

EDUCATION

14 **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4
GRADUATE SCHOOL M.A. Ph.D. OTHER _____

**Name and Address of School
(include City and State)**

Date(s) Attended

- 15 High School _____
- 16 Undergraduate Education _____
- 17 Graduate Education _____
- 18 Trade Schools _____
- 19 What college degrees have you attained? _____
- 20 List course work relevant to position applied for: _____

MILITARY

21 Are you now or have you ever been in the military service of the United States?

Yes _____ No _____

22 Branch of service _____

Service Serial Number _____ Highest Rank Held _____

Type of Discharge _____

23 Give dates and location of active duty _____

City and State _____

Period of Active Duty: From _____ To _____

24 Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes _____ No _____

Rank _____

25 Unit _____ From _____ To _____

CONVICTION HISTORY

26 Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

27 List all traffic convictions and accidents you have had in the last five years.

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

28 Have you ever been refused a driver's license? Yes ____ No ____

If yes, explain: _____

29 Has your driver's license ever been suspended or revoked? Yes ____ No ____

If yes, explain: _____

EMPLOYMENT HISTORY

List all jobs held for the last ten years. Include periods of unemployment. **Put your present or most recent job first.** Include military service in proper time sequence along with temporary or part-time jobs.

30 Employer _____ Phone _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____ May we contact them? _____

Reason for leaving _____

Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

31 Employer _____ Phone _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____ May we contact them? _____

Reason for leaving _____

Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

32 Employer _____ Phone _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____ May we contact them? _____

Reason for leaving _____

Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

33 Employer _____ Phone _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____ May we contact them? _____

Reason for leaving _____

Employed _____ to _____ Salary _____ Per _____
month-year month-year hr/wk/mo/yr

34 Employer _____ Phone _____
Address _____
Number & Street City State Zip
Job Description _____
Supervisor's Name _____ May we contact them? _____
Reason for leaving _____
Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

35 Employer _____ Phone _____
Address _____
Number & Street City State Zip
Job Description _____
Supervisor's Name _____ May we contact them? _____
Reason for leaving _____
Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

36 Employer _____ Phone _____
Address _____
Number & Street City State Zip
Job Description _____
Supervisor's Name _____ May we contact them? _____
Reason for leaving _____
Employed _____ to _____ Salary _____ Per _____
month-year month-year Amount hr/wk/mo/yr

37 Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? If yes, please explain: _____

38 Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes ____ No ____
If yes, explain: _____

REFERENCES

Please list three adults who are not related to you and are not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

39 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

40 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

41 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

42 List organizations of which you are a member that relate to the position that you are applying for.

43 Explain your reasons for wanting to become a firefighter and/or paramedic: _____

ACCOMODATIONS & NOTIFICATIONS

44 Please review the job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes _____ No _____

45 If accommodation is needed, please explain: _____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

47 **Prior to employment**, all applicants must produce a valid Illinois driver's license and must submit to a physical fitness examination conducted by the District's chosen physician.

48 I further understand that it is my obligation to provide the District, up-to-date credentials and that the District will develop its eligibility list in accordance with the credentials on file with it.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH LITTLE ROCK-FOX FIRE PROTECTION DISTRICT.

Dated at _____, Illinois, this _____ day of _____, _____.
City/Town Date Month Year

Signature in Full _____

**LITTLE ROCK-FOX FIRE PROTECTION DISTRICT
AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

Without reservation, I, _____, hereby authorize the LITTLE ROCK-FOX FIRE PROTECTION DISTRICT ("THE DISTRICT") and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to THE DISTRICT. I also consent to the release to THE DISTRICT of any and all medical records prepared during the medical examination I am required to undergo for employment with THE DISTRICT.

I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I understand that I may undergo a physical ability test as part of the application process and that such physical ability test will subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the LITTLE ROCK-FOX FIRE PROTECTION DISTRICT CERTIFICATION OF PHYSICAL CONDITION form prior to participating in the physical ability test.

I also agree to indemnify and hold harmless THE DISTRICT, the individual trustees, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue THE DISTRICT, the individual trustees, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of THE DISTRICT, its trustees, as well as its employees and agents.

Signature _____

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

**AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION
(EMPLOYMENT PURPOSE - MAY BE SUBMITTED AFTER INITIAL INTERVIEW)**

**TO BE COMPLETED BY APPLICANT/EMPLOYEE
(PLEASE PRINT LEGIBLY OR TYPE)**

NAME _____
Last Name First Name Middle Initial

DRIVER'S LICENSE #: _____ STATE : _____

ADDRESS: _____
Street Address

_____ City State Zip Code

APPLICANT/EMPLOYEE SIGNATURE: _____

Applicant Authorization

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: _____

"

Social Security Number: _____ * Date of Birth: _____

"

Signature: _____

*****This information is requested by NTHRF solely for purposes of insuring accurate retrieval of records.

TO BE COMPLETED BY EMPLOYER (PLEASE PRINT LEGIBLY OR TYPE)

Company/Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone #: _____ FAX #: _____
