



NEW LENOX

E.S.D.A. Volunteer Membership Application

Village Hall
1 Veterans Pkwy.
815-462-6400
815-462-6449 (fax)

Police Department
200 Veterans Pkwy.
815-462-6100
815-462-6101 (fax)

Emergency Services and
Disaster Agency
907 Country Creek Dr.
815-530-2298

Please Print or Type

1. Personal Information

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Date of Birth _____ Sex: M F U.S. Citizen: Yes No

Driver's License Number _____ Classification _____

How did you hear about E.S.D.A.? _____

List residence(s) for last ten years if different than current address _____

2. Education and Special Training

Highest Grade Completed _____ Degree or Diploma _____

Special Qualifications, Licenses, Certificates or other training _____

Have you ever served in the armed forces: Yes No Branch _____

Date of Enlistment _____ Type of Discharge _____

Are you presently a member of a reserve or national guard unit: Yes No

(complete reverse side)

3. Employment and Character References

Current Employer _____

Job Title _____ How long at present job _____

May we contact your employer? Yes No Name of Supervisor _____

Provide two personal references you have known for at least one year:

Name _____ Phone _____

Name _____ Phone _____

4. Applicant Statement

By signing below, I hereby submit my application to be a volunteer member of the New Lenox Emergency Services and Disaster Agency. As part of this application I acknowledge the following:

- a. I have never been convicted of a felony.
- b. I do not use any controlled substance other than that which has been prescribed to me by a physician.
- c. I am willing to submit to a medical examination or drug screening if required.
- d. I am willing to comply with all agency rules and regulations, and to lawful orders given to me by agency supervisory personnel.
- e. If accepted, I agree to take the oath for New Lenox Emergency Services and Disaster Agency personnel.

I attest that the information contained in this application is true and complete to the best of my knowledge and understand that my membership with the New Lenox Emergency Services and Disaster Agency could be terminated at any time for any willful omission or misstatement on this application. I grant my permission for the Village of New Lenox, the New Lenox Emergency Services and Disaster Agency, the New Lenox Police Department and its agents to conduct a background investigation to determine my fitness as a member. I understand that my application may be denied for any reason without recourse.

Signature _____ Date _____

Equal Employment Opportunity Statement

The Village of New Lenox does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

OFFICE USE ONLY		Director's Initials: _____	
Date Application Received _____	Disposition:	Accepted	Rejected
_____ Oath Form	_____ Copy of DL	_____ Insurance/Beneficiary Forms)	_____ Other _____
_____ ID Card/Medical Questionnaire	_____ Medical Exam Results (if required)		