

BOARD OF FIRE AND POLICE COMMISSIONERS

109 E. Olive Street, Bloomington, IL 61701
 (309) 434-2215 (309) 829-5115 TTY
 www.city.blm.org

EQUAL EMPLOYMENT

The City of Bloomington makes all hiring decisions without regard to an applicant's gender, race, ethnicity, national origin, religion, age, martial status, veteran status, disability, sexual orientation or any other category protected by local, state, or federal law.

IMPORTANT: Read carefully and **print in your own handwriting** the answer to every question. (All information will be treated confidentially. Submission of inaccurate information may be grounds for termination of employment.) Failure to provide required documents with this application will invalidate the application.

REQUIRED DOCUMENTS - FIREFIGHTER/PARAMEDIC

- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Birth Certificate ■ High School Diploma or G.E.D. ■ 2" x 2" Head & Shoulder Photo (No copies) ■ Illinois EMT-Paramedic Certification ■ Firefighter II certification | <p>If applicable, the following information should be submitted:</p> <ul style="list-style-type: none"> ■ College Diploma & transcripts ■ Military DD 214 |
|---|---|

Legible copies of these documents will be accepted, will become the property of the Board of Fire and Police Commissioners, and cannot be returned.

Answer all questions and complete all spaces on application

Name (last, first, middle)		
Social Security Number		
Street Address	Phone	
City	State	Zip

EXPERIENCED FIREFIGHTER/PARAMEDIC

PERSONAL DATA

Name of person to contact in case of emergency Relationship Phone

Do you have the legal right to work in the U.S.? Yes No

Are you 21 years of age? Yes No

Have you ever served in the Armed Forces? Yes No

Have you ever been employed by the City of Bloomington? Yes No

If yes, date and position. If under another name, please state name.

Have you ever been discharged or asked to resign employment?

If yes, explain in detail

Have you ever been convicted of a felony? Yes No

If yes, explain in detail

REFERENCES

List four references. Exclude relatives and previous employers.

Name	Address	Phone

EDUCATION

Which of the following have you completed? High School G.E.D.

High School Address

College or University Address

Did you graduate? Yes No

Degree received Major GPA

If currently in school, what year?

Special business or vocational school Address

Did you graduate? Yes No

EMPLOYMENT HISTORY

List previous experience (including U.S. Armed Service Record and periods of unemployment). Begin with present position and work back. Attach resume, if necessary. If there were periods where you were self-employed or unemployed, list name and address or person who can verify your activities during those periods.

EMPLOYMENT HISTORY

Employer		Address (city, state, and phone)	
Date started	Starting salary (annual)	Starting position	
Date ended	Ending salary (annual)	Position upon leaving	
Name and title of supervisor		Reason for leaving	
Brief description of your responsibilities			

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**HOLD HARMLESS
AGREEMENT**

TO THE APPLICANT:

As part of the testing process, an Essential Job Functions Test will be administered. This is designed to test your physical capacity to perform duties which may be required of you in the department for which you are applying. This test is rigorous, and you will make serious demand on your physical capacity, particularly your cardiovascular system (i.e., your heart, lungs and blood vessels).

If you know or suspect you have any condition or impairment which might render you susceptible to injury as a result of this test, do not take this test!

You should also understand that while the test is not designed to be hazardous, the course does present conditions that could cause or lead to an injury.

CERTIFICATION

The undersigned, having applied for appointment to the Fire Department of the City of Bloomington, acknowledges that he/she has been advised of the strenuous and rigorous nature of the Essential Job Functions Test, and that he/she understands that it will seriously tax his/her physical capacity, particularly the cardiovascular system. The undersigned certifies to the Board of Fire and Police Commissioners of the City of Bloomington that he/she is capable of taking such test with no ill effects.

The undersigned hereby releases the City of Bloomington and Board of Fire and Police Commissioners of the City of Bloomington and any all officers or agents of wither from any liability which may occur to the undersigned as a result of taking such test, whether from the strenuous nature of the test, the physical condition of the test area, or otherwise.

Dated this _____ day of _____, 20_____.

Place photo here

Applicant signature

Street Address

City

State

Zip code

Area code

Telephone number

CERTIFICATION

By signing below, I certify that I have not withheld any information that might adversely affect my chances for employment with the City of Bloomington (hereafter referred to as the "City") and that all information I have given is true and correct.

I understand that any omission or material misstatement on my application, resume or other document submitted in support of my application, or during any pre-employment process or interview, shall be grounds for rejection of my application or, if I am employed by the City, for discipline up to and including immediate termination.

I understand that any offer of employment by the City of Bloomington may be contingent upon the results of a reference and background check, post offer physical, drug/alcohol test or other pre-employment testing.

_____ Date

_____ Applicant's Signature

AUTHORIZATION

Authorization for Background and Reference Check

I authorize the City to thoroughly investigate my references, work record, education, criminal conviction record and any other matters relevant to my suitability for employment. I also authorize my former employers to disclose to the City, or to anyone acting on behalf of the City, any and all of my employment records, including my disciplinary reports and letters of reprimand, without giving me notice of such disclosure. I hereby fully release and discharge the City, my former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to such investigation or disclosure.

_____ Date

_____ Applicant's Signature

Thank you for your interest in employment opportunities with the City of Bloomington.

Applications will be active for one year from the signature date.



Equal Opportunity Survey

In compliance with the Federal and State Equal Opportunity requirements, the City of Bloomington requests the following information for statistical purposes only. Completion of this form is voluntary and will be maintained separately from your application. Information provided will not be considered in any employment decisions.

Position applied for: _____ **Date:** _____

Sex: Male ___ Female ___ **Age:** _____

Disability ___ **Veteran** ___ (check only if applies)

Individuals requesting disability accommodations must contact the Human Resources Department prior to the start of the application process.

Referral Source:

- ___ Walk-in ___ Friend/Relative ___ High School Campus ___ Radio
- ___ College Campus ___ City Employee ___ Advertisement in: ___ Other
- ___ Sent in Resume ___ City Website _____ ___ Re-hire

Please specify the group to which you belong, identify with, or regard in the community as belonging. Only choose *one* race/ethnic category.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.