



APPLICATION FOR EMPLOYMENT

Winthrop Harbor Fire Department

READ EVERY QUESTION CAREFULLY AND ANSWER EACH QUESTION ACCURATELY. AN APPLICANT MAY BE DISQUALIFIED FROM FURTHER PROCESSING IF THE APPLICANT INTENTIONALLY MAKES A FALSE STATEMENT OF A MATERIAL FACT, PRACTICES, OR ATTEMPTS TO PRACTICE DECEPTION OR FRAUD IN THE APPLICANT'S APPLICATION, EXAMINATION OR APPOINTMENT. ALL ENTRIES (EXCEPT SIGNATURES) MUST BE PRINTED IN BLACK INK AND/OR TYPE. IF THE SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO PROVIDE ADDITIONAL INFORMATION, PLEASE USE A SEPARATE BLANK PAGE AND CLEARLY LIST CORRESPONDING NUMBER TO APPLICATION QUESTION.

A. PERSONAL DATA:

NAME: _____
Last First Full Middle

SEX: _____ DOB ____/____/____ HEIGHT _____ FT. _____ IN WEIGHT _____

Are you now or have you ever been a member of any Foreign or Domestic Organization, Association, Movement, Group or other combination of persons which has adopted, or shows a policy of advocating, approving of, or engaging in the commission of acts of force or violence to deny other persons or groups their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means?

____ Yes ____ No If yes, give details _____

1. List any other name/s you have used including nicknames, maiden name or aliases _____

List any other dates of birth you may have used _____

Why? _____

2. Present Address: _____
Street # Street Name (Apt. # if any) City State Zip Code

3. Telephone () _____ Day
Cell # () _____ E-mail _____

4. How long have you lived at this address? _____ Years _____ months

5. List addresses where you have resided for the past 10 years (exclude present address). Do not use Rural Route or Post Office Box addresses:

Dates	Address	City	State	Zip Code
_____ Month/Year	_____ Street # (Apt. #)	_____	_____	_____

PERSONAL DATA-continued

Month/Year _____ Street # (Apt. #) _____

Month/Year _____ Street # (Apt. #) _____

6. Are you a citizen of the U.S.A? ____Yes ____No Do you have a Passport ____Yes ____No
If you are a naturalized citizen, give date ____/____/____

7. Social Security #: _____ - _____ - _____

8. If married, spouse's full name _____

9. Number of Dependents: _____

10. Are you presently a defendant in any court action or are you currently under any court judgment? ____Yes ____No
If yes, give full details _____

11. Relatives: List Parents, Step-parents, Brother and Sisters. Include their address and telephone number:

Parent's _____ Step-parent(s) _____

Address _____

Telephone ____ - _____

Brother _____ Sister _____

Address _____

Telephone ____ - _____

Brother _____ Sister _____

Address _____

Telephone ____ - _____

PERSONAL DATA – continued:

12. Have you now, or ever have been a member of any Civic, Professional or Social Organization? ____ If Yes list name
And detail of membership _____

13. Name of your personal physician: _____

Telephone _____

B. CRIMINAL HISTORY:

1. Have you ever been arrested in any state or country? ____ Yes ____ No, if yes, where and when _____

2. Have you ever been charged with a Felony? ____ Yes ____ No If yes, explain (charge(s), where, when,
disposition of case(s) : _____

3. Have you ever been charged with a Misdemeanor? ____ Yes ____ No If yes, explain (charge(s), where, when,
disposition of case(s) : _____

C. EDUCATION:

1. List all schools, colleges, business and trade schools, etc. that you have attended

_____	_____	_____
School Name	Address City State Zip	From-To (M/Yr)
_____	_____	_____
School Name	Address City State Zip	From-To (M/Yr)
_____	_____	_____
School Name	Address City State Zip	From-To (M/Yr)
_____	_____	_____
School Name	Address City State Zip	From-To (M/Yr)
_____	_____	_____
School Name	Address City State Zip	From-To (M/Yr)

B. EDUCATION-continued:

Did you graduate and receive a high school diploma? Yes No If no, do you have a high school General education certificate (GED)? Yes No. If yes, date issued ___/___/___ issuing Authority _____

If you attended college, what was your Major _____
Minor _____?

