# Cahokia Volunteer Fire Department



# Application for Membership

## Minimum Requirements for Membership

- 1) Must be a resident within the residential boundaries for at least 6 months.
- 2) Must be a minimum age of 21 years, or 18 if a current CVFD Explorer. (Younger may apply for the CVFD Explorer Program)
- 3) Must be of good moral character and not have been convicted of any felonies.
- 4) Must hold valid Drivers License and be able to obtain an Illinois class B non-CDL or equivalent.
- 5) Must be a High School graduate or have a G.E.D.

## **Directions for Application**

- 1) When receiving your application verify that there are nine (9) pages, including this cover page.
- 2) Please type or print in black ink only.
- 3) All questions must be completed for your application to be processed.
- 4) Follow all instructions found within the application.
- 5) You must submit the following documents, or copies of, with this application:
  - a) Certified copy of birth certificate
  - b) Social Security Card
  - c) High School Diploma or G.E.D.
  - d) DD214 (if applicable)
  - e) Any other Certificates or documents your feel would be relevant to your application
  - f) Letter or certificate from a Licensed Physician stating you can perform the duties of the position for which you are applying.
  - g) A letter from you stating why you would like to become a member of this department and what we can expect from you.

The application must be submitted to a member of the CVFD Board of Directors, the Fire Chief, or the Asst. Fire Chief. The application can be turned in on Monday nights at CVFD Engine House #2, 1400 Doris Ave, after 6:30 pm. After submission of your application to the CVFD Board of Directors, a background check will be completed. If your application successfully passes the check, you will be notified as to when you need appear before the CVFD Board of Directors for an interview and final approval. If you have any questions, you can contact the Cahokia Volunteer Fire Department at 337-5080.

# Cahokia Volunteer Fire Department

### Job Description – Firefighter

### Nature of Work

This is general fire fighting work consisting of combating, extinguishing, and preventing fires, as well as the operation and maintenance of related fire fighting equipment.

A Firefighter must be able to carry out orders assigned to him willingly and to the best of his/her ability. He/she must be willing to perform daily, weekly, and periodically assigned duties. He/she must have devotion to, and promote good public relations for, the Cahokia Volunteer Fire Department and the Village of Cahokia. He/she must have a determination to improve. He/she must be able to, after proper training, use all tools within the fire service and the Cahokia Volunteer Fire Department. He/she must have some knowledge and willingness to learn about methods and techniques on forcible entry, rope, portable extinguishers, ladders, fire hose, salvage and overhaul, fire streams, fire apparatus, fire ventilation, rescue, protective breathing apparatus, and first aid. He/she must be willing to perform other duties as supervising officers may require.

### Examples of Work

### Station House Duties (are interrupted to respond to fire calls for service)

- 1) Check personal equipment for proper placement and condition.
- 2) Check breathing apparatus on pumpers and other equipment.
- 3) Wash and clean fire vehicles.
- 4) Maintain Cahokia Volunteer Fire Department property:
  - a) Wash fire hose
  - b) Wash, clean, and test apparatus and equipment
  - c) Help with mechanical duties on the apparatus
  - d) Clean and maintain ALL areas of the Fire Station
- 5) Study, train, and drill in:
  - a) Fire drill routines
  - b) Fire fighting principles and practices
  - c) Equipment operation and maintenance
  - d) First Aid / Medical First Responder
  - e) Fire code inspections

#### Fire Alarm Duties

- 1) Respond to fire alarms with a company
  - a) Lay and connect fire hose
  - b) Direct water streams
  - c) Use chemical extinguishers, bars, hooks, lines, aerial ladders, and auxiliary equipment
- 2) Ventilate burning buildings by opening windows and skylights, cutting holes in roofs and floors, and using a positive / negative pressure fan
- 3) Assisting in Salvage & Overhaul (cleaning up debris, extinguishing hot spots)
- 4) Return to quarters, return fire vehicles to serviceable condition, and wash and clean hose and apparatus

