

## **EMMET - CHALMERS FIRE PROTECTION DISTRICT**

3041 West Adams Road  
Post Office Box 243  
Macomb, Illinois 61455

*Chief David Estes*

Dear Applicant:

Thank you for your interest in our department. The Emmet-Chalmers Fire Protection District covers an area west of the City of Macomb with up to 20 volunteer firefighters and 5 trucks. Averaging about 60 calls per year, we respond to fires, accidents, and provide mutual aid to other area fire departments. We are not a rescue squad, but we assist the hospital paramedics when called to our district. Additional information about the district can be found on our web site: [www.ecfpd.org](http://www.ecfpd.org)

The firefighters have three meetings each month. There is a business meeting on the first Tuesday at 6:00 pm. Training is on the third and fourth Tuesdays at 6:00 pm. All meetings start at the fire station.

Our application process can take several months. During this time, we expect applicants to attend as many meetings as possible. This gives the applicant a chance to learn about the district's operations as well as giving the district a chance to evaluate the performance of the applicant. The application process is further detailed in our Standard Operating Procedures (SOP). The SOPs are in Adobe Acrobat format on the web at the following address: [www.ecfpd.org/sop.pdf](http://www.ecfpd.org/sop.pdf)

Following is our Application for Membership. The application is also available in Adobe Acrobat format on the web at the following address: [www.ecfpd.org/application.pdf](http://www.ecfpd.org/application.pdf). The online application can be filled out online and then printed (this is the preferred way). The last 3 pages are cover letters used when checking references. Please make certain that the name and address of the references, and applicant name, signature and date are all complete. These fields are automatically filled if you complete the application online. Submit the completed application, along with a copy of your current driver's license, to the Fire Chief.

You may also want to join our firefighter's email list to receive the latest information. Send a blank email message to [firefighters-subscribe@ecfpd.org](mailto:firefighters-subscribe@ecfpd.org) from the account you wish to receive messages.

If you have any questions, please feel free to ask.

Thanks,

*David Estes*

David Estes  
Fire Chief

# EMMET - CHALMERS FIRE PROTECTION DISTRICT

## Application for Membership

<b>APPLICANT</b>	NAME		DATE OF BIRTH	
	PERMANENT ADDRESS			
	LOCAL ADDRESS (IF DIFFERENT THAN ABOVE)			
	HOME TELEPHONE	WORK TELEPHONE	OTHER TELEPHONE	E-MAIL ADDRESS
	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER AND CLASS	

<b>EDUCATION</b>	HIGH SCHOOL		COLLEGE		OTHER	
	NAME		NAME		NAME	
	CITY/STATE		CITY/STATE		CITY/STATE	
	DATES FROM TO		DATES FROM TO		DATES FROM TO	
	FIELD OF STUDY		FIELD OF STUDY		FIELD OF STUDY	
	GRADUATION DATE		GRADUATION DATE		GRADUATION DATE	

<b>WORK EXPERIENCE</b>	CURRENT/MOST RECENT EMPLOYER		PREVIOUS EMPLOYER	
	NAME		NAME	
	STREET ADDRESS		STREET ADDRESS	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
	TELEPHONE		TELEPHONE	
	SUPERVISOR		SUPERVISOR	
	MAY WE CONTACT?		MAY WE CONTACT?	
DATES EMPLOYED FROM TO		DATES EMPLOYED FROM TO		
POSITION/DUTIES		POSITION/DUTIES		

<b>MEDICAL</b>	DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS THAT MAY IN ANY WAY IMPAIR YOUR PERFORMANCE AS A FIREFIGHTER? IF YES, PLEASE DESCRIBE BELOW.
	DO YOU REGULARLY TAKE ANY MEDICATION THAT MAY AFFECT YOUR PERFORMANCE AS A FIREFIGHTER? IF YES, PLEASE DESCRIBE BELOW.
	DO YOU HAVE ANY LIMITATIONS OF SIGHT, HEARING OR SPEECH THAT MAY AFFECT YOUR PERFORMANCE AS A FIREFIGHTER? IF YES, PLEASE DESCRIBE BELOW.
	HAVE YOU HAD ANY SIGNIFICANT ILLNESS OR INJURY THAT MAY AFFECT YOUR PERFORMANCE AS A FIREFIGHTER? IF YES, PLEASE DESCRIBE BELOW.

<b>BACKGROUND</b>	HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE DESCRIBE BELOW.
	IN THE PAST 5 YEARS, HAVE YOU RECEIVED ANY TRAFFIC CITATIONS? IF YES, PLEASE DESCRIBE BELOW.

