

**APPLICATION FOR FIREFIGHTER
LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT**

Limestone Township Fire Protection District

Information regarding application for a position as a firefighter with the Limestone Township Fire Protection District.

Thank you for your interest in serving as a firefighter with the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT. An application form is attached, which ask you to complete and return to the Fire Chief of the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT, at 6105 W. Plank Rd., Peoria, IL 61604.

Please answer each question, and use additional space if necessary. Every statement made is subject to verification.

The LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT seeks qualified individuals who are interested in serving the community, and the district does no discriminate on the basis of sex, race, religion, color, age, physical impairment, or national origin.

After your application has been submitted, and an initial evaluation made, if approved of membership, you will be asked to meet, either with the fire protection district trustees, or with a group of firefighters, to answer any questions that you might have.

If you are preliminarily chosen for the position, you will be asked to complete a medical questionnaire, and you may be asked to undergo medical screening, which is done at the expense of the fire protection district. In addition to the medical screening, a background check will be done to verify suitability for the position.

Again, we thank you for your interest, and look forward to meeting with you to further discuss the fire department and the contributions that you can make to the citizens of the communities we serve.

Very truly yours,

The Limestone Township Fire Protection District Board of Trustees.

ATTACHMENT

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS BY THE LIMESTONE
TOWNSHIP FIRE PROTECTION DISTRICT

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, and the Identity-Protection Policy of the Limestone Township Fire Protection District ("District") require the District to provide an individual with a statement of the purpose or purposes for which the District is collecting and using the individual's Social Security number ("SSN") anytime an individual is asked to provide the District with his or her SSN or upon request of the individual. This Statement of Purpose is being provided to you because you have been asked by the District to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

Employment

Volunteer (Background Check)

Contract Payment

W-9

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
 - Publicly post or publicly display your SSN;
 - Print your SSN on any card required for you to access our services;
 - Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted;
- or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to the LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT: Attn: Secretary of the Board 6105 W.
Plank Road, Peoria, IL 61607

Effective 5/31/2011 LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT

LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT

EDUCATIONAL HISTORY

| SCHOOL | NAME & ADDRESS OF SCHOOL | COURSE OF STUDY | YEARS FROM | ATTENDED TO | DID YOU GRADUATE ? | LIST DEGREE |
|--------------------|--------------------------|-----------------|------------|-------------|--------------------|-------------|
| ELEMENTARY | | | | | | |
| | | | | | | |
| HIGH | | | | | | |
| | | | | | | |
| COLLEGE | | | | | | |
| | | | | | | |
| OTHER (SPECIFY) | | | | | | |
| | | | | | | |

EMPLOYMENT HISTORY

| | | | | | |
|--|--------------------|------------------|------------------|--------------|--|
| PRESENT OR MOST RECENT EMPLOYER | NAME OF EMPLOYER | ADDRESS | | PHONE NUMBER | |
| | YOUR JOB TITLE | START DATE | END DATE | HOURS WORKED | |
| | REASON FOR LEAVING | SUPERVISORS NAME | MAY BE CONTACTED | | |
| | | | YES | NO | |
| PREVIOUS EMPLOYERS LIST MOST RECENT FIRST | NAME OF EMPLOYER | ADDRESS | | PHONE NUMBER | |
| | YOUR JOB TITLE | START DATE | END DATE | HOURS WORKED | |
| | REASON FOR LEAVING | SUPERVISORS NAME | MAY BE CONTACTED | | |
| | | | YES | NO | |
| NAME OF EMPLOYER | ADDRESS | | PHONE NUMBER | | |
| YOUR JOB TITLE | START DATE | END DATE | HOURS WORKED | | |
| REASON FOR LEAVING | SUPERVISORS NAME | MAY BE CONTACTED | | | |
| | | YES | NO | | |

WHY DO YOU WANT TO BE A LIMESTONE FIREFIGHTER?

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| |
| |

LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT

REFERENCES

PLEASE PROVIDE INFORMATION FOR 3 PERSONAL REFERENCES THAT WE CONTACT.

PERSONAL REFERENCES (NO RELATIVES PLEASE)

| | | |
|----------|-----------------------------|--|
| 1 | NAME | |
| | ADDRESS | |
| | CITY, STATE, ZIP | |
| | PHONE NUMBER | |
| | HOW DO YOU KNOW THIS PERSON | |

| | | |
|----------|-----------------------------|--|
| 2 | NAME | |
| | ADDRESS | |
| | CITY, STATE, ZIP | |
| | PHONE NUMBER | |
| | HOW DO YOU KNOW THIS PERSON | |

| | | |
|----------|-----------------------------|--|
| 3 | NAME | |
| | ADDRESS | |
| | CITY, STATE, ZIP | |
| | PHONE NUMBER | |
| | HOW DO YOU KNOW THIS PERSON | |

LIMESTONE TOWNSHIP FIRE PROTECTION DISTRICT

Authorization of Background Check

I authorize investigation of all statements contained in this application including, but not limited to a credit check, criminal background check and insurance claim investigation. Also, I consent to any and all medical examinations that may be required at the expense of the Limestone Township Fire Protection District. Further, I understand that any false statements, misrepresentations, or omissions of the facts called for is cause for dismissal. If accepted, I agree to abide by the rules and regulations of the Limestone Township Fire Protection District.

Printed Full Name of Applicant: (including middle) _____

Signature of Applicant: _____

Signature of Parent or Guardian of Jr. Firefighter: _____

Date of Birth: _____