### Required Knowledge, Abilities, and Skills

- 1) General knowledge of the elementary principals of mechanics and physics
- 2) Ability to understand and follow oral and written instructions
- 3) To learn a variety of fire fighting duties and methods within a reasonable period of time
- 4) To climb ladders and work at considerable heights
- 5) To think and act quickly in emergency situations
- Physical strength and agility sufficient to perform strenuous work, under adverse weather and hazardous conditions
- 7) Good general intelligence and emotion stability

### Required Training and Experience

- 1) Graduate from an accredited High School, or have obtained a G.E.D. certificate from a state or federal agency
- 2) Must obtain Class "B" driver's license, or equivalent, within first 6 months of membership
- 3) Must attain FFII (Fire Fighter II) certification, or be enrolled in State approved course, prior to the completion of twelve months of membership as required by the Illinois State Fire Marshal's office

# Cahokia Volunteer Fire Department

### Job Description - Support Personnel

### Nature of Work

This is general fire fighting work consisting of combating, extinguishing, and preventing fires, as well as the operation and maintenance of related fire fighting equipment.

A Firefighter must be able to carry out orders assigned to him willingly and to the best of his/her ability. He/she must be willing to perform daily, weekly, and periodically assigned duties. He/she must have devotion to, and promote good public relations for, the Cahokia Volunteer Fire Department and the Village of Cahokia. He/she must have a determination to improve. He/she must be able to, after proper training, use all tools within the fire service and the Cahokia Volunteer Fire Department. He/she must have some knowledge and willingness to learn about methods and techniques on forcible entry, rope, portable extinguishers, ladders, fire hose, salvage and overhaul, fire streams, fire apparatus, fire ventilation, rescue, protective breathing apparatus, and first aid. He/she must be willing to perform other duties as supervising officers may require.

### **Examples of Work**

### Station House Duties (are interrupted to respond to fire calls for service)

- 6) Check personal equipment for proper placement and condition.
- 7) Check breathing apparatus on pumpers and other equipment.
- 8) Wash and clean fire vehicles.
- 9) Maintain Cahokia Volunteer Fire Department property:
  - a) Wash fire hose
  - b) Wash, clean, and test apparatus and equipment
  - c) Help with mechanical duties on the apparatus
  - d) Clean and maintain ALL areas of the Fire Station
- 10) Study, train, and drill in:
  - a) Fire drill routines
  - b) Fire fighting principles and practices
  - c) Equipment operation and maintenance
  - d) First Aid / Medical First Responder
  - e) Fire code inspections

#### Fire Alarm Duties

- 5) Respond to fire alarms with a company
  - a) Lay and connect fire hose
  - b) Direct water streams
  - c) Use chemical extinguishers, bars, hooks, lines, aerial ladders, and auxiliary equipment
- 6) Ventilate burning buildings by opening windows and skylights, cutting holes in roofs and floors, and using a positive / negative pressure fan
- 7) Assisting in Salvage & Overhaul (cleaning up debris, extinguishing hot spots)
- 8) Return to quarters, return fire vehicles to serviceable condition, and wash and clean hose and apparatus

### Required Knowledge, Abilities, and Skills

- 8) General knowledge of the elementary principals of mechanics and physics
- 9) Ability to understand and follow oral and written instructions
- 10) To learn a variety of fire fighting duties and methods within a reasonable period of time
- 11) To climb ladders and work at considerable heights
- 12) To think and act quickly in emergency situations
- 13) Physical strength and agility sufficient to perform strenuous work, under adverse weather and hazardous conditions
- 14) Good general intelligence and emotion stability

### Required Training and Experience

- 4) Graduate from an accredited High School, or have obtained a G.E.D. certificate from a state or federal agency
- 5) Must obtain Class "B" driver's license, or equivalent, within first 6 months of membership
- 6) Must attain FFII (Fire Fighter II) certification, or be enrolled in State approved course, prior to the completion of twelve months of membership as required by the Illinois State Fire Marshal's office

