



Morton Fire Department

Office 266-9001 • 205 W Adams Street • Morton, Illinois 61550 • Alarm



PRESENT EMPLOYMENT

Employer _____ Telephone # _____

Address _____
Street City State Zip Code

Job Title _____

Immediate Supervisor and Title _____

Dates employed: From _____ To _____

Summarize type of work performed and job responsibilities: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, experience, licenses and/or certifications that may quality you as being able to perform job related functions in the position for which you are applying: _____

EDUCATION

A. SCHOOL

B. NUMBER OF YEARS COMPLETED

C. DEGREE / DIPLOMA

1. _____
2. _____
3. _____

REFERENCES

List 3 personal references who are not related to you.

NAME

TELEPHONE #

RELATIONSHIP

OF YEARS KNOWN

1. _____
2. _____
3. _____

List any additional information that you would like us to consider: _____



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APPLICANT STATEMENT

I certify that all the information I have provided in order to apply for and secure membership with the department is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from membership, whenever it is discovered.

I expressly authorize, without reservation, the department, its representatives, employees or agents to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the department, its agents, employees or representatives, for seeking, gathering and using such information in the membership process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the department does not unlawfully discriminate in membership and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for membership on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains on file for 30 days. At the conclusion of that time, if I have not heard from the department and still wish to be considered for membership, it will be necessary to reapply and fill out a new application.

If I am granted membership, I understand and agree that my membership will include a probationary period of at least one (1) year, during which my membership may be terminated at any time without prior notice. This application does not constitute an agreement or contract for membership for any specified period or definite duration. I understand that no supervisor or representative of the membership is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Fire Chief.

I also understand that if I am granted membership, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I Certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

Rules and Regulations, SOP 111.06

PROBATIONARY FIREFIGHTER – JOB DESCRIPTION

1. Probationary firefighter is the entry-level position for the rank of firefighter.
2. Probationary firefighters shall be appointed by the probation committee through the process outlined in the Morton Fire Department By-laws. No person shall be appointed probationary firefighter unless eligible for certification by the Office of the Illinois State Fire Marshal as a Firefighter II.
3. Probationary firefighters are responsible for the following:
 - A. Participating in emergency response operations, as directed.
 - B. Learning the department's operations, policies, procedures, and practices and demonstrating an understanding of what has been learned.
 - C. Gaining knowledge of the department's apparatus, equipment, and stations and safety practices.
 - D. Obtaining, if necessary, the Office of the Illinois State Fire Marshal's certification of Firefighter II.
 - E. Acting in the capacity of firefighter when properly instructed to do so.
 - F. Performing other such duties as assigned.
4. The following items are typical physical demands and working conditions for the position of firefighter:
 - A. Frequent climbing, stooping, kneeling, squatting, crawling and swinging of tools.
 - B. Occasional use of power tools and hand operated equipment.
 - C. Frequent use of breathing apparatus and work in hazardous atmospheres.
 - D. Frequent lifting, carrying, moving, pushing and/or pulling of weights of up to 50 pounds and occasional lifting of up to 100 pounds.
 - E. Use of speaking, vision, and hearing abilities requiring a normal range, or corrected to within normal range.
 - F. Occasional standing, walking, and/or crawling for extensive periods of time.
 - G. Stressful and extremely physically demanding working conditions.
 - H. Working long and irregular hours.
 - I. Exposure to communicable diseases, harmful substances, respiratory irritants and toxins, inclement weather, and other conditions common to firefighting.