

**SOUTH ELGIN FIRE PROTECTION DISTRICT - STATE OF ILLINOIS
FIREFIGHTER APPLICANT PERSONAL DATA QUESTIONNAIRE**

FIREFIGHTER APPLICATION PACKET NUMBER: _____

1. **Name** _____
Last First Middle

2. **List any other names you have used or been known by (include maiden name):**

3. **Address:** _____
Number & Street City State Zip

4. **Cell Phone No.** (_____) _____

Email Address _____

5. **Date of Birth** _____

5. **Driver's License State** _____

Driver's License No. _____ **Class** _____

6. **Social Security No.** _____

7. **U.S. Citizen?** Yes _____ No _____
If no, are you an alien with evidence of intention to become a U.S. Citizen?
Yes _____ No _____

LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN CHRONOLOGICAL ORDER

8. **Address** _____
Number & Street City State Zip

9. **Address** _____
Number & Street City State Zip

10. **Address** _____
Number & Street City State Zip

11. **Address** _____
Number & Street City State Zip

12. **Address** _____
Number & Street City State Zip

EDUCATION

13. **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

**Graduate ?
Yes No**

14. High School _____

15. Undergraduate Education _____

16. Graduate Education _____

17. Trade Schools _____

18. What college degrees have you attained? _____

19. List course work relevant to position for which you have applied: _____

EMPLOYMENT HISTORY

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

26. **Present employer's name:**

_____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

27. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

28. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

29. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

30. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

32. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes ____ No ____ If yes, please explain:

33. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

34. Have you ever taken a civil service exam? Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

35. Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate position applied for, status on list and expiration date of each: _____

REFERENCES

Please list three adults not related to you and 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.

36. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

37. Name _____ Address _____

Phone _____ Business Phone _____

Occupation _____ Relationship _____

38. Name _____ Address _____

Phone _____ Business Phone _____

Occupation _____ Relationship _____

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

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

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

Yes _____ No _____

42. If accommodation is needed, please explain: _____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

44. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.
45. I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as EMT-A or P, Firefighter II, Firefighter III, Hazardous Materials I or II, may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

TIME OF SUBMISSION

South Elgin Fire Protection District Authorization Form	With this application
Copy of Basic Operation Firefighter or Firefighter II certificate.	At the time of Orientation.
Copy of their current Paramedic License.	At the time of Orientation.
Proof of CPAT completion with ladder climb within the last 12 months	Valid CPAT with this application <i>and</i> at time of conditional offer for hire
Copy of High School or GED diploma (Do not send college certificates as substitutes)	With this application
Set of fingerprints	After eligibility register is created but before a conditional offer of hire
Valid driver's license	With this application
One of the following:	With this application
- Birth certificate issued by the State Department, Form FS-545	
- Birth certificate issued abroad by the State Department, Form DS-1350	
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal	
- Native American tribal documents	
- U.S. citizen identification card, INS Form 1-197	
- Identification card for use of a resident citizen in the U.S., INS Form 1-179	

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH SOUTH ELGIN FIRE PROTECTION DISTRICT.

Dated at _____ Illinois, this _____ day of _____, 20____.

Signature in Full _____

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.

**SOUTH ELGIN FIRE PROTECTION DISTRICT
AUTHORIZATION FORM**

I, _____, hereby authorize the SOUTH ELGIN FIRE PROTECTION 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 SOUTH ELGIN FIRE PROTECTION DISTRICT. I also consent to the release to the SOUTH ELGIN FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the SOUTH ELGIN FIRE PROTECTION 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 will undergo a job task test as part of the application process and that such job task test shall 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 SOUTH ELGIN FIRE PROTECTION DISTRICT CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST form prior to participating in the job task test.

I also agree to indemnify and hold harmless the SOUTH ELGIN FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the SOUTH ELGIN FIRE PROTECTION DISTRICT, the individual trustees and commissioners, 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 job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the SOUTH ELGIN FIRE PROTECTION DISTRICT, the individual trustees and commissioners, 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 SOUTH ELGIN FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the SOUTH ELGIN FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the SOUTH ELGIN FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II certification. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

Signature _____

SUBSCRIBED and SWORN to
before me this _____ day of
_____, ____.

Notary Public

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.