## Personal Inquiry Waiver

# Authority of Release of Information

To: Concerned Person or Authority Representative of any Organization Institution of Repository of Records

| licant's Name:            | Full Name of Applicant                          |   |
|---------------------------|---|---|
|                           | Full Name of Applicant                          |   |
| e of Birth:               | Social Security #                               |   |
| I respectfully reques     | st and authorize you to furnish the Cahokia     | Volunteer Fire Department all information tha     |
| nay have concerning n     | ny employment record, school record, chara      | acter, reputation, divorce record, financial cred |
| s, and arrest record. F   | lease include any and all Medical, physical     | , and mental health records and reports           |
| ding all information of a | confidential or privileged nature and Photo     | ostats of the same, if possible. This informatio  |
| pe used to assist the C   | ahokia Volunteer Fire Department in deterr      | mining my qualifications and fitness for the      |
| on I am seeking as a F    | Firefighter / Support Personnel in the Cahok    | kia Volunteer Fire Department.                    |
|                           |   |   |
| Signa                     | rure of Applicant                               | Date  |
| Signa                     | ине от другисант                                | Date  |
|                           | Address of Applicant, including City, State, &. | Zip Code  |
|                           |   |   |
|                           | Sworn Affidavit                                 |   |
| State of                  |   |   |
|                           | <del></del>                                     |   |
|                           |   |   |
| Before me persona         | lly appeared the said,                          | wl  |
| said that he/she exc      | ecuted the above instrument of his/her own      | free will and accord, with full knowledge of the  |
| purpose therefore.        |   |   |
| Sworn to and subso        | cribed in my presence thisday o                 | of20  |
| Gwonn to and babbl        |   |   |

Instructions:

The following application for membership in the Cahokia Volunteer Fire Department is comprised of seven (7) sections. Please follow the instructions carefully and fill out the application completely, accurately, and honestly. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application, being sure to identify the corresponding question number. Use the term "N/A" for any questions that do not apply.

| Firefighter  Support Personnel  Other (explain):  Section 1 — Biographical Information  Name:  Last Name  Phone:  Street  City  State  Zip Code  Place of Birth (City & State):  Social Security # | _ |
|--|---|
| Name:  | _ |
| Address:   | _ |
| Place of Birth (City & State): Social Security #   |   |
|  | - |
|  | = |
| Gender: M / F Age: Height: Weight: Eye Color Hair Color  | - |
| 1. Are you a U.S. Citizen? Yes - Native Born Naturalized - Alien Number: Explain:  | - |
| 2. List any other names, aliases, or nicknames (including Maiden name) you use or have used in the past.   | _ |
| 3. Marital Status: Single Married Separated Widowed Divorced   |   |
| 4. How long have you lived at your current address?  |   |
| Section 2 – Education, Training, & Experience  |   |
| 5. Are you now, or have you ever been, a Fire Fighter, EMT / Paramedic (paid or volunteer), or similar position?   |   |
| No Yes, complete the following information:  |   |
| Organization Name City & State Position From To  | - |
| Organization Name City & State Position From To  | - |
| 6. List the various schools you have attended and the related information requested.  Name of School  Address of School  Dates Attended  Major  Graduate   | d |
| (include City, State, & Zip) Yes or N  |   |
| High School From To  |   |
|  |   |
| College / University   |   |
|  |   |
| From To  |   |
| Trade / Vocational School  |   |
| From To  |   |

