

SOUTH ELGIN AND COUNTRYSIDE FIRE PROTECTION DISTRICT

PART TIME
FIREFIGHTER

APPLICANT PERSONAL DATA QUESTIONNAIRE

1. NAME _____
Last First Middle initial
2. List any other names you have used or _____
been known by (include maiden name)
3. Address _____
Number & Street City State Zip
4. Home Phone # _____ 5. Cell Phone # _____
6. Driver's License No. _____ 7. Social Security Number _____
8. Email address _____ 9. U.S. Citizen Yes _____ No _____

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

10. Address _____
Number & Street City State Zip
11. Address _____
Number & Street City State Zip
12. Address _____
Number & Street City State Zip
13. Address _____
Number & Street City State Zip
14. Address _____
Number & Street City State Zip

EDUCATION

15. CIRCLE HIGHEST GRADE COMPLETED

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

EMPLOYMENT HISTORY

28. Present employer's name _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to us contacting them? _____

Reason for leaving _____

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 us contacting them? _____

Reason for leaving _____

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 us contacting them? _____

Reason for leaving _____

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

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

Address _____
Number & Street City State Zip

Job Description _____

Do you object to us contacting them? _____

Reason for leaving _____

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?

If yes, please explain: _____

REFERENCES

33. Name _____ Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Relationship _____

34. Name _____ Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Relationship _____

35. Name _____ Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Relationship _____

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

37. Explain your reasons for wanting to work for South Elgin FD as a Firefighter/Paramedic/EMT-B: _____

38. Persons to be notified in case of emergency:

Name _____ Address _____

Phone _____ Relationship _____

39. Persons to be notified in case of emergency:

Name _____ Address _____

Phone _____ Relationship _____

40. Persons to be notified in case of emergency:

Name _____ Address _____

Phone _____ Relationship _____

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

I understand that I must provide the Board of Trustees with copies of the following documentation and/or certifications at the time I turn in my application. Other relevant fire service certificates, such as Firefighter III, 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 District 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 District and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

High School or GED official transcript

Valid driver's license or state identification card

One of the following:

- 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

Current CPAT Card (within a year of application date)

Firefighter II Certificate (minimum)

Either current Paramedic or EMT-B license

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 WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED, OR IN TERMINATION OF MY EMPLOYMENT WITH THE SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT.

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

Signature in full _____

South Elgin & Countryside Fire Protection District
150 W State Street South Elgin, IL 60177
Phone 847-741-2141 Fax 847-741-2184

I, _____, hereby authorize the SOUTH ELGIN & COUNTRYSIDE 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, credit 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 & COUNTRYSIDE FIRE PROTECTION DISTRICT. I also consent to the release to the SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination that I am required to undergo for employment with the SOUTH ELGIN & COUNTRYSIDE 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 also agree to indemnify and hold harmless the SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT, the Board of Trustees, the individual trustees and 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 SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT, the Board of Trustees, 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 SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT, its trustees as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT, I must possess at the time of hire a current valid State of Illinois Driver's License, Firefighter II Certificate (minimum), and a Paramedic or EMT-B License which shall remain at all times in full force and effect. I do further understand that my failure to maintain the requisite licenses/certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

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 with 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.

Signature _____

SUBSCRIBED and SWORN TO
before me this _____ day
of _____, 20_____.

Notary Public