



Dunlap Community Fire Protection District

400 North Fourth Street
P.O. Box 69
Dunlap, IL 61525



Application for Employment

Personal Information:

Last Name, First MI (Legal)		Date	SS#
Address			
Phone		Other Phone	DL # & Class
DOB		M F	Email Address
Veteran?		Yes No	
Do you speak any non-English language that may be related to this position?			
Have you been convicted of any violation of the law? Yes No			
If so, please explain:			
<p>(This information does not result in an automatic bar to membership. Factors such as age and date of the offense, seriousness/nature of the violation, and rehabilitation will be taken into account. Do not include arrests or convictions that have been sealed or expunged when answering this question.)</p>			



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Education and Skills:

High School Name	Course of Study/Major	Date of Graduation
Post Secondary/ College Name	Course of Study/Major	Date of Graduation
Post Secondary/ College Name	Course of Study/Major	Date of Graduation
<p>Do you hold any license, registration, or certification related to this position?</p> <p>EMT-B License <input type="checkbox"/> FFII/Basic FF Certificate <input type="checkbox"/> Instructor I <input type="checkbox"/> Class B Non-CDL License <input type="checkbox"/></p> <p>FSVO Certificate <input type="checkbox"/> Two years experience <input type="checkbox"/></p>		
<p>List any special skills or equipment you can operate:</p> <p>Tractor Trailer <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Ambulance <input type="checkbox"/></p>		

References

Please provide the name, address and phone number of three character references.

1. _____
2. _____
3. _____