

SIGNAL HILL Fire Department

329 Hazel Avenue, Belleville, Illinois 62223

ADMINISTRATION (618) 397-1995 • FACSIMILE (618) 397-7747

www.shfd.net

Thanks for your interest in becoming a volunteer member with the Signal Hill Fire Department.

The Fire Department has two types of membership an "Active Member" -- meaning that members respond to emergency incidents, attend training & drills, and assist in maintaining the apparatus, equipment and facilities and an "Associate Member" -- members contribute to the overall Mission of the Fire Department in a non- emergency (yet critical) operations and functions capacity.

You must complete the entire application to be considered for membership. If you have not returned your application within approximately two weeks, it is probable that a Membership Committee member may follow-up with as to your interest in our organization.

In order for the application process to proceed without delay, make sure that you read, sign and date the Authorization Release form contained in the Application. This release is essential in order to conduct the required reference and background checks.

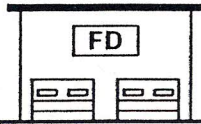
For those individuals applying for "Active Member" status, you will find a copy of the "Signal Hill Fire Department Firefighter Job Description." This document will give you a general idea as to what is expected of you if you are approved as a member. The document is yours and should be read carefully before continuing on with your application.

The attached application progression flow chart provides an overview of how your application will be processed. Some of this process is interdependent on outside sources. It may require 3 – 5 weeks to completely process the application.

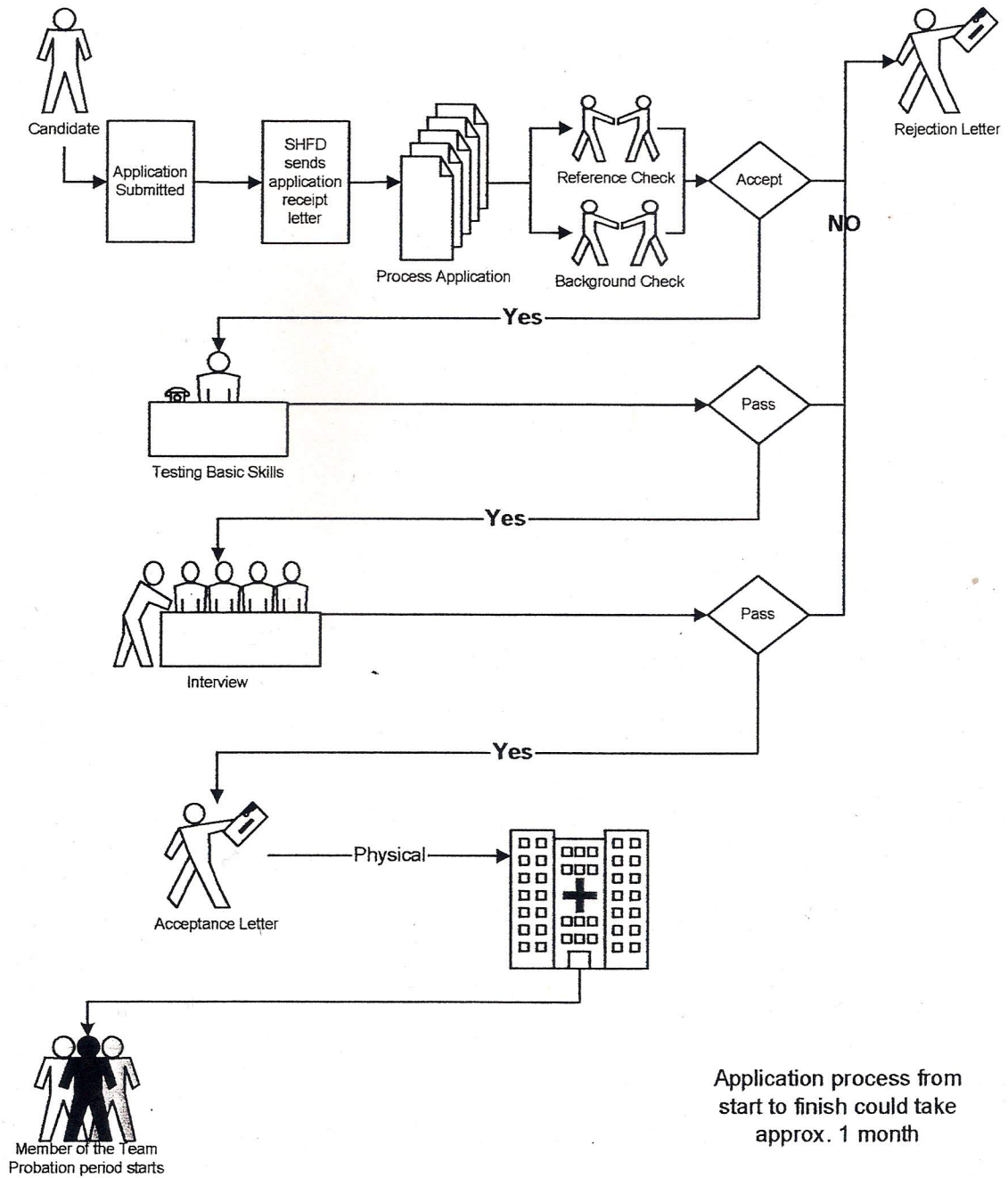
If you have any questions regarding your application you may call the Fire Department office at 397-1995 Monday –Friday, 8 am to 4 pm, we will be happy to help you with any clarifications or problems that you may be experiencing.

