



**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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**IV. APPLICANT STATEMENT**

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

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

<b>OFFICE USE ONLY</b>		
Application Received: ____ / ____ / ____	Disposition: Accepted Rejected	Director's Initials: _____
____ Oath Form	____ Copy Of Driver's License	____ Insurance/Beneficiary Forms
____ ID Card/Medical Questionnaire	____ Medical Exam Results (If Required)	____ Other _____