

College/University: _____
NUMBER & STREET CITY STATE ZIP CODE

Trade School: _____
NUMBER & STREET CITY STATE ZIP CODE

How many college hours have you completed: _____ Semester [] Quarterly []

College degrees attained: _____

Major: _____ Minor: _____

Military Experience:

Are you now or have ever served in the US Military whether it be Active Duty, Reserve Forces, or

National Guard: YES [] NO [] If YES, Branch: _____

Date of entry: _____ Type of discharge: _____

Last or current held rank: _____ Dates of Service: _____

Arrest Record:

Have you ever been convicted of a crime: YES [] NO [] If YES, explain below.

DATE (Month/Year) POLICE AGENCY OFFENSE OUTCOME OF CASE

DATE (Month/Year) POLICE AGENCY OFFENSE OUTCOME OF CASE

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

DATE (Month/Year) LOCATION VIOLATION DISPOSITION

DATE (Month/Year) LOCATION VIOLATION DISPOSITION

DATE (Month/Year) LOCATION VIOLATION DISPOSITION

Employment

List all jobs you have had for the last ten years, beginning with your most recent job first. Include periods of unemployment.

Employers Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

May we contact employer: YES [] NO [] Dates of Employment: _____ to _____
(Month/Year) (Month/Year)

Salary: _____ Annual [] Hourly []

Employers Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

May we contact employer: YES [] NO [] Dates of Employment: _____ to _____
(Month/Year) (Month/Year)

Salary: _____ Annual [] Hourly []

Employers Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

May we contact employer: YES [] NO [] Dates of Employment: _____ to _____
(Month/Year) (Month/Year)

Salary: _____ Annual [] Hourly []

Employers Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

May we contact employer: YES [] NO [] Dates of Employment: _____ to _____
(Month/Year) (Month/Year)

Salary: _____ Annual [] Hourly []

Employers Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

May we contact employer: YES [] NO [] Dates of Employment: _____ to _____
(Month/Year) (Month/Year)

Salary: _____ Annual [] Hourly []

References

Fill in below the names of three adults **not** related to you and not former employers that you have known preferably for more than three years. All persons you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

How do you know this person: _____

Time known: _____

Months/Years

Name: _____

Phone Number: _____

Address: _____

NUMBER & STREET

CITY

STATE

ZIP CODE

How do you know this person: _____

Time known: _____

Months/Years

Name: _____

Phone Number: _____

Address: _____

NUMBER & STREET

CITY

STATE

ZIP CODE

How do you know this person: _____

Time known: _____

Months/Years

List organizations that you belong to which relate to this position:

Name: _____

Phone Number: _____

Address: _____

NUMBER & STREET

CITY

STATE

ZIP CODE

Name: _____

Phone Number: _____

Address: _____

NUMBER & STREET

CITY

STATE

ZIP CODE

Name: _____

Phone Number: _____

Address: _____

NUMBER & STREET

CITY

STATE

ZIP CODE

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

Person(s) to be notified in case of emergency:

Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

Relationship: _____

Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

Relationship: _____

Name: _____ Phone Number: _____

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

Relationship: _____

The following documents must be submitted with the completed application:

- High School Diploma and/or G.E.D.
- Firefighter Certification - Academy Attended & Year: _____
- I.D.P.H. E.M.T or Paramedic License
- Valid Illinois Driver's License
- Current C.P.A.T. Card
- 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

DATE



DARIEN-WOODRIDGE

Fire Protection District

7550 Lyman Avenue ■ Darien, Illinois 60561 ■ 630.910.2200 ■ Fax 630.910.2203

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 report, 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