| List any professional licens                                | ses or certificates you currer | ntly hold                      |                                   |
|---|--------------------------------|--------------------------------|-----------------------------------|
| List any foreign language i                                 | n which you are fluent.        |                                |                                   |
|   | Read                           | Write Speak                    |                                   |
|   | Read                           | Write Speak                    |                                   |
| ). Do you understand sign I                                 | anguage and are able to cor    | mmunicate using it? Y          | es No                             |
| . Have you ever served in                                   | any Branch of the United Sta   | ates Military? Yes             | No                                |
| . If so, give Branch, dates                                 | of service, and type of discha | arge given?                    |                                   |
| Branch  | Dates of Service               | Discharge Status               |                                   |
|   | Section 3 – Er                 | mployment History              |                                   |
| s. List the last two (2) jobs y                             | ou have held. Start with you   | ur present or most recent job. |                                   |
| # 1 Business / Company Name                                 | ·                              | Phone Number(s                 | s)                                |
| Address, City, State, Zip Code                              |                                |                                | Monthly Salary                    |
| Your Job Title  | Immediate Supervisor & Title   | 9                              | Immediate Supervisor Phone Number |
| Length of Employment  | Average Hours Worked per Week  | Reason for Leaving             |                                   |
|   | , morago nodo nomo por mosm    |                                |                                   |
| # 2 Business / Company Name  Address, City, State, Zip Code |                                | Phone Number(s                 | Monthly Salary                    |
|   |                                |                                |                                   |
| Your Job Title  | Immediate Supervisor & Title   | е                              | Immediate Supervisor Phone Number |
| Length of Employment  | Average Hours Worked per Week  | Reason for Leaving             |                                   |
|   |                                |                                | Immediate Supervisor Phone N      |
|   |                                |                                |                                   |
| . Have you previously appl                                  | ied for any position within th | e Cahokia Volunteer Fire Dep   | artment?                          |
| Yes No, give  | date(s) and outcome:           |                                |                                   |
|   |                                |                                |                                   |
|   |                                |                                |                                   |
|   | Section 4 –                    | Driving History                |                                   |

| 40  |                         | rs License Number and State | <br>   |            | Expiration D       |               |                              |
|-----|-------------------------|-----------------------------|--|------------|--------------------|---------------|------------------------------|
| 18. | Has your license e      | ever been suspend           | dea or revokea?                              | No         | Yes, give o        | dates, reaso  | on, and length of time:      |
| 19. | List all traffic citati | ons received in the         | e last three (3) year                        | rs. If you | have not receive   | d a citation, | check here                   |
|     | <b>Approximate Dat</b>  | e Location                  | (City, State)                                | Na         | ture of Violation  | ) [           | Disposition of Case          |
|     |                         |                             |  |            |                    |               |                              |
|     |                         |                             |  |            |                    |               |                              |
| L   |                         |                             |  |            |                    |               |                              |
|     |                         |                             |  |            |                    |               |                              |
|     |                         |                             | Section 5 –                                  | Security   | / Data             |               |                              |
| 20. | Have you ever be        | en convicted of a c         | criminal offense?                            | No         | Yes, com           | plete the fol | lowing:                      |
|     | Date of Arrest          | Issuing Police De           | epartment (City &                            | State)     | Offense Ch         | arged         | Disposition of Case          |
|     |                         |                             |  |            |                    |               |                              |
|     |                         |                             |  |            |                    |               |                              |
| L   |                         |                             |  |            |                    |               |                              |
| 21. | Are there any inci-     | dents in your life n        | ot mentioned herei                           | n which r  | nay reflect upon   | your suitabi  | lity to perform the          |
|     | duties which may        | be called upon yo           | u for the position yo                        | ou have a  | applied that requi | ire further e | xplanation?                  |
|     | -                       |                             |  |            |                    |               |                              |
|     | ino res, explain        | in detail. Ose con          | tinuation sheet if ne                        | eeaea      |                    |               |                              |
|     |                         |                             |  |            |                    |               |                              |
|     |                         |                             |  |            |                    |               |                              |
|     |                         |                             | Section 6 – N                                | Medical    | history            |               |                              |
| 22. | List the following i    | nformation about y          | our personal Phys                            | ician.     |                    |               |                              |
|     | Doctor's Name           |                             | Office Address                               |            |                    |               | Phone Number                 |
| 23  | Do you have any l       | handicans chronic           | conditions or dise                           | ases or i  | disabilities?      | No TYe        | s, provide details           |
| 20. | Do you have any i       | nanaioapo, omonic           | o definition of disc.                        | u000, 01 \ |                    |               | o, provide details           |
|     |                         |                             |  |            |                    |               |                              |
|     |                         |                             |  |            |                    |               |                              |
| 24. | Have you ever file      | ed a Worker's Com           | p claim for an illnes                        | ss or inju | ry due to employ   | ment? []      | No Yes, explain              |
|     |                         |                             |  |            |                    |               |                              |
| 25. |                         |                             | mented with any illo<br>e other that a licen |            |                    |               | otion medication, or xplain: |
|     |                         |                             |  |            |                    |               |                              |

