



VILLAGE OF BOLINGBROOK
EMERGENCY MANAGEMENT
AGENCY

APPLICATION
FOR MEMBERSHIP



NAME: (last) _____ (first) _____ (middle) _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Date of Birth: _____

Driver's License #: _____ State: _____ Expire: _____

Have you been convicted of any traffic violations within the last five (5) years or have you been convicted of and DUI offence within the last five (5) years? Y N

If yes, explain:

Marital Status: Married/Single	Male/Female	Eyes:	Hair:	Height:	Weight:
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→ In case of emergency, notify: (name) _____

Relation: _____ Phone # (day) _____ (night) _____

Emergency contact Employer: _____

EMPLOYMENT HISTORY

Current Employer: _____

Address: _____

Phone #: _____ Position/Title: _____

Date of Hire: _____

Responsibilities: _____

Hours or Shift Assigned: _____ Days Worked: M T W Th F Sat Sun

Previous Employer: _____

Address: _____

Phone #: _____ Position/Title: _____

Date of Hire: _____ Reason for Leaving: _____

Responsibilities: _____

Please list three (3) references, not related to you that have known you for a period of four (4) years or longer.

Name:	Years Known:	Phone #:

• Do you hold a High School Diploma, G.E.D.? Yes No

• Please list other organizations that you are currently a member:

1. _____ 3. _____

2. _____ 4. _____

• Are you a U.S. Citizen? Yes No Native _____ Naturalized _____

• Have you ever been rejected for a Civil Service Position? Yes No

• How long have you lived in the Village of Bolingbrook? _____

• Previous addresses: (list all addresses for the past three (3) years)

1. _____

2. _____

3. _____

4. _____

• Have you ever been fingerprinted? (if yes, explain) _____

Agency: _____ Purpose: _____

Agency: _____ Purpose: _____

• Have you been convicted of any Misdemeanor or Felony within the past five (5) years? Yes No

If yes, explain: _____

• Days Available for Volunteering: M T W Th F Saturday Sunday

• Hours Available: _____

**EDUCATION HISTORY
TRAINING**

- High School: _____ City/State: _____
- # of years attended: _____ Date Graduated: _____
- College or University: _____ City/State: _____
- Coursework/Degree: _____ Average Grade: _____
- Extension or Specialized Training:

Certificate/Course	Date Issued	Date Expired	License#

- Were you ever expelled or suspended from any school? Yes No

ALL EMERGENCY MANAGEMENT AGENCY MEMBERS ARE COVERED UNDER THE VILLAGE OF BOLINGBROOK, WORKMAN’S COMPENSATION POLICY. THIS POLICY WILL ONLY PERTAIN TO THE MEMBER IF HE/SHE IS INJURED WHILE ACTIVELY ENGAGED IN EMERGENCY SERVICES FUNCTIONS, APPROVED BY THE DIRECTOR or ASSISTANT DIRECTOR OF EMERGENCY MANAGEMENT AGENCY.

I have read and understand the above paragraph regarding Workman’s Compensation, and indicate so, by affixing my signature below.

_____ Date

_____ Signature

Briefly explain your interest in Emergency Services and how you feel you can benefit the organization:

No Emergency Management Agency member is authorized to respond to any incident in a personal vehicle unless directed to do so by the Director or Assistant Director of Emergency Services. If a personal vehicle response is authorized, the member shall observe all applicable laws and is NOT permitted to disregard any traffic laws or regulations. The Emergency Management Agency member shall adhere to ALL Village of Bolingbrook Policies and Ordinances while actively engaged in any activity or function.

Any violation of any policy, ordinance or standard operating procedure may provide grounds for dismissal from Bolingbrook Emergency Management Agency and subject to applicable criminal charges from the Village of Bolingbrook or Bolingbrook Police Department.

The Emergency Management Agency member understands that any liabilities that arise out of any violation of: Standard Operating Procedures, Village Ordinances or State or Local Laws, will solely be the responsibility of the member. The member acknowledges that he/she serves at the pleasure of the Village of Bolingbrook and may be dismissed as a member at any time, with or without cause. *Amended 09/2002*

I _____ hereby understand the above and agree to adhere to the above conditions set forth. I also agree the information provided by me on this application is true and correct to the best of my knowledge.

Date

Signature

BACKGROUND CHECK AUTHORIZATION

I authorize and empower the Village of Bolingbrook and the Bolingbrook Police/Fire Department to obtain, prepare, use and furnish information concerning my current and former employment, education, reputation, driving record and criminal history.

Applicant Signature

Date