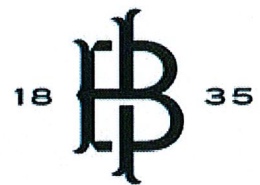




Blue Island Fire Department Silver Spanner Application



First Name: Middle Name: Last Name:

Address: City, State, Zip:

Social Security #: D.O.B.: Gender: Male ☐ Female ☐

Additional Languages Spoken (other than English):

AVAILABILITY:

Preferred Shift to Work: (check below)

Preferred Hours to Work: (check ANY below)

☐ First Shift (Black) ☐ Second Shift (Red) ☐ Third Shift (Gold) ☐ 12 Hour ☐ 24 Hour

Driver's License #: State of Issue: Expiration Date: Class:

Cell Phone #: Cell Phone Provider:

Email Address:

CONTACT INFO (Please use the back of the form to list additional contact information)

Contact 1: Name: Relationship: Cell #:
Contact 2: Name: Relationship: Cell #:

Current EMS System: EMS System #:

CERTIFICATIONS (Please use the back of the form to list additional classes and certifications)

Paramedic License #: Paramedic License Expiration Date:

Name of Class: Certification Achieved:

Name of Class: Certification Achieved:

Uniforms: T-Shirt Size (S, M, L, XL, XXL, etc.):

IAFF Local Affiliate and Local Number

IAFF Local President or VP name and contact info

PLEASE EMAIL COMPLETED APPLICATIONS TO:
BIFDLocal3547@gmail.com