



**EDUCATION**

15. **CIRCLE HIGHEST GRADE COMPLETED**

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

	<b>Name and Address of School (include City and State)</b>	<b>Date(s) Attended</b>	<b>Graduate ? Yes No</b>
16.	High School _____		
17.	Undergraduate Education _____		
18.	Graduate Education _____		
19.	Trade Schools _____		
20.	Paramedic School _____		
21.	EMT School _____		
22.	What college degrees have you attained? _____		
23.	List course work relevant to position for which you have applied: _____ _____ _____		

**MILITARY**

24. Are you now or have you ever been in the military service? Yes \_\_\_\_\_ No \_\_\_\_\_
25. Branch of service \_\_\_\_\_
26. 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 \_\_\_\_\_
27. Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
28. Provide a copy your "DD Form 214"



**EMPLOYMENT HISTORY**

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

31. **Present employer's name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to Present **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year

32. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

33. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

34. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

35. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

36. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

37. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

38. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

39. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. Have you ever taken a civil service exam? Yes \_\_\_\_\_ No \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Position on List \_\_\_\_\_  
Status \_\_\_\_\_

42. Are you currently on any eligibility list(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, indicate position applied for, status on list and expiration date of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list three adults not related to you and not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

43. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

44. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

45. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

46. Explain your reasons for wanting to become a firefighter and/or paramedic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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47. Please review the enclosed job description for the position for which you are applying and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes \_\_\_\_\_ No \_\_\_\_\_

48. If accommodation is needed, please explain: \_\_\_\_\_

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

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

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

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

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

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

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

### **SUBMISSION OF DOCUMENTATION AND CREDENTIALS**

50. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

51. I understand that I must provide the Sandwich Community Fire Protection District Board of Fire trustees with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as EMT-P, Firefighter II, Firefighter III, NIMS IS-700, 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 trustees 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 trustees and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

TIME OF SUBMISSION

Sandwich Community Fire Protection District Authorization Form	With this application
Copy of High School or GED diploma (Do not send college certificates as substitutes)	With this application
Set of fingerprints	After eligibility register is created but before a conditional offer of hire
Valid driver's license	With this application
One of the following:	With this application
- 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	

**I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH SANDWICH COMMUNITY FIRE PROTECTION DISTRICT.**

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

Signature in Full \_\_\_\_\_

**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 without 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.