Fire & Life Safety Educator

APPLICATION - 2024



Applicant Na	ım	e:
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600 N. Deerpath Drive • Vernon Hills • Illinois • 60061 Phone 847.367.5511 • Fax 847.367.5521

www.countrysidefire.com

Chuck Smith, Chief Bruce Brown, President

June 25, 2024

Dear Applicant,

We appreciate your interest in becoming a fire and life safety educator with the Countryside Fire Protection District.

The Countryside Fire Protection District is responsible for the protection of 24 square miles and responds to more than 5,200 calls for service annually from two fire stations equipped with the latest, state of the art fire and rescue equipment.

Our fire prevention bureau is currently staffed with a full time sworn Lieutenant Fire Marshal, a sworn firefighter/paramedic inspector, a sworn firefighter/paramedic Director of Public Education and two part-time civilian fire inspectors.

Included within this packet please find important dates, a job description and other information about the District. Please read all of the material thoroughly before completing the application.

The completed application along with the required attachments must be dropped off at Station #2, located at 600 N. Deerpath Drive, Vernon Hills, IL 60061 on or before 3:00 p.m. July 25, 2024. We will then contact you after reviewing the application.

For additional information about the Countryside Fire Protection District, please visit us at www.countrysidefire.com. Thank you.

Sincerely,

Chuck Smith Fire Chief



APPLICATION FOR EDUCATOR

APPLICATION PROCESS

Qualifications for the position of Fire & Life Safety Educator shall include the following:

- Employable in the United States
- Bachelor's degree (education, communications, public relations or fire-science preferred)
- Possess valid driver's license
- Minimum five (5) years education or fire service related experience preferred

The application process may include all or part of the following:

- Application questionnaire / survey and waiver / releases
- Oral interview
- Personal reference evaluation
- Criminal background check
- Finger printing
- Psychological examination

λII	App	plicants must include the following documents with the application:
		Driver's License
		Auto Insurance Card
		Birth Certificate
		High School Diploma or G.E.D.
		Other Degrees & Training Certificates
		Background Authorization Form (notarized)
		Photo (2"x2")

APPLICATION FOR EDUCATOR

By signing this application below, I certify that all of my answers in this application are true and correct. I agree to verification of all of my statements and answers in this application before any hiring decision is made. I authorize investigation of my past employment history, as well as any investigation into my criminal history, driving record and character.

I understand that a part of the hiring process may include additional questionnaires, interviews and a background check.

I understand and agreed that any false, misleading or incomplete information given in my application, interviews or other pre-employment questionnaires and procedures, regardless of when discovered by the Countryside Fire Protection District, will be sufficient basis for my disqualification for employment or if employed, the termination of my employment with the Countryside Fire Protection District. I agree the Countryside Fire Protection District shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

agree to the terms therein.						
Signature	Print	Date				
DOCUMEN	TS & COPIES REQUIRED					
	Driver's License					
	□ Auto Insurance Card					
	Birth Certificate					
	☐ High School Diploma or G.E.D.					
	☐ Other Degrees & Training Certificates					
	Background Authorization Form (notarized)					
	Photo (2"x2")					

APPLICATION FOR EDUCATOR

The Countryside Fire Protection District considers all applicants for employment without regard to race, color, religion, sex, origin, age, handicap or disability in accordance with federal law. In addition, the Countryside Fire Protection District complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

This application for employment with the Countryside Fire Protection District is the first step of the hiring process. Please read each question carefully before answering. The application is not the sole criterion for hiring. The Countryside Fire Protection District utilizes various procedures to verify the accuracy of the information that you have provided.

If any of the information contained in this application is found to be incorrect, or if you have failed to list all relevant information, it may be grounds for not hiring you or for letting you go after hiring.

THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT ONLY - PRINT or TYPE

Name:					
Last		First		Middle	
Maiden name or other names information, previous employ			known by may be ne	ecessary to	o verify background
Date of Birth:	ear	Social Sec	curity #:	-	-
DRIVER'S LICENSE INFOR	MATION:				
Do you have a current valid o	driver's license: I	□YES □N	IO		
License # & State Issued	Date	Issued	Expiration Date		Class
Home Address:					
Street #	Street Name				Apartment #
City or Town			State		Zip Code
How long at present address	:	Home Pho	one #: ()		
Cell Phone: ()		E-mail:			
If a present address for less	than ten years	, list your prev	ious address for mo	st recent t	en-year period:
Street	City	State	Zip Code		Residence nm/yy)
				from	to
					to
					to
				irom	to

COUNTRYSIDE FIRE PROTECTION DISTRICT

COUNTRYSIDE FIRE PROTECTION DISTRICT APPLICATION FOR EDUCATOR

GENERAL INFORMATION:

Criminal History In the past 10 years have you been convicted of a misdemeanor or felony? ☐ YES ☐ NO
If yes, describe the details – indicate the nature and place of offense and the sentence received:
Driver's License
In the last 10 years has your license been suspended or revoked?
If YES: when? How long?
Please Explain:
Have you ever been convicted of driving under the influence (DUI, DWI)? ☐ YES ☐ NO
If YES: when?
Please Explain:
List any and all states that have issued you a drivers' license at any time in the past 10 years:

