



**Part-Time
Employment
Application**

WAUCONDA FIRE DISTRICT
Part-Time Employment Application

Classification:

There are two classifications for part-time employees within the Wauconda Fire District, and they are as follows:

Part-Time: part-time employees are employees, who at a minimum meet the requirements for the position and may sign up for random shifts throughout the month. Part-time employees are assigned to a shift for accountability purposes only.

Platoon Part-Time Employees: platoon part-time employees who meet the requirements for the position and are pre-assigned to a shift. These employees are held to the same standards and accountability as a full-time employee.

Applicant Qualifications:

Part-Time: A part-time employee is defined as a person who has not been hired and certificated by the Commissioners of the Wauconda Fire District. The foregoing and notwithstanding all part-time employees assigned to platoon duty shall satisfy the following qualifications before assignment:

- Pass a complete criminal background check
- Be 18 years of age or older at time of hire
- Possess a high school diploma or GED equivalent
- Possess at least a valid Illinois Class B Non-CDL driver's license within three (3) months from date of hire
- Illinois OSFM certified Firefighter Basic or Firefighter II
- Illinois Department of Public Health certified EMT-B or greater within one (1) year
- Pass a medical evaluation in accordance with NFPA 1582
- Possess a valid Candidate Physical Ability Test (CPAT) card issued within one (1) year at time of hire
- Ability to regularly work twelve (12) hour shifts
- All new part time employees shall serve a one (1) year probationary period overseen by the Joint Apprenticeship Committee. However, they shall always be at-will employees subject to discipline and termination as determined by the District.

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Platoon Part-Time Employees: A platoon part-time employee is defined as a person who has not been hired and certificated by the Commissioners of the Wauconda Fire District. The foregoing and notwithstanding, all platoon part-time employees assigned to platoon duty shall satisfy the following qualifications before assignment:

- Meet or exceed the qualifications of a part time employee
- Be 21 years of age or older
- Illinois Department of Public Health certified Paramedic
- Approved by the Project Medical Coordinator from Advocate Condell Medical Center by time of hire
- All new apprentice employees and those reclassified as such shall serve a one (1) year probationary period overseen by the Joint Apprenticeship Committee. However, they shall always be at-will employees subject to discipline and termination as determined by the District.

Platoon part-time employees shall be regularly assigned to a platoon duty shift (i.e. Black, Red or Gold) and shall normally work for periods of twelve (12) to twenty-four (24) hours as supplements to the minimum shifts established for full-time certificated bargaining unit employees. Platoon part-time employees generally work 8 shifts per month.

Part-time personnel serve at the will of the District and its Fire Chief. Certain acts or omissions by a part-time employee shall result in disciplinary action. Disciplinary action may include oral warning, written reprimand, suspension, involuntary transfer to another position, classification, station and/or department, reduction in compensation without change in position, classification or grade or dismissal. Nothing in this policy shall be construed in any way to require the use of progressive discipline. Rather, the level and severity of any disciplinary action shall be at the discretion of the Fire Chief with notification and review by the Board of Trustees.

Background Investigation

Upon selection by the District Administration, candidates must successfully complete a thorough personal background and security investigation which includes inquiries into criminal history, driving record, educational level, military service, credit history, references, moral character, and other areas outlined in the Rules and Regulations. Each qualified candidate is investigated as to character and reputation. The candidate's present and previous employer(s) may be contacted for information regarding work history, including police history.

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Medical Examination

Upon selection by the District Administration, certified candidates must successfully complete a two-part comprehensive medical examination/evaluation and drug screen prior to employment. The medical examination/evaluation will be administered by a physician group designated by the District that is capable of making a pre-employment judgment based on the NFPA 1582 "Standard on Medical Requirements for Firefighters and Information for Fire Department Physicians".

Offers of employment are made contingent on the successful completion of a pre-employment medical evaluation and drug screen. Failure to successfully pass the medical evaluation and/or drug screen will result in the withdrawal of the qualified job offer.

The Wauconda Fire District considers all persons for employment without regard to race, color, religion, gender, age, physical disability, national origin, or any other legally protected status, in accord with all applicable legal requirements.

Work Hours:

Part-Time: Part-time employees may work up to a maximum of 120 hours per month, in 12 hour increments. In extreme cases, part-time employees may exceed that maximum hour requirement with permission from the Battalion Chief and/or Deputy Chief.

