

HINCKLEY FIRE DISTRICT

P.O. Box 1225
Hinckley, IL 60520

Jay VanLanduyt
Chief

Gary Urbahn
Assistant Chief

Firefighter/EMT Application

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Applying for (check one): Firefighter Emergency Medical Technician Both

Previous firefighting or EMT experience: _____

Reason for wanting to join the Hinckley Fire Department: _____

Place of work: _____

Work schedule: _____

Please list local references:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Referred By: _____

This application does not constitute an offer of employment and does not extend any contractual rights.

The Hinckley Fire Department meets according to the following schedule:

- 1st Tuesday of every month: EMT Continuing Education, 7PM
- 2nd Tuesday: General business meeting, 7PM
- 3rd Tuesday: Firefighter training, 6:30PM
- 4th Tuesday: Officers meeting, 7PM

Additional meetings, such as committee meetings, called as needed. Be sure to complete page 2.

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, hereby authorize a review of all records and information concerning myself, including but not limited to, previous employment records, work history reports, disciplinary reports, and work evaluations to any duly authorized agent of the Village of Hinckley Police Department, DeKalb County Sheriff's Office, Illinois State Police, and Hinckley Fire Protection District.

I consent to full and complete disclosure of any and all records and information maintained by the Federal Bureau of Investigation, Illinois State Police, United States Military, any and all law enforcement agencies, financial institutions, and individuals. This includes but is not limited to, criminal history information, dates of arrests and convictions, and sentencing data for my personal history.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part, upon release of this information will be provided to the chief of the Hinckley Police Department, sheriff of DeKalb County, the chief of the Hinckley Fire Protection District, and appropriate staff. **I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Hinckley Fire Protection District, its employees, and the above mentioned agencies from any and all liability which may be incurred or as a result arise from the collection of such information.**

A photocopy of this release form shall be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

“I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THE ABOVE ‘AUTHORITY FOR RELEASE OF INFORMATION.’”

Name, printed (First, M.I., Last)

Witness, printed

Signature

Witness Signature

Date

Social Security Number

Illinois Driver's License Number

Date of Birth