



# Village of River Grove

## Part-Time Paramedic Application



### INSTRUCTIONS

- Fill out this application completely and accurately. If the application is not completed in full and signed it may delay the processing of and/or disqualify your application.
- Use "DNA" (does not apply) if the question does not apply to you.
- Initial each page of the application.
- If writing space provided is inadequate, use the continuation space and identify additional information by question number.
- All statements and information provided in your application are subject to verification.
- Incorrect information or statements shall disqualify you from consideration for or any resulting employment.
- Attach a copy of diploma, birth certificate, driver's license and paramedic's license before filing.

*The Village of River Grove and its Board of Fire and Police Commissioners offer equal employment opportunity to all persons without unlawful regard to race, color, religion, marital or veterans' status, sex, national origin, disability or any other legally protected status. All employment is subject the Board of Fire and Police Commissioners Act, 65 ILCS 5/10-2.1-1, et seq. and the Illinois Police Training Act, 50 ILCS 705/1, et*

### PERSONAL INFORMATION

1. NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY:

(A) \_\_\_\_\_ (B) \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP

4. TELEPHONE NUMBERS: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

5. EMAIL: \_\_\_\_\_

6. IN CASE OF AN EMERGENCY, LIST TWO INDIVIDUALS WHO SHOULD BE CONTACTED:

| NAME     | ADDRESS | TELEPHONE |
|----------|---------|-----------|
| A. _____ | _____   | ( ) _____ |
| B. _____ | _____   | ( ) _____ |

7. ARE YOU AT LEAST 21 YEARS OF AGE? ☐ YES ☐ NO

**NOTE:** PRIOR TO BEING OFFERED EMPLOYMENT, ALL APPLICANTS MUST PROVIDE THE VILLAGE WITH A CERTIFIED COPY OF THEIR BIRTH CERTIFICATE. A CERTIFIED COPY SHOULD BE ATTACHED TO THIS APPLICATION WHEN SUBMITTED

8. ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

9. WHEN AND HOW DID YOU LEARN ABOUT THE POSITION BEING APPLIED FOR? \_\_\_\_\_

10. EXPLAIN YOUR REASON(S) FOR APPLYING FOR THIS POSITION (you may attach a separate statement of applicant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. IF YOU HAVE PRIOR FIREFIGHTING AND/OR PARAMEDIC EXPERIENCE, HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? ☐ YES ☐ NO

If yes, list employer and its address, and explain: \_\_\_\_\_

12. IS THERE ANYTHING THAT WILL PREVENT YOU FROM PERFORMING JOB RELATED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

**NOTE:** PURSUANT TO STATE AND FEDERAL LAW, THE VILLAGE OF RIVER GROVE WILL ATTEMPT TO REASONABLY ACCOMMODATE ANY DISABILITY UNRELATED TO AN APPLICANT'S ABILITY TO DO OR PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

13. TO QUALIFY FOR EMPLOYMENT, YOU MUST BE WILLING AND ABLE TO WORK ON A PART-TIME, 12 OR 24-HOUR SHIFT BASIS AND ON ANY DAY OF THE WEEK. IF YOU ARE NOT ABLE TO DO SO, PLEASE EXPLAIN WHY: \_\_\_\_\_

#### EDUCATION

14. HAVE YOU EARNED A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT? ☐ YES ☐ NO

A. NAME AND ADDRESS OF SCHOOL ISSUING DIPLOMA OR GED: \_\_\_\_\_

15. HAVE YOU COMPLETED PARAMEDIC LICENSURE AND/OR FIRE SERVICE RELATED TRAINING? ☐ YES ☐ NO

A. IF YES, WHAT SCHOOL/COURSES? \_\_\_\_\_

B. WHEN? \_\_\_\_\_

C. NAME OF PRIMARY SYSTEM HOSPITAL: \_\_\_\_\_

16. LIST OTHER FORMAL EDUCATION INCLUDING ANY SPECIAL TRAINING COURSES YOU HAVE COMPLETED

NAME AND ADDRESS OF SCHOOL

DATES ATTENDED

A. \_\_\_\_\_

B. \_\_\_\_\_

17. LIST ANY LICENSES OR CERTIFICATES YOU HOLD, INCLUDING YOUR PARAMEDIC CERTIFICATE (attach copies of all)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

#### MEDICAL HISTORY

18. DO YOU CURRENTLY USE ANY NARCOTICS OR BARBITURATES (INCLUDING MARIJUANA)? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

19. DO YOU CURRENTLY USE ALCOHOL? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

20. HAVE YOU EVER CONSULTED ANY DOCTOR OR PSYCHIATRIST OR BEEN TREATED FOR ANY NERVOUS OR MENTAL DISORDER? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

21. HAVE YOU EVER HAD ANY TYPE OF EPILEPTIC SEIZURE, BLACKOUT, OR FAINTING SPELLS? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

#### DRIVING HISTORY

22. CAN YOU OPERATE A MOTOR VEHICLE? ☐ YES ☐ NO

23. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM THE STATE OF ILLINOIS? ☐ YES ☐ NO

IF YES, DRIVER'S LICENSE # AND EXPIRATION DATE \_\_\_\_\_

**NOTE:** ALL PROBATIONARY APPOINTEES MUST QUALIFY FOR AND BE ABLE TO OBTAIN A VALID CLASS B NON-CDL OPERATOR'S LICENSE (or better) FROM THE STATE OF ILLINOIS TO QUALIFY FOR EMPLOYMENT WITH THE RIVER GROVE FIRE DEPARTMENT.

24. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

25. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

26. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

#### RESIDENCES

27. HAVE YOU RESIDED IN ILLINOIS FOR THE LAST 10 YEARS? ☐ YES ☐ NO If no, please explain: \_\_\_\_\_

**DEPENDENTS**

28. LIST BELOW EVERY CHILD EVER BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN, IF ANY

|      |               |            |                       |
|------|---------------|------------|-----------------------|
| NAME | DATE OF BIRTH | BIRTHPLACE | WHERE DOES CHILD LIVE |
|------|---------------|------------|-----------------------|

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

29. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN? ☐ YES ☐ NO

If no, please explain: \_\_\_\_\_

30. ARE YOU CURRENT WITH CHILD SUPPORT PAYMENTS, IF ANY? ☐ YES ☐ NO

If no, please explain: \_\_\_\_\_

**CRIMINAL HISTORY**

31. HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? ☐ YES ☐ NO If yes please provide the following information:

|      |                       |       |                     |
|------|-----------------------|-------|---------------------|
| DATE | COURT CASE AND NUMBER | CRIME | DISPOSITION OF CASE |
|------|-----------------------|-------|---------------------|

- A. \_\_\_\_\_
- B. \_\_\_\_\_

32. HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING CRIMES? (answer yes or no)

- |                                                                                                                                                                              |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| A. Indecent solicitation of a child (under 13) _____                                                                                                                         | Q. Possession of any Firearm, Stun Gun, or Taser in a Liquor Service Establishment or Area of Public Gathering _____ |
| B. Adultery _____                                                                                                                                                            | R. Unlawful Possession of Firearms or Firearm Ammunition _____                                                       |
| C. Public Indecency _____                                                                                                                                                    | S. Defacing Firearm Identification Marks _____                                                                       |
| D. Prostitution _____                                                                                                                                                        | T. Mob Action _____                                                                                                  |
| E. Soliciting for a Prostitute _____                                                                                                                                         | U. Keeping a Gambling Place _____                                                                                    |
| F. Keeping a Place of Prostitution _____                                                                                                                                     | V. Resisting or Obstructing a Peace Officer _____                                                                    |
| H. Pimping _____                                                                                                                                                             | W. Obstructing Justice _____                                                                                         |
| I. Aggravated Assault _____                                                                                                                                                  | X. Failure to Report to A Penal Institution or to Report for Periodic Imprisonment _____                             |
| J. Intimidation _____                                                                                                                                                        | Y. Aiding Prisoner Escape _____                                                                                      |
| K. Criminal Sexual Abuse _____                                                                                                                                               | Z. Compounding of a Crime _____                                                                                      |
| L. Eavesdropping _____                                                                                                                                                       | AA. Perjury _____                                                                                                    |
| M. Theft _____                                                                                                                                                               | BB. Subordination of Perjury _____                                                                                   |
| N. Residential Picketing _____                                                                                                                                               | CC. Communicating with Jurors or Witnesses to Influence _____                                                        |
| O. Sale, Manufacture or Possession of any Bludgeon, Black-jack, Sling-shot, Sand-club, Sand-bag, Metal Knuckles, Throwing Star, Switchblade Knife, or Projectile Knife _____ | DD. Tampering with Public Records _____                                                                              |
| P. Possession of a Firearm Silencer _____                                                                                                                                    |                                                                                                                      |

IF YOU ANSWERED YES TO ANY OF THE ABOVE CRIMES, EXPLAIN BELOW (Court, Case #, Dates, Disposition, etc.)

\_\_\_\_\_

\_\_\_\_\_

33. HAVE YOU EVER BEEN A VICTIM OF A CRIME? ☐ YES ☐ NO IF YES, DID YOU REPORT THIS CRIME TO THE POLICE? ☐ YES ☐ NO  
ALSO, IF A VICTIM, PLEASE EXPLAIN DETAILS:

\_\_\_\_\_

34. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? ☐ YES ☐ NO IF YES:

|        |      |                |
|--------|------|----------------|
| AGENCY | DATE | PURPOSE/REASON |
|--------|------|----------------|

- A. \_\_\_\_\_
- B. \_\_\_\_\_

**NOTE:** ANY INDIVIDUAL WHO IS OFFERED EMPLOYMENT WITH THE FIRE DEPARTMENT MAY BE REQUIRED TO SUBMIT A CLASSIFIABLE SET OF FINGERPRINTS WHICH SHALL BE FURNISHED TO THE ILLINOIS DEPARTMENT OF STATE POLICE AND TO THE FEDERAL BUREAU OF INVESTIGATIONS BY THE VILLAGE OF RIVER GROVE. AT THAT TIME, A CRIMINAL HISTORY RECORD FROM BOTH AGENCIES MAY BE REQUESTED ON EACH INDIVIDUAL WHO IS OFFERED EMPLOYMENT

