



CARY FIRE PROTECTION DISTRICT

400 Cary-Algonquin Rd. Cary, Illinois 60013
Phone: 847-639-2121 • Fax: 847-649-4175 • Caryfire.com

APPLICATION FOR PAID ON CALL MEMBERSHIP

DATE: _____

NAME: _____ SS #: _____

ADDRESS: _____ HOME PHONE #: _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

DATE OF BIRTH: _____ HOW LONG AT PRESENT ADDRESS: _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD PREVENT CARRYING OUT THE DUTIES OF A FIREFIGHTER? _____

MILITARY SERVICE RECORD (IF APPLICABLE)

PERIOD OF SERVICE: _____ BRANCH: _____ RANK ATTAINED _____

DUTIES: _____

SPECIAL SCHOOLS/TRAINING: _____

EDUCATION

NAME OF SCHOOL	CITY, STATE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY (LAST 10 YEARS)

STREET ADDRESS	CITY, STATE	OWN/RENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY (START WITH CURRENT EMPLOYER)

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____ PHONE #: _____

JOB DESCRIPTION/DUTIES: _____

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____ PHONE #: _____

JOB DESCRIPTION/DUTIES: _____

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____ PHONE #: _____

JOB DESCRIPTION/DUTIES: _____

REFERENCES

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION

DRIVERS LICENSE #: _____ CLASS OF LICENSE: _____ EXPIRES: _____

NO. OF ACCIDENTS LAST 10 YEARS: _____ PERSONAL INJURY _____ FATAL _____

NO. OF MOVING VIOLATIONS & DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

ON WHAT CHARGES: _____

DO YOU USE DRUGS? _____ HAVE YOU EVER USED DRUGS? _____

DATE OF LAST PHYSICAL EXAM: _____ RESULTS: _____

PREVIOUS FIREFIGHTER EXPERIENCE: _____ WHERE: _____

FIRST AID/EMT TRAINING: _____ WHERE: _____

EMT/PM (CIRCLE ONE) LICENSE #: _____ EXPIRES: _____

I, THE UNDERSIGNED, DO HEREBY ATTEST THAT ALL THE FOREGOING ANSWERS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ANY MISREPRESENTATION OF FACTS IS GROUNDS FOR DISMISSAL. I FURTHER UNDERSTAND THAT PRIOR TO BEING APPOINTED, A PHYSICAL EXAMINATION INCLUDING A DRUG SCREENING TEST IS REQUIRED AND DO HEREBY AUTHORIZE SAME AND RELEASE OF THE RESULTS.

SIGNATURE: _____ DATE: _____