



# DARIEN-WOODRIDGE

## Fire Protection District

7550 Lyman Avenue • Darien, Illinois 60561 • (630) 910-2200 • Fax (630) 910-2203

**(Type or Print Legibly in Black Ink)**

Date of Application \_\_\_\_\_ Position \_\_\_\_\_

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 Code

4. Home Phone # \_\_\_\_\_ 5. Cell Phone # \_\_\_\_\_

6. Driver's License # \_\_\_\_\_ 7. Soc.Sec. # \_\_\_\_\_

8. Are you under the age of 21? \_\_\_\_\_ 9. U.S. Citizen? \_\_\_\_\_

E-mail Address \_\_\_\_\_

### List all former addresses for the past ten years in chronological order

10. Address \_\_\_\_\_  
Number & Street City State Zip Code

11. Address \_\_\_\_\_  
Number & Street City State Zip Code

12. Address \_\_\_\_\_  
Number & Street City State Zip Code

13. Address \_\_\_\_\_  
Number & Street City State Zip Code

### EDUCATION

14. Circle Highest Grade Completed: GED Certificate High School

College 1 2 3 4 Graduate School M.A. Ph.D. Other

### List the various schools you have attended

(Include name and address of school, dates attended, graduate- yes, no)

15. High School \_\_\_\_\_

16. College/University \_\_\_\_\_

17. Trade School \_\_\_\_\_

18. How many college hours have you completed? \_\_\_\_\_

19. What college degrees have you attained? \_\_\_\_\_

20. Major \_\_\_\_\_ Minor \_\_\_\_\_

### MILITARY

21. Are you now or have you ever been in the military service? Yes\_\_\_\_\_ No\_\_\_\_
22. Original date of certification \_\_\_\_\_
23. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes\_\_\_\_\_ No\_\_\_\_
- Rank\_\_\_\_\_ Unit\_\_\_\_\_
- From\_\_\_\_\_ to \_\_\_\_\_

### ARREST RECORD

24. Have you ever been convicted of a crime? Yes\_\_\_\_\_ No\_\_\_\_  
If "Yes" explain below:

Date	Police Agency	Offense	Description of Case

25. List all traffic citations you have received in the last four years.

Location (City-State)	Approx. Date	Violation	Disposition

### EMPLOYMENT

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence along with temporary or part time jobs.

26. Employer's name\_\_\_\_\_
- Address\_\_\_\_\_ Phone\_\_\_\_\_
- Number & Street City State Zip Code
- Job Description\_\_\_\_\_
- Do you object to our contacting them? Yes\_\_\_\_\_ No\_\_\_\_
- Employed\_\_\_\_\_ to \_\_\_\_\_ Salary\_\_\_\_\_ per\_\_\_\_\_
- month-year month-year
27. Employer's name\_\_\_\_\_
- Address\_\_\_\_\_ Phone\_\_\_\_\_
- Number & Street City State Zip Code
- Job Description\_\_\_\_\_
- Do you object to our contacting them? Yes\_\_\_\_\_ No\_\_\_\_
- Employed\_\_\_\_\_ to \_\_\_\_\_ Salary\_\_\_\_\_ per\_\_\_\_\_
- month-year month-year

28. Employer's name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip Code  
Job Description \_\_\_\_\_  
Do you object to our contacting them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
                    month-year                      month-year

29. Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip Code  
Job Description \_\_\_\_\_  
Do you object to our contacting them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
                    month-year                      month-year

30. Employer's name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip Code  
Job Description \_\_\_\_\_  
Do you object to our contacting them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
                    month-year                      month-year

**REFERENCES**

Fill in below the names of three(3) adults not related to you, and not former employers, who have know you for a period (preferably more than three(3) years). All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

31. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

32. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

33. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

34. List organizations that you belong which relate to this position:  
NAME ADDRESS

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35. Explain your reasons for wanting to become a part-time firefighter or support personnel.

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The following documents must be submitted with the completed application:

- ! High School diploma or G.E.D.
- ! Firefighter certification ( Attended FFII Academy at: \_\_\_\_\_ )
- ! IDPH EMT or Paramedic License
- ! Valid Illinois Driver's license
- ! Copy of birth certificate
- ! Signed authorization form

UNDER PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS APPLICATION, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.



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### AUTHORIZATION FORM

Pursuant to Section 606, Title VI, United States Code, I, \_\_\_\_\_, do hereby authorize the DARIEN-WOODRIDGE 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 history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the DARIEN-WOODRIDGE 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.

A photocopy of this authorization shall be accepted as an original.

\_\_\_\_\_  
Signature

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public