Platoon Part-Time: Platoon part-time employees generally work up to a maximum of 192 hours in the 27 day pay-cycle. Platoon part-time may exceed that maximum hour requirement with permission from the Battalion Chief and/or Deputy Chief. Platoon part-time employees are assigned to a specific shift. Each shift consists of three platoon part-time employee's working four shifts on (4-24 hour) one off (1-24 hour) rotation.

Scheduling:

Part-Time: Part-time employees schedule their time through the on-line software, Fire Manager, under the part-time slots. There are one or two slots per shift depending on fulltime staffing, split in 12 hour increments. Individuals may sign up for 12 or 24 hour slots a month in advance. On the first of each month the follow month opens for personnel to select their shifts to sign up for.

Platoon Part-Time: Platoon part-time employees are assigned a permanent shift and are pre-scheduled within the on-line software, Fire Manager. Additional shifts or details are available to sign up for on Fire Manager.

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Pay Scale (part-time):

Firefighter / EMT \$16.00

Firefighter / Paramedic \$18.00

Individuals will be paid based on their certification level not based on staffing position. An individual will be eligible for FAE pay upon completion of being checked off on all WFD Apparatus, with the exception of the Ladder Truck.

Pay Scale (Platoon part-time):

Firefighter / Paramedic / FAE \$22.00

Recording of Work Hours:

Part-time and platoon part-time employees are to record the hours worked at the end of each shift. The Officer responsible for that employee shall verify and initial the hours worked after each shift.

Duty Trades:

Part-Time: Part-time employees are responsible to find adequate coverage once they have signed up for a shift. Adequate coverage is defined as an individual of equal or higher certification level. All Duty Trades shall be documented in the on-line software, Fire Manager, and approved by the Battalion Chief of the affected shift.

Platoon Part-Time: Platoon part-time employees are responsible to find adequate coverage when unable to complete their assigned duty. Adequate coverage is defined as an individual within the ranks of platoon part-time. All duty trades shall be documented in the on-line software, Fire Manager, and approved by the Battalion Chief of the affected shift.

Vacation Time:

Part-Time: Part-time employees are not affected by vacation time scheduling unless they have scheduled shifts during the affected time. In the event of this situation, the duty trade process shall be followed.

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Platoon Part-Time: Platoon part-time employees are allowed to pre-schedule unpaid vacation time throughout the year. There are not an exact number of allowable vacation days each year as long as it does not become a burden to the District. A minimum of a two-week notice shall be given prior to taking vacation. Proper paperwork shall be given and approved by the affected Battalion Chief.

Sick Time:

Part-Time: Part-time employees are not eligible for any paid time off. Part-time employees who are sick and unable to fulfill their duties shall notify the on-duty Battalion Chief prior to their assigned shift.

Platoon Part-Time: Platoon part-time employees are not eligible for any paid time off. Platoon part-time employees who are sick and unable to fulfill their duties shall notify the on-duty Battalion Chief prior to their assigned shift.

Items to be included with Application:

ALL Application packets must include all of the following items with all waivers signed and witnessed as indicated on each form:

1. Legible copy of current Driver's License
2. Legible copy of Birth Certificate
3. Legible copy of high school diploma or GED Certificate
4. Current CPAT Certification
5. Legible copy of IDPH EMT-B or EMT-P license
6. Legible copy of State of Illinois Firefighter II / Basic Operations Firefighter Certification or course completion documents
7. Completed Application
8. Signed Acknowledgement / Consent for Background
9. Signed and Witnessed Background Investigation Authorization
10. Signed Certification Statement

Important Instructions - Read Carefully

It is recommended that you read this entire booklet completely prior to completion as the information is extremely important. **Type or print legibly in black ink** all information requested. False, inaccurate, or incomplete information may subject you to disqualification or dismissal from the District. If space provided is inadequate, please provide information in the Continuation of Answers section. The background investigation is a phase of the selection process and your full cooperation is expected.

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- Read every question carefully
- Answer each question
- **Leave no blank spaces (put n/a for not applicable)**
- Provide complete names, include middle name or initial
- Addresses must include ZIP codes
- Telephone numbers must include area codes

You, as the applicant, are required to obtain all information necessary to complete this booklet. You are also responsible for personally preparing the booklet and compiling all copies of the required documents. In the event more space is required, use a separate sheet of paper.

