



CITY OF BRAIDWOOD
EMERGENCY SERVICES AND DISASTER AGENCY (ESDA)
APPLICATION FOR MEMBERSHIP



Introduction

The Braidwood ESDA established within City Government is responsible for coordinating the emergency and disaster mitigation, as well as preparedness, planning, response and recovery efforts of the City and its political subdivisions in conjunction with the State of Illinois, private organizations, Will-County Emergency Management, and the public.

Requirements for ESDA Membership:

All Applicants must:

- Be at least 18 years of age
- Have High School diploma or equivalent
- Have a good character
- Have a valid driver's license
- US citizen or permanent lawful resident
- Reside within the City of Braidwood
- Be willing to attend any applicable training & understand the position is voluntary

Required Documents

The following documents must accompany the completed application. In the event that a document is missing or not turned in, the application will not be processed.

- Copy of Birth Certificate
- Copy of Driver's License
- Copy of High School Diploma or equivalent
- Copy of Resume if available
- Copy of any certifications that you feel are applicable to the position

Instructions

Please be certain that your application is accurate and complete. If a question does not apply to you insert "NA" for "Not Applicable". Any and all statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from the application process. Please print neatly.

Completed applications must be turned in at the Braidwood Fire Department. We will not accept any applications via fax or email. Normal business hours are Mon-Fri, 9am-5pm. If you are unable to submit your application during this time, you may mail it to the below address.

Braidwood Fire Department
Attn: ESDA Position/s
P.O. Box 309
275 West Main St.
Braidwood, IL 60408

Applications should be returned to the Braidwood Fire Department in person or mailed to the address above.



Date of application: _____

Name: _____

(Last)

(First)

(Middle)

Address: _____

Years at this address: _____ Previous Address (if less than 10 years at above):

Home Telephone: _____ Work: _____

Cell: _____ Pager: _____

Email Address: _____

Are you at Least 18 years of age? (Circle One): YES NO

Marital Status: _____ Maiden Name if Married: _____

Driver's License # _____ Expires: _____

State Issuing License: _____

US Citizen: Yes/No If Naturalized, give date and place: _____

Military Service: Branch: _____ active/reserved/retired/honorable discharge

Education:

High School: _____

College: _____

Employment Record for current and most recent employers:

Name of Employer: _____

Address: _____

Phone: _____

How long?: _____

Name of Employer: _____

Address: _____

Phone: _____

How long?: _____

Have you ever been convicted of any violations of the laws of Illinois or any other state or the United States, or of any city or county ordinance? ____ If so, state offenses and dates of conviction(s): _____



Have you ever served with a fire/rescue department or police department? _____ If so,
 Where _____
 Address: _____

How long?: _____ Reason for leaving: _____

Medical History:

List any physical or medical conditions which require regular or periodic visits to your physician:

Do they, or will they, restrict your ESDA activities? _____ If so, please explain: _____

List any skill, talent, training, or education which you feel will benefit the organization:

Why do you desire to be a member of ESDA? _____

Remarks (May be used to expand on any item above): _____

Personal References (List 3 not related to you):

Name	Address	Known how long
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby acknowledge complete understanding that the duty for which I have volunteered includes the requirement that I will, without question, obey and execute all legal orders given by those designated to command such activity; that I will complete all mandatory training courses and that any violation of or disregard for the rules of the organization will be just cause for dismissal. Furthermore, I understand that any false or misleading statements found in this application will be cause for dismissal or will disqualify me for membership. Additionally, I authorize those responsible to make whatever inquiry and investigation deemed necessary to properly screen me for this service.

 Signature Date



Interview Date & Time: _____

Result of review and investigation:

Approved: _____ Disapproved: _____

Reason for Disapproval: _____

Additional Comments: _____

Final Approval:

Approved: _____ Disapproved: _____

Comments: _____

Coordinator Signature: _____

Date: _____

Assistant Coordinator Signature: _____

Date: _____