

DARIEN-WOODRIDGE FIRE PROTECTION DISTRICT

7550 Lyman Avenue, Darien, Illinois 60561

Part-Time Firefighter/Support Personnel Application

(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. Are you under the age of 21? _____ 8. U.S. Citizen? _____

E-Mail Address _____

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

9. Address _____
Number & Street City State Zip Code

10. Address _____
Number & Street City State Zip Code

11. Address _____
Number & Street City State Zip Code

12. Address _____
Number & Street City State Zip Code

EDUCATION

13. 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)

14. High School _____

15. College/University _____

16. Trade School _____

17. How many college hours have you completed? _____

18. What college degrees have you attained? _____

19. Major _____ Minor _____

MILITARY

- 20. Are you now or have you ever been in the military service? Yes_____ No_____
- 21. Original date of certification _____
- 22. 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

- 23. Have you ever been convicted of a crime? Yes_____ No_____

If "Yes" explain below:

Date	Police Agency	Offense	Description of Case

- 24. 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.

- 25. 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 month-year month-year

- 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 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

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.

30. Name _____ Address _____
Phone _____ Business Address _____
Business Phone _____

31. Name _____ Address _____
Phone _____ Business Address _____
Business Phone _____

32. Name _____ Address _____
Phone _____ Business Address _____
Business Phone _____

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

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

35. 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 (Copy)
- Firefighter Certification (Copy of OSFM certificate)
Attended FFII Academy at: _____
- Valid Illinois Driver's License (Copy)
- IDPH EMT or Paramedic License (Copy)
- CPAT Card (Less than one year from date of this application)
- Original or Certified 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_____.

DARIEN-WOODRIDGE FIRE PROTECTION DISTRICT

7550 Lyman Avenue, Darien, Illinois 60561

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