This background investigation and its results are strictly confidential and are the sole property of the Wauconda Fire District. All copies of documents provided by the applicant become the sole property of the Wauconda Fire District and will not be returned.

Keep pages 1 through 7 for your reference



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Personal Information

1. Applicant Full Name:

Last _____ First _____ Middle _____

2. Give any other name(s) you have been known by or used and attach a statement giving reasons, include maiden name if applicable:

3. Place of Birth (Facility, City, County, State, Country):

4. Date of Birth (Month/Date/Year): _____

5. Social Security Number: _____

6. Please list your residences for the past 3 years, starting with your present address:

From Month & Year	To Month & Year	Address	City, State Zip

7. Phone Numbers (include Area Code):

Home: _____

Work: _____

Cell: _____

Email: _____

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8. Do you have any relatives who are employed by the Wauconda Fire District?

Yes _____ No _____ If Yes, list their name(s) and your relationship:

9. How did you learn of this position?

Personal History

10. Are you native born or a naturalized citizen? _____

11. If you are of foreign birth or a naturalized citizen, complete the following:

Country of Birth: _____

Port or Place of Departure for USA (Be Specific):

Date of Departure for USA: _____

Date and Port or Place of Entry into USA:

If you are a naturalized citizen, give name and address of person who sponsored you on arrival into USA:

First address after arrival in USA (include complete address with ZIP code):

How did you obtain U.S. citizenship?

Petition Number: _____

Date: _____ Court: _____

State: _____ Certification Number: _____

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Education, Training, Experience

12. List schools (high school, college), special training (HazMat, Technical Rescue, Dive, Fire Investigation, etc.), or special skills training (trade schools or apprenticeships), with date(s) attended, and certificate(s) of accomplishments awarded.

Date(s)	Type of School or Training	Location	Certificate of Accomplishment

13. What professional license(s) do you possess? _____

14. Complete the required information in full:

Driver's License Number: _____ State of Issue: _____

Vehicle License Plate Number: _____ State of Issue: _____

15. Was your driver's license ever suspended or revoked, or have you ever been issued a judicial driving permit? Yes: _____ No: _____ If Yes, explain:

Date of action: _____

County, State, and Country of action: _____

Basic reason for action: _____

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16. Have you ever obtained a driver's license under any other name? If Yes, please explain in detail:

17. Were your vehicle license plates ever suspended or revoked? Yes: _____ No: _____

If Yes, date of action: _____

If Yes, explain in detail: _____

18. Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger or pedestrian which resulted in any personal injury, property damage, or fatality to you or anyone else? Yes: _____ No: _____

If Yes, give full details, including city and state where occurred and police agency making any reports on incident:

19. Have you ever been convicted of any of the following?

a. Involuntary manslaughter/reckless homicide. Yes: _____ No: _____

b. Leaving the scene of an accident involving property damage, injury or death. Yes: _____ No: _____

c. Driving under the influence of alcohol or drugs. Yes: _____ No: _____

d. Aggravated fleeing or eluding a police officer. Yes: _____ No: _____

e. Driving while license suspended or revoked. Yes: _____ No: _____

f. Reckless driving. Yes: _____ No: _____

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If you answered Yes to any of the above, please provide a detailed explanation including date(s), location(s), and nature of each incident.

20. Were you ever summoned or subpoenaed to court in a civil action in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?

Yes: _____ No: _____

If Yes, indicate below every civil action or proceeding in which you were a party to, past and/or present. Also, if Yes, please explain all entries in detail on a separate sheet of paper.

Date	Action Or Proceeding	Plaintiff-Defendant Witness-Respondent	Court Disposition

21. Do you now, or have you ever used, tried, or experimented with narcotics, marijuana, barbiturates, or any other illegal drug(s)? Yes: _____ No: _____

If Yes, be very specific as to what you used, how many times used, when, your age at time, and in what quantity:

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22. Have you ever used prescription drugs not prescribed to you? Yes: _____ No: _____
If Yes, please explain:

23. Do you consume any alcoholic beverages? Yes: _____ No: _____
If Yes, what do you usually drink (beer, wine, etc.)?

24. If you consume alcoholic beverages, give an honest estimate of your weekly consumption:

25. Have you ever had any problems with alcohol consumption? Yes: _____ No: _____
If Yes, Give Details:

26. Have you ever had any work problems related to alcohol consumption?

Yes: _____ No: _____ If Yes, Give Details:

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Employment History

List your previous three (3) employers. Begin with your current or most recent employer.

