

Application for Cadet Membership



**275 West Main Street
P.O. Box 309
Braidwood, IL 60408
815-458-2000**

Name: _____

(Print Neatly)

Introduction

The Braidwood Fire Department consists of dedicated men and women who serve the residents of Braidwood, Godley, Reed and Custer Townships in the case of fire and medical emergencies. This service is provided 24 hours a day, 7 days a week and 365 days a year.

The members of the department consist of men and women from all walks of life who all work together to form a team of professionals whose purpose and main objective is to protect the property of and render appropriate emergency medical service to all persons that they are called upon to serve, to the best of their ability. Members of the Braidwood Fire Department pride themselves on the training they undergo on a daily basis so that they can provide the best possible service to the community.

Requirements for Cadet Membership

All Applicants must:

- Be at least 15 years of age and in high school or equivalent but not older than 18 years of age
- Have a good character
- Attend school and maintain a “C” average or better
- US citizen or permanent lawful resident
- Not have a criminal record
- Have parental consent
- Reside within the Braidwood Fire Protection District
- Must be able to attend the fire department functions and cadet training
- Must complete the physical agility test
- Must complete the interview process
- Must complete the initial training

Required Documents

The following documents must accompany the completed application. In the event that a document is missing or not turned in, the application will not be processed.

- Copy of Birth Certificate
- Copy of Driver's License or School ID
- Copy of Most Recent Report Card
- Signed copy of the Cadet Parental Authorization

If you have any other documents that are applicable to you (i.e. CPR cards, First Aid, or Lifeguard Cards) please include those in your application packet as well

Instructions

Please be certain that your application is accurate and complete. If a question does not apply to you insert "NA" for "Not Applicable". Double check to make sure that you have included all of the required documents and that all questions have been answered. If you do not have enough space, continue your answers on an attached sheet at the end of the application. Any and all statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from the application process. Please type or print neatly. Completed applications must be turned in at the Braidwood Fire Department. We will not accept any applications in the mail, fax or email.

Braidwood Fire Department
Attn: Hiring Committee
275 West Main St.
Braidwood, IL 60408

Applications should be returned to the Braidwood Fire Department in person at the above address.



BRAIDWOOD FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT (CADET)

275 W. Main Street, P.O. Box 309
Braidwood, Illinois 60408

(815) 458-2000 | STATION
(815) 458-3636 | FAX

The Braidwood Fire Department is committed to providing an equal employment opportunity to all persons.

GENERAL INFORMATION

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Marital Status: _____

Cell Phone _____ Email _____

Drivers License Number: _____ Drivers License Class: _____

Social Security Number: _____ Are you 18 years of age? Yes No

Emergency Contact: _____ Phone: _____

Have you ever applied to the BFD Cadet program before? Yes or No

If yes, When? _____

EDUCATION

Circle the number corresponding to the highest level of education completed:

ELEMENTARY - HIGH SCHOOL

8 9 10 11 12

GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL	CITY/TOWN & STATE	MAJOR(S)	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SKILLS

Please list any skills, certificates, or training that you have received that relates to firefighting. This includes CPR, First Aid, OSFM or IFSI or Other Training.

DRIVING RECORD

Any moving violations, including accidents? Yes No

If Yes, please list: _____

May we request a copy of your motor vehicle records from the Illinois Secretary of State office? (If hired, these records will be requested every three years.) Yes No

**CRIMINAL
RECORD**

Any felony drug or alcohol convictions, including DUI, in the past 10 years? Yes No

If Yes, please list: _____

**WORK
EXPERIENCE**

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). **Include any information not listed on your resume.**

Name of Employer: _____

Address: _____ Phone: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Normal Daily Work Hours: _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

Name of Employer: _____

Address: _____ Phone: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Normal Daily Work Hours: _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

REFERENCES

List below as character references three (3) persons you have known for at least three (3) years and who are not related to you. These persons may not be past employers.

Name: _____ Address: _____

Phone: _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ Occupation: _____

Affirmative Action Policy

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and the intent of the Braidwood Fire Department to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliations, marital status, physical or mental handicap, sex, or age in all aspects of our personnel policies, programs, practices and operations except as required by job necessity or preemptive statutes. This policy applies to all phases of full-time, part-time, temporary and seasonal employment.

I understand the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that this application for employment in no way obligates the employer to employ this applicant.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

It is agreed and understood that if hired the employee may be on a probationary period during which time he may be discharged without recourse.

It is understood and agreed upon, that by signing this application, I authorize a thorough criminal background check including, but not limited to, fingerprinting which will be performed for the Braidwood Fire Department by the Braidwood Police Department and the Illinois State Police. Additionally, in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signed: _____ Date: _____



DO NOT WRITE ANY INFORMATION ON THIS PAGE

OFFICE USE ONLY

Received By: _____ Date: _____

Hiring Committee

- | | | |
|----------|--------|--------|
| 1. _____ | Accept | Reject |
| 2. _____ | Accept | Reject |
| 3. _____ | Accept | Reject |
| 4. _____ | Accept | Reject |

Comments: _____

Hiring Committee Recommendation:

Accept Reject Date: _____

This application has been acted upon at a Regular Business Meeting of the Braidwood Fire Department and the applicant has been Accepted / Rejected for probationary membership

BFD President: _____ Date: _____

Fire Chief: _____ Date: _____

Background Check Completed Yes No Date: _____

Motor Vehicle Record Check Yes No Date: _____



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Braidwood, Illinois 60408

(815) 458-2000 | STATION
(815) 458-3636 | FAX

Application Check Sheet

Please ensure the following documents are attached to this application:

- Ensure application packet is complete.
- Photocopy of your Driver's License or School ID is attached. Include both sides.
- Photocopies of Most Recent Report Card
- Signed copy of the Cadet Parental Authorization
- Photocopy of valid CPR card attached (if applicable). Include both sides.

IMPORTANT: In order to prevent delays in reviewing your application, please answer every question on this form clearly and completely. Any false or misleading answers or statements will be the cause for rejection of this application, removal of your name from the eligibility list, or discharge from the department.

Please detach this page from the application; it does not need to be returned with the packet.



BRAIDWOOD FIRE DEPARTMENT



275 W. Main, P.O. Box 309, Braidwood, IL 60408
815-458-4156 Station, 815-458-3636 Fax

Cadet Program Parental Information and Authorization

Cadet Name _____ DOB _____ M F

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

E-mail address _____

Medical History:

1. Are there any medical problems we should be informed of? If so, please list: _____
2. Do you have any allergies: _____
3. Are you taking any medications? _____

Physician Name _____

Physician Phone number _____

Hospital Choice _____

In case of emergency, please contact the following individuals:

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work phone _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work phone _____



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815-458-4156 Station, 815-458-3636 Fax

Additional Information:

By signing below the Cadet is excepting the commitment to the Braidwood Fire Department Cadet Training Program and the parent/guardian is authorizing the Cadet to participate in the Training Program. The below signatures also verifies that the above information is true and correct.

Cadet signature

Date

Social security number

Parent or Guardian signature

Date