APPLICATION FOR EDUCATOR

EDUCATION AND TRAINING:			(MM/YY)
Elementary School Name	City & State	Degree	From / To
Elementary School Name	City & State	Degree	/ From / To
Jr. High School Name	City & State	Degree	/ From / To
High School Name	City & State	Degree	From / To
Trade School Name	City & State	Degree	From / To
College / University Name	City & State	Degree	From / To
College / University Name	City & State	Degree	/ From / To
College / University Name	City & State	Degree	/ From / To
Highest degree earned: ☐ High School ☐ Associ Describe any specialized training, suited for this job: (include certification)	experience, qualifications		Doctorate make you especially
U.S. MILITARY EXPERIENCE:			
Branch of Service:	Length of	Service:	
Highest Rank:			
Discharge Status:	Date of D	vischarge:	
Reserve Status:			
*Include a copy of your DD214 wi	th the application.		

COUNTRYSIDE FIRE PROTECTION DISTRICT

APPLICATION FOR EDUCATOR

EMPLOYMENT HISTORY

If any of the information contained in this application is found to be incorrect or incomplete as a result of failure to list relevant information, the applicant may be found ineligible for employment.

Starting with your present position, list all jobs held including part-time and full-time employment and military experience.

Employer:	Supervisor:		
Address:	City:	State:	Zip:
Phone #:	Email:		
Job Title:	Dates: (mm/yy) from	/to)
Reason for leaving:			
Employer:	Supervisor:		
Address:	City:	State:	Zip:
Phone #:	Email:		
Job Title:	Dates: (mm/yy) from	/ to)
Reason for leaving:			
Employer:	Supervisor:		
	City:		
Phone #:	Email:		
Job Title:	Dates: (mm/yy) from	/ to)
Reason for leaving:			
Employer:	Supervisor:		
Address:	City:	State:	Zip:
Phone #:	Email:		
Job Title:	Dates: (mm/yy) from / to		
Reason for leaving:			

APPLICATION FOR EDUCATOR

PERSONAL REFERENCES:

List below three persons that you have known for at least one year. *Do not* list relatives, CFPD members or former employers:

Name: _				
Address:	Last	First		Middle
Addiess.	Number and Street			Apt #
	City/Town/Village		State	Zip
Occupati	ion:	Telephone: ()		
E-mail:_				
		# of Years Known:		
Name: _	Last	First		Middle
Address:	Number and Street		······································	
			· · <u></u> - ·	Apt #
	City/Town/Village		State	Zip
Occupati	on:	Telephone: ()		
E-mail:_				
Relations	ship:	# of Years Known:		
	Last	First		Middle
Address:	Number and Street		······································	Apt #
	City/Town/Village		State	Zip
Occupati	on:	Telephone: ()		
E-mail:_				
	ship:			
Please n	ote any objections to our contac	ting any of the above listed refer	ences:	



BACKGROUND INVESTIGATION WAIVER

I	(print name), hereby authorize the COUNTRYSIDE FIRE PROTECTION
DISTRICT and its agents, employed current employment, education, mi all other information which may be COUNTRYSIDE FIRE PROTECT	tes or representatives to obtain and use all information relating to my previous and litary record, driving record, criminal conviction history, personal characteristics and ear favorably or unfavorably upon my application for employment made to the TON DISTRICT. I consent to the release to the COUNTRYSIDE FIRE eviously completed course work, certifications, and test scores available through the
I further release from liability any pre-employment investigation.	person or persons providing or receiving any such information in connection with this
Commissioners of the COUNTRYS employees and agents against any of defense which arises directly or incapplication process. I also covenar FIRE PROTECTION DISTRICT, for damage as a result of such procefees and interest, in any manner car COUNTRYSIDE FIRE PROTECT WE ARE AN EQUAL OPPORT Employment opportunity in recruit experience and other qualifications national origin, age, genetic inform	harmless the COUNTRYSIDE FIRE PROTECTION DISTRICT, the Board of Fire SIDE FIRE PROTECTION DISTRICT, the individual trustees and commissioners, claim or loss whatsoever, including but not limited to attorneys' fees and any cost of directly out of any injury which I may sustain in the physical ability test and/or at that for the consideration of my application, I agree not to sue the COUNTRYSIDE the individual trustees and commissioners, employees and agents for any injury, loss assimilating but not limited to personal injury, wrongful death, court costs, attorneys' used directly or indirectly, including the negligent acts or omissions of the TON DISTRICT, its trustees and commissioners as well as its employees and agents. UNITY EMPLOYER. This organization is committed to policy of equal ment, hiring, career advancement, and all other personnel practices. Your job related will be considered without discrimination on the grounds of race, color, religion, sex, nation or physical or mental handicap. All information provided in this application will be used only to help assure the best use of your abilities if you are employed with
	Signature
	Signature Must be signed in presence of notary
	Driver's License Number
SUBSCRIBED AND SWORN TO before me this	
day of	(SEAL)
NOTARY PUBLIC	
NOTANT FUBLIC	
My Commission Expires:	