Again, thanks for your interest and Good Luck!

EMERGENCY – DIAL 911



Application Flow Sheet for the Signal Hill Fire Department



Application process from start to finish could take approx. 1 month

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Firefighter Job Description

I. General Description

Firefighting is skilled work, an emphasis on combating, extinguishing and preventing fires, answering emergency calls, providing emergency first aid and maintenance of fire department equipment, apparatus, and facilities.

The work involves training and participation in duties protecting lives and property by firefighting and rescue activities, usually under close supervision. Members in this class are required to learn and participate in operation of the apparatus and the performance of hazardous tasks under emergency conditions, which may require strenuous exertion under such handicaps as heat, smoke and cramped surroundings.

Although firefighting and rescue work are most difficult and responsible areas of activity, a portion of the time is spent training, studying methods & techniques. Learning the organization, and performing routine duties in the care and maintenance of fire department property. Specific orders and directions are provided by superior officers, but work requires initiative and a thorough individual understanding of firefighting methods.

II. Essential Firefighter Functions

Please note: In all of the following Firefighter Function descriptions, it shall be understood that the firefighter must be able to perform the specific functions while wearing firefighting gear, clothing, protective equipment and positive pressure self-contained breathing apparatus (SCBA), including apparatus, as described in Functions 10 and 11.

1. Ability to operate as a team member and independently at incident scenes of uncertain duration and at unpredictable times.
2. Ability to spend extensive amount of time outside exposed to the elements.
3. Ability to tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400 degrees F) humid (up to 100%) atmospheres while wearing personal protective clothing which significantly impairs body cooling mechanisms.