| Name   |  | Address, City, State, Zip Code  |   |
|--|--|---|---|
| Home Phone   | Other Phone  | Occupation / Profession   | Years Kno   |
| ame  | 1  | Address, City, State, Zip Code  |   |
| lome Phone   | Other Phone  | Occupation / Profession   | Years Kno   |
| lame   |  | Address, City, State, Zip Code  | I   |
| Iome Phone   | Other Phone  | Occupation / Profession   | Years Kno   |
| representations or<br>and complete to<br>estigation disclose<br>lication may be re   | falsifications, omissions<br>the best of my knowledg<br>d any misrepresentations   | ip within the Cahokia Volunteer Fire Departing, or concealment of material fact, and that the and belief. I am aware that if any statements, falsifications, omissions, on concealment hoved from eligibility, or be grounds for my the future. | he information given by me<br>ents made by me on any<br>of material fact, my                              |
| epresentations or<br>and complete to<br>stigation disclose<br>ication may be re<br>inteer Fire Depart  | falsifications, omissions<br>the best of my knowledg<br>d any misrepresentations<br>jected and my name rem<br>ment at any point in the | , or concealment of material fact, and that the and belief. I am aware that if any statements, falsifications, omissions, on concealment noved from eligibility, or be grounds for my the future.   | he information given by me<br>ents made by me on any<br>of material fact, my<br>ermination from the Cahol |
| epresentations or<br>and complete to<br>stigation disclose<br>ication may be re<br>inteer Fire Depart  | falsifications, omissions<br>the best of my knowledg<br>d any misrepresentation<br>jected and my name rem                              | , or concealment of material fact, and that the and belief. I am aware that if any statements, falsifications, omissions, on concealment noved from eligibility, or be grounds for my the future.   | he information given by me<br>ents made by me on any<br>of material fact, my                              |
| representations or<br>and complete to<br>estigation disclose<br>lication may be re<br>unteer Fire Depart   | falsifications, omissions<br>the best of my knowledg<br>d any misrepresentations<br>jected and my name rem<br>ment at any point in the | , or concealment of material fact, and that the and belief. I am aware that if any statements, falsifications, omissions, on concealment noved from eligibility, or be grounds for my the future.   | he information given by meents made by me on any of material fact, my ermination from the Cahok           |
| representations or<br>e and complete to<br>estigation disclose<br>lication may be re<br>unteer Fire Depart   | falsifications, omissions<br>the best of my knowledg<br>d any misrepresentations<br>jected and my name rem<br>ment at any point in the | , or concealment of material fact, and that the and belief. I am aware that if any statements, falsifications, omissions, on concealment noved from eligibility, or be grounds for my the future.   | he information given by meents made by me on any of material fact, my ermination from the Cahok           |
| representations or and complete to estigation disclose lication may be resunteer Fire Depart  State of  County of  | falsifications, omissions<br>the best of my knowledg<br>d any misrepresentations<br>jected and my name rem<br>ment at any point in the | , or concealment of material fact, and that the and belief. I am aware that if any statements, falsifications, omissions, on concealment noved from eligibility, or be grounds for my the future.   | he information given by meents made by me on any of material fact, my ermination from the Cahok           |
| representations or and complete to estigation disclose estigation may be resulted in the control of the country | falsifications, omissions the best of my knowledged any misrepresentations jected and my name rement at any point in the               | n, or concealment of material fact, and that the end belief. I am aware that if any statements, falsifications, omissions, on concealment noved from eligibility, or be grounds for my that the future.   | he information given by meents made by me on any of material fact, my ermination from the Cahok           |

26. Provide the requested information for three (3) adults, not related to you and not former employers, who have

This continuation sheet is to be used for additional information that was unable to be provided in the spaces allotted. When using this form, be sure and note what question number the information provided is reference. Failure to do so will be cause to disregard the information provided on this sheet. If this sheet is still insufficient to answer the question completely, you may attach additional pages to the end of the application.