### **EMPLOYMENT HISTORY**

35. LIST ALL JOBS YOU HAVE HELD IN THE LAST 10 YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. START WITH YOUR MOST RECENT JOB, INCLUDING MILITARY SERVICE, AND PART-TIME/TEMPORARY JOBS

|                               |                              |                     |
|-------------------------------|------------------------------|---------------------|
| A. Employer Name & Address:   | Type of Business             | Dates of Employment |
| _____                         | _____                        | _____               |
| _____                         | Telephone No.: _____         |                     |
| 1.Title/Position: _____       | 2. Name Of Supervisor: _____ |                     |
| (A) Duties: _____             |                              |                     |
| (B) Reason for leaving: _____ |                              |                     |
| B. Employer Name & Address:   | Type of Business             | Dates of Employment |
| _____                         | _____                        | _____               |
| _____                         | Telephone No.: _____         |                     |
| 1.Title/Position: _____       | 2. Name Of Supervisor: _____ |                     |
| (A) Duties: _____             |                              |                     |
| (B) Reason for leaving: _____ |                              |                     |
| C. Employer Name & Address:   | Type of Business             | Dates of Employment |
| _____                         | _____                        | _____               |
| _____                         | Telephone No.: _____         |                     |
| 1.Title/Position: _____       | 2. Name Of Supervisor: _____ |                     |
| (A) Duties: _____             |                              |                     |
| (B) Reason for leaving: _____ |                              |                     |

### **REFERENCES**

36. COMPLETE THE INFORMATION BELOW BY LISTING TWO ADULTS, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR MORE THAN 5 YEARS. ALL PERSONS TO WHOM YOU REFER MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE AND OTHER QUALIFICATIONS

|    | NAME  | ADDRESS | TELEPHONE | OCCUPATION |
|----|-------|---------|-----------|------------|
| A. | _____ | _____   | _____     | _____      |
| B. | _____ | _____   | _____     | _____      |

### **CONTINUATION SPACE**

Identify in the left hand column the question you are answering by number, then complete your answer in the space provided:

| QUESTION NO. | CONTINUATION OF ANSWER |
|--------------|------------------------|
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |
| _____        | _____                  |

IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL SHEETS. IDENTIFY EACH ANSWER BY QUESTION NUMBER. **SIGN AND DATE EACH ATTACHED SHEET OF PAPER CONTAINING ANY ANSWERS.**

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

By my signature below, I hereby authorize the Village of River Grove to investigate all statements in this application and to secure any necessary information from all of my past or present employers, references, and academic institutions. I hereby release all of those employers, references, and academic institutions, and the Village of River Grove from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Village of River Grove. I also authorize the Village of River Grove to secure financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the Village of River Grove will provide me with a complete description of the nature and scope of the credit report investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, employment references, and successful completion of required physical and health examinations. I further understand that any false or misleading statements shall be sufficient cause for rejection of my application if the Village of River Grove has not employed me and for immediate dismissal if the Village of River Grove has employed me. I also authorize the Village of River Grove to supply information about my employment record, in whole or in part, in confidence to any prospective employer, governmental agency, or other party having a legal and proper interest, and I hereby release the Village of River Grove from any and all liability for it providing this information.

In the event of my employment with the Village of River Grove, I shall comply with all rules, regulations, and policies of the Village of River Grove. I also understand that in the event of employment with the Village, I may be required to provide the Village of River Grove a classifiable set of my fingerprints which may be furnished to both the Illinois Department of State Police and to the Federal Bureau of Investigation.

I understand that nothing set forth in this employment application, in the Village of River Grove's policy statements or personnel guidelines, or in my communications with any Village official is intended to create an employment contract between the Village and me. I also understand that the Village has the right to modify its policies without giving me any notice of such changes.

No promises regarding my employment have been made to me, and I understand that no such promise or guarantee is binding upon the Village unless it is in writing and signed an authorized official.

I understand that prior to being offered employment with the Village, I shall be required to take employment examinations, including without limitation a physical agility test (see attached). In the event that I have a disability which will affect my ability to take any test, I will so inform the Village prior to the administration of the examinations so that a reasonable accommodation, if possible, can be made. The Village reserves the right to require medical documentation concerning the need for the accommodation.

I understand that this application shall be kept on an active file for 365 days from the date the Village completes its Register of Eligible Applicants, after which time I am required to reapply for this position in accordance with established Village procedures.

I understand that should any occurrence happen which would change my answer to any question contained herein, I have a duty to immediately report the change to the Village of River Grove.

I hereby certify that there are no willful misrepresentations, omissions, falsifications in this application, and all my answers are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT, A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE, DRIVERS LICENSE AND PARAMEDIC LICENSE TO THIS APPLICATION.**