

MARQUETTE HEIGHTS FIRE DEPARTMENT

715 LINCOLN ROAD • MARQUETTE HEIGHTS, ILLINOIS • 61554



If you are interested in joining the Fire Department, please review the following information before completing the attached application. You may return the completed application to the City Office or the Fire Department. If you have any questions, feel free to attend any Fire Department meetings or call the Fire Department business line at (309) 382-2895.

Fire Department Monthly Meetings and Trainings:

1. Business Meetings: 1st Saturday of each month at 8:30 AM.
2. Squad Training: 1st Thursday of each month from 9:00 AM to 11:00 AM and 6:30 PM to 8:30 PM (Members can choose the time they would like to attend this training based on their schedule).
3. Department Training: 3rd Sunday of each month from 8:00 AM to 12:00 PM.

Requirements for the 1st Year of Service:

To become a firefighter for Marquette Heights, you must show dedication by attending trainings and meetings, and obtain certain certifications as described below. Training is essential for a proficient department!

1. Probationary firefighter: In your first three months, you are required to:
 - a. Attend two Squad Trainings
 - b. Attend two Department Trainings
 - c. Attend two Business Meetings
 - d. Take a physical and drug test (paid for by the city)
2. Firefighter trainee: In the following nine months, you are required to obtain:
 - a. First Aid certification or higher
 - b. CPR certification
 - c. Class B exempt drivers license
 - d. Haz-Mat Awareness certifications (required by the state)

Responding to Calls:

1. Respond to the fire station when we are paged for a call.
2. Obey all traffic laws (i.e. 30 mph speed limit, stop signs, etc.)
3. Blue light usage:
 - a. Permission to use blue light is given at the sole discretion of the Fire Chief upon completion of the applicant phase.
 - b. You must be responding to a call
 - c. Blue lights can only be used in Marquette Heights city limits

- d. Blue lights may not be permanently mounted to the roof of your vehicle. However, magnet mounts can be used on the roof of your vehicle, but the blue light must be removed from the roof after responding to the call.

Annual Events

In addition to providing our community with fire and medical assistance, we also participate in the following annual events:

1. School fire and tornado drills
2. Community Easter egg hunt
3. Fire Prevention Week
4. 4th of July fireworks celebration
5. Halloween and Spook Hollow
6. Christmas food baskets
7. Fundraisers:
 - a. McDonalds
 - b. Food Booth during city-wide garage sales
 - c. City Directory (every other year)

Fire Department Member Incentives:

1. *Incentive Fund:* An account will be set up in your name, and a dollar amount will be deposited into your account on an annual basis. When you resign or retire from the Fire Department, you must submit a written request to the City of Marquette Heights for the accumulated balance in your account (50% of the balance after five years of service and 100% of the balance after 10 years of service).
2. *Water Bill Discount:* After completing one year of service and fulfilling all requirements, you will receive a 15% discount on your monthly water bill. In order to continue receiving this discount, you must continue to meet training requirements and continue to be an active member of the Fire Department. If you take a personal leave of absence from the Fire Department, The 15% discount reduction will be discontinued for the duration of that leave.
3. *Reimbursement Program:* When you complete a pre-approved course by the Fire Department (Firefighter II, EMT, etc.), you must present a certificate indicating you have passed the course and a receipt showing proof of payment for the course for 100% reimbursement.
4. *Hepatitis B Vaccine:* Once you have completed your probationary status, you may start the series of three Hepatitis B vaccines paid for by the City of Marquette Heights. If you have already received this vaccine, you must show proof of receiving it. You have the option of declining to receive the vaccine by signing a waiver of refusal.
5. *Mileage:* Mileage will be paid for use of your personal vehicle for pre-approved Fire Department business.
6. *Special Trainings:* Upon completion of your first year of service, you are able to attend special pre-approved trainings. Hotels, meals, and tuition will be paid by

the City of Marquette Heights. (i.e. U of I Annual Fire College, EMS seminars, etc.)

Application for Membership

Name: _____
First Middle Initial Last

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Shift: _____

Drivers License Number: _____ Class: _____ Restrictions: _____

Date of Birth: ___/___/___ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Spouse's Name: _____

Do you have any physical or mental impediments which may hinder your performance during times of physical or mental stress in any emergency situation? Yes ___ No ___ If yes, please explain: _____

Have you ever been convicted of an offense other than a traffic violation? Yes ___ No ___

If yes, please explain: _____

Have you ever been a member of a Fire and Rescue organization or similar? Yes ___ No ___

If yes, when and where: _____

List any past or current certifications (EMT, Firefighter II, etc.) _____

Military Service: Yes ___ No ___ Branch of Service: _____ Date of Induction: ___/___/___

Date of discharge: ___/___/___ Medical/Honorable: _____ Dishonorable: _____

I have answered the above questions truthfully and to the best of my knowledge. I understand that my signature to this application binds me to the rules and regulations of this organization until a resignation in writing is submitted and approved.

Signed: _____ Date: ___/___/___

The above has or has not met the approval of the membership committee – Approved ___ Denied ___

If denied, reason for denial: _____

Committee Members: _____

Fire Chief: _____ Date ___/___/___

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Designation of Beneficiary

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS and FIREMAN COMPENSATION ACT", I hereby designate the following as beneficiary[s], in the event that the \$20,000.00 benefit is payable by reason of my death in the line of duty:

<u>Beneficiary [Name & Address]</u>	<u>Relationship</u>	<u>Amount or Percentage Share</u>
1 st _____ _____ _____	_____	_____
2 nd _____ _____ _____	_____	_____
3 rd _____ _____ _____	_____	_____

Your Full Name [First, Middle, Last] _____

Complete Address _____

Date of Birth _____ Social Security Number _____

Place of Employment under this Act Marquette Heights Fire Department

Complete Address 715 Lincoln Road, Marquette Heights, Illinois 61554

Signature of Witness:

Signature of Insured:

Address of Witness:

Date: _____

Date: _____

Fire Department Issued Equipment

I _____ acknowledge that the Fire Department has entrusted the following items to me that are in my possession, and I am responsible for such items until such time that I cease to be a member of the Fire Department. Furthermore, I acknowledge my duty to return all Fire Department equipment and property in my possession to the Chief or any other officer at that time.

Signature _____ Date _____

<u>Item</u>	<u>Inventory Number</u>	<u>Date Received</u>	<u>Date Returned</u>
Helmet	_____	_____	_____
Nomax Hood	_____	_____	_____
Bunker Pants	_____	_____	_____
Fire Coat	_____	_____	_____
Fire Boots	_____	_____	_____
Fire Gloves	_____	_____	_____
Pager & Batteries	_____	_____	_____
Page Case	_____	_____	_____
Flash Light	_____	_____	_____
Webbing	_____	_____	_____
Door Key (station)	_____	_____	_____
Office Key	_____	_____	_____
By-Laws	_____	_____	_____

Miscellaneous Items:

Uniform Pants	_____	_____	_____
Uniform Shirt	_____	_____	_____
Pocket Badge	_____	_____	_____
Uniform Badge	_____	_____	_____
Picture ID Card	_____	_____	_____