HARTFORD FIRE DEPARTMENT

507 North Delmar, Hartford, IL 62048
Phone: 618-254-0012
Fax: 618-251-2682
firedepartment@hartfordillinois.net

Application for Membership

Please print in black or blue ink

Personal Information

Name: (Last, First, Middle)			
Are you 18 years of age or older?		Yes	No
Address:	City:	Zip Code:	
Property Owner ☐ Renter ☐	Phone #:	Best time to call:	
Driver's License Number:		State:	Class:
Has your license ever been suspended or revoked?		Yes	No
Can you provide a copy of current insurance for your vehicle?		Yes	No
Are you willing to obtain a Class B driver's license?		Yes	No

Do you have any physical or health concerns that could interfere with this position, safety, and/or wellbeing?

_____

_____

_____

Availability

Do you have any commitments or responsibilities that would prevent you from actively participating?
(Other than family, work, or school)

_____

_____

_____

When not working: I would be available for calls / trainings...	Rarely	Sometimes	Often	Always
Are you available to attend meetings / truck details on the first Thursday of every month?			Yes	No

Background Check

Do you agree to a criminal background check?	Yes	No
Do you agree to a driver's license check?	Yes	No
Do you agree to participate in a drug test?	Yes	No
Do you agree to participate in a physical?	Yes	No

Education

	Name of School	Grad. Year	Subject Studied
High School			
College			
Tech. / Other			

Employment / Training Information

Are you currently employed?			Yes	No
If yes, what shift do you work? (days, nights, etc.)				
Have you previously applied or been employed with the Village of Hartford?			Yes	No
Have you previously been employed by a fire department?			Yes	No
If yes, what department?		May we contact them?	Yes	No
Have you received firefighting training in the past?			Yes	No

If yes, list experience:

_____

_____

_____

Do you have current certifications in the following areas? (Circle, list expiration)			
CPR	Exp.		
First Responder / EMT	Exp.		
Firefighter Basic / Advanced	Exp.		
HAZMAT Awareness / Operations	Exp.		
Other:	Exp.		
If not, would you be interested in obtaining these certifications?		Yes	No

References

Who referred you to the department?	
Where did you hear about this position? (If applicable)	_____

I UNDERSTAND THAT MY FAILURE TO PARTICIPATE IN DEPARTMENTAL FUNCTIONS, ANY VIOLATIONS OF DEPARTMENTAL BY-LAWS, AND VIOLATIONS OF ANY STATE AND FEDERAL LAWS, WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL FROM THE HARTFORD FIRE DEPARTMENT. I CERTIFY THAT THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I HEARBY UNDERSTAND THAT THIS ORGANIZATION IS OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANYTIME. I AGREE TO HAVE A BACKGROUND CHECK DONE AND AUTHORIZE INVESTIGATIONS IN ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR MEMBERSHIP AS MAY BE NECESSARY INARRIVING AT A MEMBERSHIP DECISION. IF MY APPLICATION IS APPROVED, I UNDERSTAND THAT I WILL BE REQUIRED TO PASS A DRUG TEST, BREATHING TEST, AND A PHYSICAL AT THE FIRE DEPARTMENTS EXPENSE PRIOR TO BEING INSTATED TO THE HARTFORD FIRE DEPARTMENT.

Applicant's Signature _____ **Date** _____

PLEASE DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

Interview Date					
Approved by Membership		Rejected by Membership		Date	
Chief's Signature				Date	
Executive Officer's Signature				Date	
Secretary's Signature				Date	

Drug Test Date		Pass		Fail	
Breathing Test Date		Pass		Fail	
Physical Date		Pass		Fail	

Date Sworn in		Orientation Date	