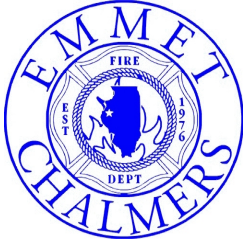
PUBLIC SAFETY EXPERIENCE	HAVE YOU EVER BEEN A MEMBER OF A PUBLIC SAFETY ORGANIZATION (FIRE, EMS OR POLICE)? IF YES, PLEASE INDICATE THE TWO MOST RECENT BELOW.			
	NAME		NAME	
	STREET ADDRESS		STREET ADDRESS	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
	TELEPHONE		TELEPHONE	
	SUPERVISOR		SUPERVISOR	
	MAY WE CONTACT?		MAY WE CONTACT?	
	DATES		DATES	
FROM		FROM		
TO		TO		
POSITION/DUTIES		POSITION/DUTIES		

PUBLIC SAFETY TRAINING	PLEASE INDICATE ANY PUBLIC SAFETY TRAINING YOU HAVE ATTENDED.
	PLEASE INDICATE ANY PUBLIC SAFETY CERTIFICATIONS YOU CURRENTLY HOLD.

AVAILABILITY	DO YOU LIVE IN THE EMMET - CHALMERS FIRE PROTECTION DISTRICT?	
	MAY WE CONTACT YOU AT WORK? LIST ANY RESTRICTIONS.	WOULD YOU BE ABLE TO RESPOND FROM WORK?
	BRIEFLY DESCRIBE TIMES YOU ARE CURRENTLY UNAVAILABLE TO RESPOND. THIS SHOULD INCLUDE TIMES YOU WOULD NOT BE ABLE TO RESPOND DUE TO WORK, SCHOOL AND OTHER COMMITMENTS.	

REFERENCES	PLEASE LIST BELOW THREE PERSONAL OR PROFESSIONAL REFERENCES THAT MAY BE CONTACTED TO VERIFY YOUR BACKGROUND INFORMATION. PLEASE DO NOT INCLUDE CURRENT EMMET - CHALMERS FIRE PROTECTION DISTRICT FIREFIGHTERS/TRUSTEES OR YOUR FAMILY.		
	NAME	NAME	NAME
	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
	TELEPHONE	TELEPHONE	TELEPHONE
	RELATIONSHIP	RELATIONSHIP	RELATIONSHIP
	ECPD REMARKS	ECPD REMARKS	ECPD REMARKS

CERTIFICATION AND RELEASE	I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THE APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY MEMBERSHIP. I AUTHORIZE THE EMMET - CHALMERS FIRE PROTECTION DISTRICT AND/OR ITS AGENTS TO VERIFY ANY INFORMATION INCLUDING, BUT NOT LIMITED TO: CRIMINAL HISTORY, MOTOR VEHICLE DRIVING RECORDS, AND REFERENCES. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND PUBLIC SAFETY AGENCIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND.	
	SIGNED	DATE



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3041 West Adams Street  
Post Office Box 243  
Macomb, Illinois 61455

NAME AND ADDRESS OF REFERENCE:


Re: Reference for

APPLICANT NAME

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To whom it may concern:

The above named has applied to volunteer with the Emmet - Chalmers Fire Protection District, an all volunteer organization that provides fire protection and other emergency services in McDonough County, Illinois. Members must be of good moral character, reliable, trustworthy and able to perform work as part of a team within a command structure under stressful and sometimes hazardous conditions.

**YOU ARE NOT REQUIRED TO BE A REFERENCE.** If you choose to act as a reference, the information you provide may be relied on by the district in determining whether or not to grant membership to the applicant. Your honest response is invited - you or your family might have to call for emergency service and the applicant might be the one to respond!

Thank you in advance for your honest responses. Please return both pages directly to the Emmet - Chalmers Fire Protection District using the enclosed envelope.

Sincerely,

David Estes  
Fire Chief  
Emmet - Chalmers Fire Protection District

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I hereby authorize the above reference to provide the requested background and personal information to the Emmet - Chalmers Fire Protection District. I acknowledge that this completed reference is the property of the Emmet - Chalmers Fire Protection District, and I have no right to see the completed reference.

APPLICANT SIGNATURE

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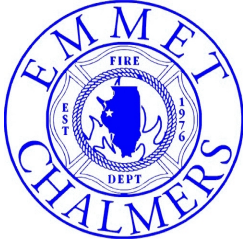
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