EMERGENCY – DIAL 911

4. Ability to experience transition from hot to cold and from humid to dry atmospheres.
5. Ability to work in wet, icy and muddy conditions.
6. Ability to perform a variety of tasks on slippery, hazardous surfaces, such as roof tops or from ladders.
7. Ability to work in areas sustaining traumatic or thermal conditions are possible.
8. Ability to face possible exposure to carcinogenic dusts, such as asbestos, and toxic substances, such as hydrogen cyanide, carbon monoxide, or organic solvents either through inhalation or skin contact. Under these conditions proper training and equipment will be provided.
9. Ability to face possible exposure to infectious agents, such as Hepatitis B or HIV.
10. Able to wear personal protective clothing/equipment that weighs approximately 50 lbs. while performing various strenuous firefighting, rescue and other related tasks.
11. Ability to perform physically demanding work while wearing positive pressure breathing equipment with a 1.5" of water column resistance to exhalation at a flow of 40 liters per minute.
12. Able to perform complex tasks during life-threatening emergencies.
13. Able to work for long periods of time, requiring sustained physical activity and intense concentration.
14. Able to face and make life or death decisions during emergency conditions.
15. Able to face exposure to grotesque sights and smells associated with major trauma and burn victims.
16. Able to make rapid transitions from rest to near maximal exertion without warm-up periods.
17. Able to operate in environments of high noise, poor visibility, limited mobility, heights and in enclosed or confined spaces.
18. Ability to use and operate both manual and power tools in both emergency and non emergency situations.
19. Must be able to rely on senses of sight, hearing, smell, and touch to determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic and potentially life threatening environment through the duration of the operation.
20. Ability to raise, climb, and work from ground and aerial ladders without work inhibiting fears of height.
21. Ability to rescue by carrying or dragging an adult from a burning structure or other dangerous situations.

22. Ability to lift and carry at least 50 lbs. over horizontal and vertical distances of at least 50 feet.
23. Ability to drag hose up to 5" in diameter, both charged and uncharged, limited distance, both horizontally and vertically.
24. Ability to connect hose couplings.
25. Ability to maintain balance in varying and rapidly changing positions and situations.
26. Ability to understand and carry out orders and assignments in both emergency and non-emergency situations.
27. Ability to read English at a twelfth grade level, as determined by generally accepted standardized test methods.
28. Able to meet vision standards (National Fire Protection Association Standard 1582)
 - a) Color vision adequate to identify red, green and yellow;
 - b) Far visual acuity: 20/30 binocular each eye (corrected), 20/100 uncorrected, unless corrected with soft contact lenses (successful long term use);
 - c) Peripheral vision 140 degrees or better;
 - d) Case by case review: Radial keratotomy, repaired retinal detachment, optic neuritis.
29. Must acquire and maintain a current driver's license of the proper classification determined by the State of Illinois.
30. Must not pose a direct threat to the health and safety of himself/herself and others.
31. Capable of performing job at a safe level with or without reasonable accommodation.
32. Ability to use writing instruments.
33. Must be able to meet minimum performance standards as established by the Department.
34. Ability to perform limited mechanical work involved in the maintaining of fire apparatus, equipment, tools and facilities.
35. Ability to analyze situations quickly and objectively and determine proper courses of action.
36. Ability to establish and maintain effective working relationships with others.
37. Ability to meet physical requirements as established by competent authority.
38. Ability to communicate with the public.

Type of Membership ___ Active Member ___ Associate Member

PERSONAL INFORMATION

Name _____ Date of Birth _____
(Last) (First) (M.I.)

Address _____ Illinois _____
(Street) (City) (ZIP)

Years at Present Address _____ If less than 2 years at present address, list previous address

Address _____
(Street) (City) (State) (ZIP)

Home Phone _____ Work Phone _____

Cellular Phone _____ E-Mail _____

Single ___ Married ___ Spouse's Name _____ Number of Dependents _____

Social Security Number _____

Driver's License Number _____ Class _____ Expiration Date _____

Have you ever received a moving traffic violation? ___ Yes ___ No

List Any _____

Have you ever been convicted of a criminal offense? ___ Yes ___ No

List Any _____

Do You Own a Vehicle(s) ___ Yes ___ No _____
(Year) (Make) (Model) (Condition)

Attach Photocopy of Proof of Vehicle Insurance

Military

Branch _____ Dates: _____

Highest Rank _____

Assignment(s) _____

EDUCATION

High School Diploma or GED _____ Yes _____ No

High School	Vocation/Trade School	College/University
Name: _____		
City/State _____		
Year Graduated: _____		
Area/Degree/Diploma _____		

RELATED EXPERINCE

Have you ever served on a fire district/department _____ Yes _____ No

If yes, list district/department _____
(Name) (City/State) (Phone #) (Chief Officer)

List any previous fire service, EMS training and/or certifications: _____

HEALTH

Height _____ Weight _____ Overall Condition of Health _____

Have you ever been treated for medical problems or conditions involving: Back, Heart and/or Respiratory?

