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The Manhattan Fire Protection District considers applications for all positions, without regard to race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, marital status or any other legally protected status. Those applicants requiring accommodation to the application and/or interview process should notify the Administration at (815) 478 - 3197.  
-An Equal Opportunity Employer-

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Dear Candidate:

Please carefully review the attached materials and make certain that you meet the requirements and would enjoy the work described. An in-depth background investigation, and physical will be conducted on eligible candidates when considered for employment.

Instructions:

Please fill out all information to the best of your ability. Fill out all information on the lines provided. If additional space is required please refer to the last page of this document. You will find lines provided for you. Please place the number of the question on the line and then continue your answer. Make additional copies of the page if needed. If a question does not apply please list N/A in space provided

Please also provide the following:

- Current Resume
- Copy of Social Security Card
- Copy of Drivers License
- Copy of EMS License
- Copy of all OSFM Certification
- Copy of any Fire, Rescue, Hazmat, & EMS seminar attendances from last two years.
- Copy of any Higher Education Diploma or at least High School Diploma

Thank you for expressing interest in The Manhattan Fire Protection District.

**PERSONAL INFORMATION**

(1) Name: \_\_\_\_\_

Last

First

Middle

(2) Birthdate : \_\_\_\_\_

(3) Sex: \_\_\_\_\_ (4) Weight: \_\_\_\_\_

(5) Height: \_\_\_\_\_ (6) SSN : \_\_\_\_\_

(7) Address: \_\_\_\_\_

Street

City

State

Zip

(8) Telephone Numbers: \_\_\_\_\_

Home

Cell

(9) Cell Phone Provider: \_\_\_\_\_

(10) Email Address: \_\_\_\_\_

**DRIVING PRIVILEGES**

(11) Driving Privileges: Are your driving privileges revoked or have they ever been revoked?  No  Yes [If yes, explain]

(12) Class: \_\_\_\_\_ (13) State: \_\_\_\_\_ (14) DL #: \_\_\_\_\_

(15) Expiration Date: \_\_\_\_\_

**MEDICAL INFORMATION**

(16) Do you use tobacco products?  Yes  No

(17) Is there anything about your present state of health that would affect your abilities to perform the task of the job you are applying for?  No  Yes [If yes, explain]

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(18) So you or have you used any illegal drugs or drugs not prescribed to you?  No  Yes [If yes, when was the last time]

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(19) Would you object to a physical exam by the department physician?  No  Yes [If yes, explain]

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(20) Allergies: \_\_\_\_\_

(21) Medications: \_\_\_\_\_

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**JOB INFORMATION**

(22) Position applied for: \_\_\_\_\_ (17) Date: \_\_\_\_\_

(23) Referral source:

Advertisement  Employee  Relative  Internet  Walk-in  Other

(24) Name of source (if applicable): \_\_\_\_\_

(25) Have you ever been employed here before?  Yes Date: \_\_\_\_\_  No

(26) Are you 18 years of age or older?  Yes  No

(27) Are you legally eligible for employment in the U.S?  Yes  No

[Proof that you are authorized to work in the U.S will be required upon employment.]

(28) Type of employment desired:  Part-Time

(29) Date available for work: \_\_\_\_\_

(30 a) Have you ever been convicted of a felony?  Yes  No [Such conviction will not automatically bar you from employment.]

(30 b) If yes, please explain:

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**EDUCATION**

#	School	Name, City & State	Years Attended (1, 2, 3, etc.)	Did You Graduate?	Course of Study of Degree
31	High School		1234	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	College		1234	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	Post-College		1234	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34	Technical or Trade		1234	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Other (Specify)		1234	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(36) Skill and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job- related functions for the position you are applying.

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(37) List professional, trade, business, or civic associations and any offices held.

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(38) Please provide any other information you think would be helpful to the District in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc.