What Degree(s) if any were obtained? _____

2. Do you have any Fire Related Certifications from the Office of the State Fire Marshal Yes No
Any other states other than Illinois? Yes No
If yes, please list: _____

3. Do you currently hold an EMT-B, EMT-I, or EMT-P license? Yes No

If yes, is this license issued from the Illinois Department of Public Health or National Registry?

IDPH National Registry

4. Do you hold any other certifications or licenses not listed above that may be related to this occupation?

If yes, please list: _____

5. Other than English, do you speak or read any other language(s)? If yes, list _____

D. EMPLOYMENT HISTORY:

1. What is your current occupation? _____

2. Are you paid hourly or are you salaried? (circle one)

3. Are you currently engaged in any business as an owner or partner (active or silent)? Yes No

If yes - _____

Company Name

Address – City, State Zip Code

Partner Name(s)

Phone #

Extension

Percentage of Ownership

4. Have you ever applied for employment with this or any other fire department? Yes No

If yes, list the departments that you have applied with _____

5. Are you currently listed on the Final Hiring List with any other fire department? Yes No

If yes, which department(s)? _____

6. List below your past work history beginning with your current employer and position:

Name of Company

Telephone #

Supervisor's Name

From _____ To _____

Name of Company

Telephone #

Supervisor's Name

From _____ To _____

Name of Company Telephone # Supervisor's Name

From _____ To _____ If more space is required, please use back of last page.

7. May we contact your present employer for a reference? Yes No

D. EMPLOYMENT HISTORY-continued

8. Have you ever been terminated or asked to resign from any position? Yes No

If yes, give details _____

9. How many days were you absent from work during the last five years of employment? _____
Explain _____

10. Have you ever been refused employment for physical, medical or mental reasons? Yes No if yes,
Explain _____

11. Are you presently entitled to disability benefits? Have you or are you collecting unemployment benefits? If
Yes, explain _____

12. Have you ever filed for Workman's Compensation benefits? If yes, explain _____

13. Are you currently drawing a pension? Yes No

If yes, explain _____

E. FINANCIAL HISTORY:

1. Do you currently have any garnishment, wage assignment or other judgment against you? _____
If yes, give details _____

2. How would you rate your current credit rating? Good Fair Poor (circle one)

F. SELECIVE SERVICE DATA:

1. What is your present Selective Service Classification? _____

2. What date was you classified? _____

3. What is your selective service number? _____

4. What is your local board number and city? _____

G. MILITARY SERVICE:

1. Have you ever served on active duty in the armed services of the United States? No _____ Yes _____
Branch of service: _____
Dates of service (From/To): _____
Rank at separation or discharge: _____

2. Have you ever been convicted in a court martial or subject to a summary court martial, or other disciplinary action? No _____ Yes _____ If "yes", give details, including type of action, charge and Disposition:

3. Are you required to attend any military training meetings? No _____ Yes _____

Location of training: _____

How often:

Dates: (If known) _____

4. What is the termination date of your military obligation? _____
Date: _____

5. What specialist schools did you attend while in the armed forces? _____

6. List any commendations, citations or awards you earned as a member of the armed services:

7. Were you ever rejected by the armed services? No _____ Yes _____ if "yes" give date and reason:

H. DRIVERS RECORD INFORMATION:

1. How many years have you operated an automobile? _____

2. Have you ever been involved in a traffic crash while operating a motor vehicle?

No _____ Yes _____ if "yes" explain _____

3. Was a police report made in reference to this accident (s)? _____

If "yes", what police agency took the report (s)? _____

4. Do you possess a valid driver's license? No _____ Yes _____

License# _____ Expiration Date: _____

State issuing your license: _____

5. Has your license ever been suspended or revoked in this or any other state? No _____ Yes _____

If "yes" give details including date of suspension/revocation: _____

6. What is your uncorrected eyesight? _____

7.