If yes, explain _____

Have you been treated by a physician for any condition in the past three years? _____ Yes _____ No

If yes, explain _____

Have you been hospitalized in the past three years? _____ Yes _____ No

If yes, explain _____

In your opinion, do you have any condition (physical or mental) that may adversely affect your performance as a firefighter in any way? _____ Yes ____ No (Not required for Associate Membership)

If yes, explain _____

Have you had a complete physical within the past 2 years? _____ Yes ____ No

Family Physician _____
(Name) (Address) (Phone)

If applying for Active Membership, would you be able to provide a physician's statement concerning your health? _____ Yes ____ No

EMPLOYMENT

Employer/Address/Dates

Positions/Supervisor

Reason for Leaving

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What are your current hours of employment? _____

REFERENCES

List three local references you have know for at least two years. Do not list relatives, relatives or former members.

Name/Address	Day & Evening Phone	How Long Have You Known

ORGANIZATIONAL AFFILIATIONS/HOBBIES/INTERESTS

List any organizations you are affiliated with _____

List any hobbies or special areas of interest _____

Do you know anyone who is currently serving with the Signal Hill Fire Department _____ Yes _____ No

If so, who? _____

This section requires input from your spouse, near relative, parent or guardian

I realize that if _____ is accepted for membership in the Signal Hill Fire Department that he/she will be giving his/her time to public service. I further realize that giving some form or public service is the duty of every citizen and hereby give my consent to this application.

Signature _____ Date: _____
(Spouse, near relative, parent or guardian)

I hereby acknowledge that I have received and reviewed the attached Signal Hill Fire Department Firefighter Job Description (Not required for Associate Membership)

I hereby acknowledge and I realize that the Signal Hill Fire Department is not a social club and that if accepted as an Active Member that I will be required to give freely of my time to attend emergency incidents, meetings, training drills, public relation events, committee assignments, work details and other Department authorized activities. _____ Yes _____ No (Required for Active Membership)

I hereby acknowledge and I realize that the Signal Hill Fire Department is not a social club and that if accepted as an Associate Member that I will be required to give freely of my time to and contribute a minimum of forty hours per year with public relation events, committee assignments, work details and other Department authorized activities. _____ Yes _____ No (Required for Associate Membership)

I understand that this application is based upon the truthfulness of my answers and that there exists misrepresentation. I further acknowledge that any false information given shall be cause for rejection before acceptance or dismissal from the Department after my appointment.

If accepted for membership, I agree to adhere to the Department's rules, regulations, policies, procedures and the Constitution and By Laws of the Signal Hill Fire Protection Association, Inc.

Authorization and Release

I hereby authorize and empower the Signal Hill Fire Department through its authorized representatives, any consumer reporting agency or other outside service company engaged by the Department for this purpose, now and subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence and/or personal interviews with friends, neighbors, associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that the Department will provide me with information regarding the scope of the investigation, if one is made.

Signature: _____ Date: _____

When returning application, please bring your driver's license and verification of automobile insurance to be photocopied.

NOTIFICATION AND RELEASE

Sales Representative Adam Ward

Company Name Signal Hill Fire Department

Access ID _____ BeeCheck ID 0000123056585500

CAC Code SI55

The information contained in my application for employment with (company name) Signal Hill Fire Department (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____
Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____
Social Security # _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____
City, State, Zip, County _____ To _____
Street _____ From _____
City, State, Zip, County _____ To _____
Street _____ From _____
City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____

signature required

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact Greg Render Email hosechief@aol.com
Phone 1-618-397-1995 Fax _____

<input type="checkbox"/> Signal Hill Standard Package ST-Criminal Residency History NW-Sexual Offender Index	<input type="checkbox"/>	<input type="checkbox"/>	Notes

Fax to (910) 815-3881 or call (910) 815-3880