



Troy Fire Protection District

116 W CLAY ST.
TROY, IL. 62294
618-667-6722

Dear Applicant,

Thank you for your interest in becoming a part of the Troy Fire Protection District, please ensure you complete all parts of the following application. All application packets must be either mailed or dropped off in person at Troy Fire Protection District, no faxed or emailed applications will be accepted.

A copy of the following items are required to be submitted when applying for employment:

EMT-P

- Illinois State EMT-P license
- Advanced Cardiac Life Support (ACLS) certification
- International Trauma Life Support (ITLS) certification
- Healthcare provider CPR certification
- Pediatric Advanced Life Support (PALS) and/or Pediatric Emergency Pre-Hospital Provider (PEPP) certification

EMT-B

- Illinois State EMT-B license
- Healthcare provider CPR certification

All applicants must submit the following.

- Employment application
- Resume
- Copy of Valid Driver's license
- Copy of unexpired professional license(es)

All applications will be kept of file for one year from the date that it is received.

TFPD EMS Employment Application

Date: _____

Personal Information				
Full Name: <i>(Last, First, M.I.)</i>				
Address	Apt. #	City	State	Zip
Phone No.		Email		

Employment				
Position Applying for				Available Date
Currently Employed	May we contact current employer?	Employer	Contact Name:	Contact No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously been employed by the TFPD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Held Position	Date From/To	

Military Service		
Branch	From	To
Type Discharged		

TFPD EMS Employment Application

Employment History <i>(List last four employers; start with your present or last employer.)</i>				
Employer	Date From	Date To	Position	
Address	City		State	Zip
Phone No.	Supervisor			
Reason for leaving				
Employer	Date From	Date To	Position	
Address	City		State	Zip
Phone No.	Supervisor			
Reason for leaving				
Employer	Date From	Date To	Position	
Address	City		State	Zip
Phone No.	Supervisor			
Reason for leaving				

TFPD EMS Employment Application

Employer	Date From	Date To	Position	
Address	City		State	Zip
Phone No.	Supervisor			
Reason for leaving				

Professional References				
Please list three individuals not related and have known you for at least a year.				
Full Name and Title		Relationship		
Company			Phone No.	
Address				
Full Name and Title		Relationship		
Company			Phone No.	
Address				
Full Name and Title		Relationship		
Company			Phone No.	
Address				

Department Use Only				
Interview	Date		Time	
Remarks				