



For Office Use Only

Date Received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date Reviewed \_\_\_\_\_

# EMPLOYMENT APPLICATION FOX RIVER & COUNTRYSIDE FIRE RESCUE DISTRICT

The Fox River & Countryside Fire Rescue District considers all applicants for employment without regard to race, color, religion, sex, age, origin, handicap or disability in accordance with federal law. In addition, Fox River & Countryside Fire Rescue District complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction it maintains facilities. You may use additional sheets of paper, if necessary, to completely answer the questions.

This application for employment is the first step of the hiring process. Please read each question carefully before answering and answer each question accurately. The application is not the sole criterion for hiring, various procedures are utilized to verify the accuracy of the information that you have provided. An applicant may be disqualified from further processing, employment, and/or terminated after appointment for failing to complete this form, or if he/she intentionally makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud in this application, examination, hiring process or appointment. All entries, except signature, must be printed legibly with a pen or type written. **THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT ONLY.**

Name: \_\_\_\_\_  
Last First Middle

Maiden name or other names, including nicknames or aliases, that you have used or been known by may be necessary to verify background information, previous employment and education:

\_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position Applying for: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Home Phone \_\_\_\_\_

If you have resided at your present address for less than ten years, please list your previous addresses for the most recent ten year period (use additional sheets if necessary):

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Are you a United States Citizen?  YES  NO Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If a naturalized citizen, give date: \_\_\_\_\_

## PERSONAL REFERENCES

List below three persons that you have known for at least five years. Do not list relatives or former employers:

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

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your present position, list all jobs held over the past ten years including part-time and full-time employment and military experience.

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### EMPLOYMENT HISTORY - Continued

Have you ever applied for employment with this or any other fire department?  YES  NO

If yes, please give the dates and names of the Cities, Villages or Fire Protection Districts:

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Were you ever discharged or asked to resign from any employment?  YES  NO

If yes, please provide details including dates: (use separate sheet if necessary)

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Have you had any garnishments, wage assignments or judgments against you?  YES  NO

If yes, please provide details including dates (use separate sheet if necessary)

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### EDUCATION AND TRAINING

SCHOOL NAME	LOCATION	DEGREE	FROM/TO
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High School

Jr./ Community College

College/University

HIGHEST DEGREE EARNED:  HIGH SCHOOL  ASSOCIATES  BACHELOR  
 MASTERS  DOCTORATE  G.E.D.

Describe any specialized training, experience, qualifications or skills which you feel make you especially suited for this job:

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### DRIVER'S LICENSE INFORMATION

Do you currently have a valid driver's license?  YES  NO

State Issued: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

During the last 10 years, has your license been suspended or revoked?  YES  NO

If yes, when? \_\_\_\_\_ For how long? \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been convicted of driving under the influence of alcohol or drugs?

YES  NO If yes, explain: \_\_\_\_\_

List all states that have issued you a driver's license during the past 10 years:

\_\_\_\_\_

Were you ever involved as a driver in any vehicular crashes?  YES  NO

If yes, describe the details including dates:

\_\_\_\_\_

\_\_\_\_\_

Were police reports completed for these crashes?  YES  NO

If yes, list the police agencies:

\_\_\_\_\_

\_\_\_\_\_

### U.S. MILITARY EXPERIENCE

Have you ever served on active duty in the Armed Forces of the United States?  YES  NO

Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Were you ever rejected by the Armed Forces?  YES  NO

If yes, describe the details:

\_\_\_\_\_

\_\_\_\_\_

PRIOR FIRE SERVICE EXPERIENCE (if applicable)

Department: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Department: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Department: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

FF-II Basic Certification Date: \_\_\_\_\_ State issued: \_\_\_\_\_

EMT-B License: \_\_\_\_\_ State issued: \_\_\_\_\_

Or

Paramedic License: \_\_\_\_\_ State issued: \_\_\_\_\_

Please list any other advanced fire service and/or EMS certifications received, including dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION

Have you ever been arrested for a misdemeanor or felony crime?  YES  NO

Have you ever been convicted of a misdemeanor or felony crime?  YES  NO

If yes, describe the details - indicate the date, nature and place of offense and the sentence received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever filed bankruptcy?

YES     NO

If yes, describe the details including dates:

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How much scheduled work time have you lost because of illness during the past year?

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Have you received any traffic citations in the past five (5) years?

YES     NO

If yes, list all convictions in the past five (5) years:

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Do you use, or have you ever used, narcotics, marijuana, other illegal drugs?

YES     NO

If yes, describe the details:

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Have you paid, promised to pay, or given any money or material services or consideration to any person, directly or indirectly, toward procuring your appointment to this Department?

YES     NO

If yes, describe the details:

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Please list any civic, professional or social organizations that you belong to:

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Briefly explain why you would want to become a member with us:

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## CERTIFICATION

By signing this application below, I certify that all my answers in this application are true and correct. I agree to verification of all my statements and answers in this application before any hiring decision is made. I authorize investigation of my past employment history as well as any investigation into my criminal and driving history, credit and character.

**I understand that part of the hiring process may include additional questionnaires, interviews, a background check, psychological testing and polygraph, physical examination and a drug screening test.**

I further understand and agree that any false, misleading or incomplete information given in my application, interviews or other pre-employment questionnaires and procedures, regardless of when discovered by Fox River & Countryside Fire Rescue District, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with Fox River & Countryside Fire Rescue District. I agree that Fox River & Countryside Fire Rescue District shall not be liable in any respect if I am not hired or my employment is terminated because of providing such false, misleading or incomplete information.

I hereby attest that I have personally read and answered each applicable question herein, and do solemnly swear that each answer is full and correct in every respect. I further acknowledge that I have read and understand all the information above and agree to the terms therein.

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

DATE

**Please include the following with your application:**

1. **A copy of your valid driver's license** \_\_\_\_\_
2. **A copy of your social security card** \_\_\_\_\_
3. **A copy of your FIRE certification - if applicable** \_\_\_\_\_
4. **A copy of your current EMS license - if applicable** \_\_\_\_\_

**INCOMPLETE INFORMATION ON THIS APPLICATION WILL RESULT IN YOUR  
APPLICATION BEING REJECTED**