

HECKER FIRE DEPARTMENT

Application for Membership

General Information

Name (First Middle Last): _____ Date: _____

Address: _____ Age: _____ Date of Birth _____
Street City State Zip

Phone # _____ SSN _____ Drivers License # _____

Email: _____

Position Applying For

Circle One

Probationary First Responder

Probationary Firefighter/First Responder

Work and Education Information

Employer Name and address _____
Street City State Zip

Occupation: _____ Working Hours: _____ Days off: _____

Circle last year of school attended: 12 13 14 15 16 Other: _____

Previous fire-fighting/EMS Experience:

Name of Department _____ City _____ State _____ Rank Attained _____

List any special skills and/or licenses held: _____
Please include a copy of your First Responder License and CPR card if Applying for a First Responder Position

Background History Check

Have you ever been convicted of a Felony?
(If yes, please explain) _____

I hereby give my permission to the Hecker Fire Department to conduct a background check for the sole purpose of determining my suitability for joining the Hecker Fire Department. Any and all information from the background check will be kept confidential. The information given on this application is true. Any false or misrepresented information is grounds for termination from the Hecker Fire Department.

Signature/Date _____

Return By Mail To: Hecker Fire Department
P.O. Box 291
Hecker, IL 62248