FORM 3

SOUTH ELGIN FIRE PROTECTION DISTRICT
CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST

APPLICANT'S NAME: _____
Print full name, including middle initial

ADDRESS: _____

DATE OF PHYSICIAN'S EXAMINATION: _____

As part of the South Elgin Fire Protection District firefighter application process, applicants must participate in a job task test. The job task test will subject the applicants to vigorous physical exercise. The South Elgin Fire Protection District does not assume any responsibility for any medical consequences that may arise from participating in the applicant selection process.

Prior to taking the test, the applicants are required to submit this Certification of Physical Condition signed by a physician. Attached please find a copy of the applicant information package which outlines the components of the job task test to assist you in completing this certification.

PLEASE CHECK AND COMPLETE ONE OF THE FOLLOWING PARAGRAPHS:

_____ I have examined _____ according to currently accepted medical standards, in light of the South Elgin Fire Protection District's job task test components, and have determined that he/she is in appropriate physical condition to participate in the South Elgin Fire Protection District job task test.

_____ I have examined _____ according to currently accepted medical standards, in light of the South Elgin Fire Protection District's job task test components, and have determined that he/she is not in appropriate physical condition to participate in the South Elgin Fire Protection District job task test.

Signature of Physician

Name of Physician _____

Registration Number _____

Address _____

Telephone Number _____

Fax Number _____

Form 4

**SOUTH ELGIN FIRE PROTECTION DISTRICT
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT**

If you wish to claim preference points for the final eligibility list for hire with the South Elgin Fire Protection District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the initial eligibility list. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

A. Experience Preference Points

Please state the relevant dates of successful service in the following capacities and attach Firefighter II, Firefighter III, EMT-B, EMT-I and/or Paramedic Certificates; do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

1. **South Elgin Protection District**
Paid-On-Call Firefighter II / Basic Operations Firefighter, Firefighter III / Advanced Technician Firefighter, and Paramedic

Date of Service (month/date/year): _____ to _____

2. **Full-time** Firefighter II / Basic Operations Firefighter, Firefighter III / Advanced Technician Firefighter, and Paramedic

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

B. Veteran's Preference Points

Please state the following information regarding your military service and attach form DD-214 (long form) and proof of honorable discharge:

Branch of Service: _____

Unit: _____

Rank: _____

Date of Service (month/date/year): _____ to _____

Date of Honorable Discharge: _____

C. Educational Preference Points

Please state the following information regarding your educational background and attach copies of diplomas as proof of the attainment of a degree:

College Attended: _____

Dates of Attendance (month/date/year): _____ to _____

Degree Awarded: _____

College Attended (if applicable): _____

Dates of Attendance (month/date/year): _____ to _____

Degree Awarded: _____

Fire Commission Preference Points

The Commission will award preference points for the following categories:

1. Veteran's Preference Points

Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall receive **five (5) points**. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge and a sworn affidavit by the applicant (see **Appendix A, Form 5**). Veterans and educational preference points shall not be cumulative.

2. Educational Preference Points

Applicants who have successfully obtained an associate's degree in the field of fire service or emergency medical services will receive **two (2) points**, or a bachelor's degree from an accredited college or university, in the field of fire service or emergency medical services will receive **four (4) points**. An official transcript with seal must be included with the request for preference points as proof of the attainment of degree.

3. Experience Preference Points

All applicants employed by the South Elgin and Countryside Fire Protection District who have been paid-on-call / part-time certified Firefighter II / Basic Operations Firefighter, Firefighter III / Advanced Technician Firefighter, and Paramedic, will be awarded **one half (1/2) point for each year of successful service up to five (5) points**.

Applicants from outside the District who were employed as full-time firefighter-paramedics for at least two (2) years at another fire protection district or municipality may be awarded **one (1) point for each year of successful service up to five (5) points**. No experience preference points will be awarded to applicants for service with a private employer who had a contract for fire or ambulance service with a fire protection district or municipality. The Board shall prorate the awarding of the points based on partial years of experience under this section.

Proof of such service must include submission of copies of applicable certificates and a sworn affidavit by the applicant. Note that proof of POC or full-time service may be verified by the District. No person shall be awarded more than the maximum of five (5) points for experience.

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

CANDIDATE'S AFFIDAVIT

I, _____, being first duly sworn on oath, state
Name of Candidate

that the information set forth in my South Elgin Fire Protection District Preference Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the District, removal from the hiring list, and/or dismissal from the District.

Candidate's Signature

Subscribed and Sworn to
before me this _____ day
of _____, 20____
Notary Public

For District Use Only

Date Initial Eligibility was posted: _____

Date of Submission of Claim Form: _____

Received by: _____