name) _____
 _____ Radio/TV _____ Other _____
 _____ Friend/Relative _____

18. What is your reason for wanting to become a volunteer firefighter?

If no previous firefighting activity or training, continue to next page.

19. Department Name _____ Phone _____
 Address _____
 City _____ State _____ Chief _____

Service _____ Years _____ Months _____ From _____
 To _____
 Month Year

(IF ADDITIONAL DEPARTMENTS, PLEASE LIST IN COMMENTS SECTION)

List any organization(s) to which you belong, which you consider relevant to your ability to perform the job.

List any training which you have had that is related to fire, rescue, or medical work (**enclose certificates**)

Place additional information in "Comments Section"

Date	Class	Hours	Date	Class	Hours

EDUCATION AND TRAINING

Did you Graduate from High School? _____ Yes _____ No GED: _____ Yes _____ No

Colleges, Universities, Junior, Community Colleges attending and/or completed Name, City, State	Dates Attend(ing) FROM / TO	Credit Hours Earned* Qtr/Sem	Type Of Degree Received	Date Degree Received	Indicate Major/Minor

Business, Technical or Vocational Schools attending and/or completed	Dates Attend(ing) FROM / TO	Credit Hours Earned* Qtr/Sem	Type Of Degree Received	Date Degree Received	Indicate Major/Minor

List active licenses, certificates or registrations & registration no(s):

List any other education or training that you feel is important to the application:

VOLUNTEER PHYSICAL REQUIREMENTS

Firefighting personnel will be required to get a physical which includes the following:

- Basic Physical
- Pulmonary Function Test
- Drug Screening
- Fit Test

JOB DUTIES: Firefighters Must Be Capable of:

- Verbal Communication via two-way radio, telephone, person-to-person, etc.
- Lifting, carrying or dragging weight in excess of 100 pounds, while wearing protective clothing and equipment in excess of 40 pounds
- Operating in low or no light conditions
- Climbing and working from a roof or extension ladder
- Climbing and working from an aerial ladder in excess of 50 feet in height
- Using a self-contained breathing apparatus (approximately 30 pounds)

EMPLOYMENT HISTORY

Present Employer:

(Company / Agency) _____

Employer Address: _____
(Number) (Street) (City) (State) (Zip)

Full Time _____ Part Time _____ # Hours per Week: _____

Your Job Title: _____

Number You Supervise _____ Employer's Phone No. (____) _____

May we contact employer ? _____ YES _____ NO

Supervisor's Name: _____

Duties in Detail:

Resume Attached **(optional)** **(circle)** **Yes** **No**

List two **WORK** references, non-related (Name, Address, Phone):

1 _____

2 _____

List two **PERSONAL** references, non-related (Name, Address, Phone):

1 _____

2 _____

Please read all three statements and sign.

1 HEPATITIS B VACCINATION PREFERENCE

Oglesby Fire Department is offering the Hepatitis B Vaccine series to those individuals subject to exposure. I _____ wish to receive the offered vaccine series and understand that due to

(Do / Do Not)

the nature of the job, possible exposure to blood and other potentially infectious materials may occur.

HOWEVER:

I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. If I have declined this vaccine I understand that I will continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to potentially infectious materials and I want to be vaccinated, I can receive the series at no charge to me.

2 CERTIFICATION OF INFORMATION

I hereby certify that all statements made in this application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to acceptance by Oglesby Fire Department. I understand that I may be required to submit to a physical and/or aptitude testing as a condition of acceptance by Oglesby Fire Department.

If accepted, I agree to abide by and comply with all the rules, regulations, and policies and procedures of the Oglesby Fire Department. I understand and agree that I am free to leave at any time with or without cause. I further understand and agree that Oglesby Fire Department has the same rights as I do to terminate my appointment and compensation at any time with or without cause. I understand that no representative of City of Oglesby has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of Oglesby Fire Department.

3 RELEASE OF INFORMATION WAIVER

I, the undersigned applicant do hereby authorize the addressed agency to release all requested information, whether recorded or unrecorded, to the Oglesby Fire Department. I hereby agree and promise to indemnify and hold harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions and costs of actions, including attorney's fees, of any kind and nature arising or growing out of or in any way connected with the disclosure of the requested information.

This authority shall continue for the application process not to exceed (1) year and for all accepted members unless revoked in writing by the undersigned.

Signature of Applicant for all three (3) statements