27. Employer: _____
Address: _____
Telephone: _____
Supervisor: _____
Employed: From: _____ To: _____
Job Title: _____
Duties: _____
Why Left? _____

28. Employer: _____
Address: _____
Telephone: _____
Supervisor: _____
Date(s): From: _____ To: _____
Job Title: _____
Duties: _____
Why Left? _____

29. Employer: _____
Address: _____
Telephone: _____
Supervisor:
name: _____
Date(s) From: _____ To: _____
Job Title: _____
Duties: _____
Why Left? _____

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30. Have you ever been a firefighter and/or paramedic? If Yes, please fill in the information below:

Agency	Position	Dates of Employment	Reason For Leaving

31. Are you a certified EMT-B? Yes: _____ No: _____

32. Are you a certified EMT-P? Yes: _____ No: _____

33. Are you a certified Basic Firefighter (FFII)? Yes: _____ No: _____

34. Are you a certified Advanced Firefighter (FFIII)? Yes: _____ No: _____

35. Do you have a current CPAT Card? Yes: _____ No: _____

36. Have you ever been discharged or asked to resign from previous employment?
 If Yes, please explain in detail (including employer information)

37. What is your current occupation? _____

38. Were you ever subject to disciplinary action in connection with any employment?

Yes _____ No _____ If Yes, give details:

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References

39. List three (3) Personal References, references shall not be past and/or present employees of the Wauconda Fire District or family members of the applicant.

Name _____	Years Acquainted _____
Address _____	
City, State, ZIP _____	
Home Phone _____	Cell Phone _____
Business Phone _____	

Name _____	Years Acquainted _____
Address _____	
City, State, ZIP _____	
Home Phone _____	Cell Phone _____
Business Phone _____	

Name _____	Years Acquainted _____
Address _____	
City, State, ZIP _____	
Home Phone _____	Cell Phone _____
Business Phone _____	

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Acknowledgement / Consent for Background

As part of the application process for employment with the Wauconda Fire District the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicant's neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

The undersigned agrees and consents to the release of such information to the Wauconda Fire District as the applicant's prospective employer.

Signed at _____, on the _____ day of _____
(City and State)
20 _____.

Applicant Signature: _____

Printed Name: _____

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Background Investigation Authorization

I understand that my background investigation, including a physical examination, consists of confidential material which will not be released to me. Furthermore, I hereby authorize the Wauconda Fire District Administration to investigate records of my former employment and my acquaintances and references, past and present. This authorization includes the full release of all documents contained in personnel files of prior employers. I understand that submission of this document as part of my application for part-time employment and its acceptance by the Districts Administration for consideration does not in any way obligate the Wauconda Fire District.

Copies of this authorization may be provided to such employers and said copies may be treated as if they were signed originals.

To Whom It May Concern:

I respectfully request that you forward to the Wauconda Fire District any and all information that you may have concerning my work record, my reputation, or me. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Wauconda Fire District.

I hereby release you and/or your employer from any liability and damage of whatsoever nature, on account of furnishing the information requested above.

Candidate Signature

Printed

Witness Signature

Printed

Date

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Certification Statement

I, _____ (applicant's printed full name) *personally read each and every question and answered each and every question in this background investigation booklet and questionnaire, and I do solemnly swear that each and every answer is full, true, and complete and correct in every respect.*

I fully understand that failure to complete and return this Application Background Investigation and failure to submit all copies of required documents in every respect as instructed and required, may be cause for my removal from the Wauconda Fire District

Applicant's Full Legal Signature:

Applicant's Full Legal Printed Name:

Date of Signature:

Note: This background investigation booklet and any copies supplied for this background investigation are the sole property of the Wauconda Fire District Fire and nothing will be returned to the applicant.

For Office Use Only

Received by the Wauconda Fire District:

Date

Time

Received by (Printed)

Received by (Signature)