8. If you wear corrective lenses, what is your corrected eyesight? _____

I. MISCELLANEOUS:

1. Can you swim? No _____ Yes _____ Rate your swimming ability (1=poor, 10=excellent) _____
2. Are you willing to submit pre-employment drug screening and random or probable cause drug tests during employment? No _____ Yes _____

3. Do you use alcoholic beverages? No _____ Yes _____
If "yes", explain _____

4. Can you type? No _____ Yes _____ Words per minute _____

5. Are you proficient in using a computer? No _____ Yes _____ Somewhat _____
If so, what word-processing, database or other business software are you familiar with? _____

6. Have you ever received any medical training, CPR training, Red Cross training, etc.? If so, explain:

7. in your own handwriting, explain why you feel that you are qualified for this position: (Do not type)

8. Have you paid, promised to pay, or given any money, material, service, or other considerations to any person, Directly or indirectly, for any recommendation, service or influence promised toward procuring your Appointment to this Department?
No _____ Yes _____ If "yes", give details: _____

9. Do you have any knowledge or information, in addition to that specifically called for in the proceeding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment with the Winthrop Harbor Fire Department, including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, criminal record, traffic violations, residence, or otherwise?
No _____ Yes _____ If "yes", give details: _____

MISCELLANEOUS-continued:

References – List below the names of three persons not related to you, who have known you at least five years.

	Name	Address	Day or Cell Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List three social acquaintances within your age group, excluding the references above.

	Name	Address	Day or Cell Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Copies of the following must accompany this application:

- a. **DD214 or proof of Military Service**
- b. **High School Diploma or G.E.D. Certificate**
- c. **Birth Certificate**
- d. **Driver’s License**

AFFIDAVIT

I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is complete and correct in every respect. I agree to submit to fingerprinting as required. I agree to submit to a polygraph (lie detector) examination, drug test or other psychological testing as required. I agree to submit any and all information on my service career, if any, including form DD214 or proof of Military Service and related documents concerning my military career. I agree to allow the Winthrop Harbor Fire Department to perform a criminal record check with any other agencies as required, including driving records and any Federal, State or Local Government agencies to release any information related to me, directly or indirectly.

Signature of Applicant _____
Date

**Village of Winthrop Harbor
830 Sheridan Road
Winthrop Harbor, Illinois 60096**

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Village of Winthrop Harbor, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records maintained or in possession of the Federal Bureau of Investigations, Illinois State Police, Winthrop Harbor Fire Department and any other agency deemed appropriate which contains criminal history information and data regarding arrests, convictions and sentencing information concerning my personal history.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part; upon this release, authorization will be provided to the Village of Winthrop Harbor, Illinois by the Winthrop Harbor Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release the Village of Winthrop Harbor and its Departments from any and all liability which may be incurred or as a result arise from collection of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above "Authority for Release of Information and Records".

DATE OF BIRTH (Month-Day-Year)	SOCIAL SECURITY NUMBER	DATE SIGNED
____/____/____	____-____-____	____/____/____

PRINT NAME (Last-First-Middle Initial)	SIGNATURE
_____, _____	_____

**Winthrop Harbor Fire Department
830 Sheridan Road
Winthrop Harbor, Illinois 60096**

WAIVER OF LIABILITY

I, _____, do hereby **RELEASE THE** Village of Winthrop Harbor, the Winthrop Harbor Police Commissions, the Winthrop Harbor Fire Department and its staff and its agents of any liability in conjunction with the required physical-aptitude test and, I assume sole responsibility for injury and/or disability I may incur as a consequence of taking this examination. Furthermore, I authorize and empower any consumer reporting agency or outside service company engaged by said organization for this purpose now and subsequently to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends, associates, family members or other associates to whom I am acquainted or that may have knowledge concerning any of the above items or completed questions on the application for part time fire fighter.

Upon written request, I understand that the said organization will provide me with information regarding the scope of this investigation, if one is made.

Signature of Applicant

Date

DATE OF BIRTH
(Month-Day-Year)

SOCIAL SECURITY
NUMBER

DATE SIGNED

PRINT NAME (Last-First-Middle Initial)

SIGNATURE