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(39) Are you fluent in any foreign languages?  No  Yes [If yes, which language(s)]

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**EMPLOYMENT HISTORY**

(40) Are you presently employed?  Yes  No

Please give accurate employment record of all part-time and full-time positions. Start with your current or most recent job and list all former jobs.

#	Company Name	Address	Name of Supervisor	Job Title	Describe your work	Years Employed
41						
42						
43						
44						

\*\* We may contact the employers listed above unless you indicate those you do not want us to contact. \*\*

(45)  We may contact the employers listed above. (Fill in N/A for questions 47-58)

(46)  Please do not contact the following:

(47) Employer Name: \_\_\_\_\_

(48) Reason: \_\_\_\_\_

(49) Telephone: Area Code \_\_\_\_\_

(50) Employed (month and year) \_\_\_\_\_

(51) From: \_\_\_\_\_ To: \_\_\_\_\_

(52) Reason for Leaving: \_\_\_\_\_

(53) Employer Name: \_\_\_\_\_

(54) Reason: \_\_\_\_\_

(55) Telephone: Area Code \_\_\_\_\_

(56) Employed (month and year) \_\_\_\_\_

(57) From: \_\_\_\_\_ To: \_\_\_\_\_

(58) Reason for Leaving: \_\_\_\_\_

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**MILITARY HISTORY**

(60) Have you served in the U. S. Armed Forces?  No  Yes [If yes, which Branch(s)]

(61) Dates of Service:

From: \_\_\_\_\_ To: \_\_\_\_\_

(62) Rank: \_\_\_\_\_ (63) Type of Discharge \_\_\_\_\_

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**REFERENCES**

Please provide four references. References should be non-family and should have had regular contact for past at least the past two years.

#	Name	Phone Number	Relationship	How long have you known them?
64				
65				
66				
67				

**FIRE EXPERIENCE**

FFII (Basic) Date: \_\_\_\_\_

FFIII (Advanced) Date: \_\_\_\_\_

FAE (Fire Apparatus Engineer) Date: \_\_\_\_\_

Any other OFSM Certifications:

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Valid CPAT?  Yes  No

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**EMS EXPERIENCE**

EMT B Date: \_\_\_\_\_

EMT P Date: \_\_\_\_\_

CPR Instructor Date: \_\_\_\_\_

ACLS Date: \_\_\_\_\_

PALS Date: \_\_\_\_\_

PHTLS Date: \_\_\_\_\_

**AGREEMENT TO TERMS OF EMPLOYER and AUTHORIZATION FOR RELEASE OF EMPLOYMENT, MEDICAL, CRIMINAL, and/or TRAFFIC RECORDS**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. If employed, I consent to submit to and cooperate in any questioning, any searches of my assigned vehicle, locker or bags and other belongings on or in District property that the District, in its discretion, may request. I understand that refusal to submit to or cooperate in these procedures will result in disciplinary action, up to and including immediate discharge.

In consideration of my employment, I agree to conform to the rules and regulations of the Manhattan Fire Protection District and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Manhattan Fire Protection District or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the District Chief, with the approval of the Board of Trustees, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Manhattan Fire Protection District. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Manhattan Fire Protection District in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Manhattan Fire Protection District during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, and will be required during my employment only when job-related and consistent with business necessity. I understand that refusal to submit to any physical or medical examination ordered by the Manhattan Fire Protection District will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Manhattan Fire Protection District and is exclusively the Manhattan Fire Protection District's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Manhattan Fire Protection District.

Manhattan Fire Protection District do hereby authorize the release of any and all manner of employment, medical, criminal, and/or traffic records for use by the Manhattan Fire Protection District. I understand and agree to the release of this information to the appropriate representatives of the Manhattan Fire Protection District and hereby waive and release any and all manner or claims against any prior employers, physicians, doctors, or other entity releasing records pursuant to this request. I understand and agree that a copy of this authorization shall serve as sufficient evidence for the release of this information and further state that this consent and waiver to release of information is irrevocable.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_