

Big Rock Fire Protection District

47w863 E 2nd St Big Rock, IL 60511

Ph# (630)556-3214 Fax# (630)556-3427

* Note: Copy of Driver's License, Birth Certificate and HS Diploma or equivalent must accompany this application.

APPLICATION DATE: _____

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out Properly it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) can potentially bar or remove you from employment. If writing space provided is inadequate, use the continuation area at the end of this application and identify additional information by question number. Use the term 'NA' (not applicable) if the questions does not apply. Applicants between 15-18 years of age and still in high school will be considered as Cadet.

POSITION APPLIED FOR:	
FIREFIGHTER	<input type="checkbox"/>
CADET	<input type="checkbox"/>

1. Name (Last) (First) (Middle)			2. List any other names, aliases you have used, or been known by (including maiden name if applicable)		
3. Home Address (No. Street, City, State, Zip Code)			4. Home Phone	5. Social Security Number	
6. With whom do you live at the above address? List full name and relationship.					
7. Date of Birth		8. Place of Birth (City, State, and Zip)		9. Sex	10. Height FT IN
11. Weight		12. Age		13. Color of Eyes	
				14. Color of Hair	
15. Are you a U.S. Citizen? If 'Yes' If 'Naturalized', give particulars YES <input type="checkbox"/> NO <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized <input type="checkbox"/>					
16. Are you: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>					
DRIVING					
17. Can you operate an automobile? YES <input type="checkbox"/> NO <input type="checkbox"/>			Drivers License Number		Classification
18. Do you possess a valid operator's license from Illinois? YES <input type="checkbox"/> NO <input type="checkbox"/>			If 'Yes', expiration date:		
19. Have you ever had an operator's license in any other state? YES <input type="checkbox"/> NO <input type="checkbox"/>					
20. Have you ever been refused an operator's license by any state? YES <input type="checkbox"/> NO <input type="checkbox"/>			If 'Yes', Explain:		
21. Was your license ever suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>			If 'Yes', Explain:		
22. Has your license ever been on probation? YES <input type="checkbox"/> NO <input type="checkbox"/>			If 'Yes', Explain:		

FIRE AND EMS EXPERIENCE

23. Are you currently active on another fire department? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', which one(s)?
24. Are you now on any fire department eligibility list? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', which one(s)?
25. Have you ever submitted an application for appointment to another fire department? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', which one(s)?

EDUCATION

26. List the various Schools you have attended and other information requested:

Name and address of School (including City, State & Zip Code)	No. of Years Comp	Date(s) Attended	Graduate		Average Grade
			Yes	No	
Grammar School					*****
Middle/Jr. High School					*****
High School					
College or University					
Other					

Were you ever expelled or suspended from any school? YES NO If 'Yes', Please Explain:

RESIDENCY

27. List your address for the last FIVE YEARS (if applicable), starting with your present address.

FROM (Mo. & Yr.)	TO (Mo. & Yr.)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

CRIMINAL HISTORY

28. Have you ever been convicted? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date(s):	By Whom (Police Dept.)	Crime Charged	Disposition of Case
If 'Yes', Explain:				
29. Have you ever been placed on probation? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:			
30. Have you ever been required to pay a fine in excess of \$25.00? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:			
31. Have you ever been reported as a missing person or a runaway? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:			
32. Have you ever been a victim of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the crime reported to the police? YES <input type="checkbox"/> NO <input type="checkbox"/>	If you were a 'Victim', Explain:		
33. Have you ever been fingerprinted by a police agency other than for an arrest? YES <input type="checkbox"/> NO <input type="checkbox"/>	Agency	Date(s)	Purpose	
If 'Yes', Explain:				

TRAFFIC CITATIONS

34. List all traffic citations you have received:			
Location (City)	Approximate Date	Nature of Violation	Disposition of Case
35. Are there any warrants, traffic or otherwise, now pending against you? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:		

EMPLOYMENT

36. List all jobs you have held for the last TEN years including periods of unemployment. Put your present or most recent job first. Include Military Service in proper sequence & temporary or part-time jobs.

Employer's Name					Address			Type of Business		
Name & Title of Supervisor				From	To	Salary Per Month		Exact Title or Position		
Explain what your duties were					Reason for Leaving					
Employer's Name					Address			Type of Business		
Name & Title of Supervisor				From	To	Salary Per Month		Exact Title or Position		
Explain what your duties were					Reason for Leaving					
Employer's Name					Address			Type of Business		
Name & Title of Supervisor				From	To	Salary Per Month		Exact Title or Position		
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Employer's Name					Address			Type of Business		
Name & Title of Supervisor				From	To	Salary Per Month		Exact Title or Position		
Explain what your duties were					Reason for Leaving					
Employer's Name					Address			Type of Business		
Name & Title of Supervisor				From	To	Salary Per Month		Exact Title or Position		
Explain what your duties were					Reason for Leaving					

ACQUAINTANCES

37. Fill in below the names of three adults, not related to you & not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those persons who have seen you frequently during the past year.

Name	Address	Home Phone Number	
Business Address	Business, Occupation, Profession	Business Phone	How do you know this person?
Name	Address	Home Phone Number	
Business Address	Business, Occupation, Profession	Business Phone	How do you know this person?
Name	Address	Home Phone Number	
Business Address	Business, Occupation, Profession	Business Phone	How do you know this person?

REFERENCES

38. Fill in below the names of five adults, not related to you and not former employers, who have known you for a period of time (preferably more than 5 years). All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name	Address	Home Phone	
Business Address	Business Occupation/Profession	Phone Number	Years Known
Name	Address	Home Phone	
Business Address	Business Occupation/Profession	Phone Number	Years Known
Name	Address	Home Phone	
Business Address	Business Occupation/Profession	Phone Number	Years Known
Name	Address	Home Phone	
Business Address	Business Occupation/Profession	Phone Number	Years Known
Name	Address	Home Phone	
Business Address	Business Occupation/Profession	Phone Number	Years Known

EMERGENCY

39. Person(s) to be notified in case of emergency:

Name	Address	Home Phone	Relationship

40. Continuances (if necessary)

41. How did you hear about us?

Online Referral Who?_ _____ Other

I certify that there are no misrepresentations, omission, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted.

I authorize and empower the Big Rock Fire Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record (if any), health, personal characteristics and node of living through records, correspondence, or personal interviews with neighbors, friends, or associated, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear or affirm the above information is true and correct to the best of my knowledge.

Applicant Signature: _____