

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: _____

Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

Job Title: _____ Dates: From _____ to _____

Job Duties: _____

Reason for leaving: _____

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:

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)

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)

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:

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:

Have you ever filed bankruptcy?

YES NO

If yes, describe the details including dates:

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

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:

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

YES NO

If yes, describe the details:

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:

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

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

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** _____
- 4. **A copy of your current EMS license** _____

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