

FORM B

WINFIELD FIRE PROTECTION DISTRICT – STATE OF ILLINOIS
FIREFIGHTER/PARAMEDIC APPLICANT PERSONAL DATA QUESTIONNAIRE AND
AUTHORIZATION FORM

-
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
4. **Home Phone No.** (_____) _____
5. **Business Phone No.** (_____) _____
6. **Cell Phone No.** (_____) _____
7. **E-mail Address** _____
8. **Driver's License State** _____
Driver's License No. _____ **Class** _____
9. **Social Security No.** _____
10. **U.S. Citizen?** Yes _____ No _____
If no, are you an alien with evidence of intention to become a U.S. Citizen?
Yes _____ No _____
11. **How did you find out about this testing process?** _____

LIST ALL FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

12. **Address** _____
Number & Street City State Zip
13. **Address** _____
Number & Street City State Zip
14. **Address** _____
Number & Street City State Zip
15. **Address** _____
Number & Street City State Zip
16. **Address** _____
Number & Street City State Zip

EDUCATION

17. **CIRCLE HIGHEST GRADE COMPLETED**

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

	Name and Address of School (include City and State)	Date(s) Attended	Graduate ? Yes No
18.	High School _____		
19.	Undergraduate Education _____		
20.	Graduate Education _____		
21.	Trade Schools _____		
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 _____

CONVICTION HISTORY

28. Have you ever been convicted of a crime other than minor traffic violations?
Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

29. List all traffic convictions and accidents you have had in the last four (4) years. (If more room is needed, please type on a separate page and attach).

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

EMPLOYMENT HISTORY

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

30. **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

31. **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

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

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

37. Have you ever taken a firefighter examination or any other civil service examination?
Yes _____ No _____
Agency _____ Date _____ Position on List _____
Status _____

38. 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 (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

39. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

40. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

41. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

42. List organizations of which you are a member that relate to the position for which you are applying:

43. Explain your reasons for wanting to become a firefighter: _____

44. 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

45. 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.
46. I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as Firefighter III, Hazardous Materials I or II, 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 Commission 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 Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

TIME OF SUBMISSION

Winfield Fire Protection District Authorization Form	With this application
Firefighter II Certification	With this application
EMT – Paramedic Certification Licensed from State of Illinois	With this application
Copy of High School or GED diploma (Do not send college certificates as substitutes)	With this application
Valid driver’s license	With this application
Current resume (preferred)	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 THE WINFIELD 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.

**WINFIELD FIRE PROTECTION DISTRICT
AUTHORIZATION FORM**

I, _____, hereby authorize the WINFIELD FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and to use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for employment made to the WINFIELD FIRE PROTECTION DISTRICT. I also consent to the release to the WINFIELD FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the WINFIELD 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.

I understand that I will undergo a job task test as part of the application process and that such job task test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test.

I also agree to indemnify and hold harmless the WINFIELD FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the WINFIELD FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the WINFIELD FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the WINFIELD FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the WINFIELD FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois driver's license, of the class required to operate all vehicles of the WINFIELD FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain, and maintain at all times a valid State of Illinois Firefighter II certification. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

Signature _____

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 20__.

Notary Public

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.