



**LEMONT FIRE PROTECTION DISTRICT – STATE OF ILLINOIS
FIREFIGHTER/PARAMEDIC APPLICANT PERSONAL DATA QUESTIONNAIRE**

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 Number** _____ 5. **E-mail** _____
6. **Cell Phone Number** _____
7. **Driver's License State** _____ **DL No.** _____ **Class** _____
8. **Social Security No.** _____
9. **U. S. Citizen** **Yes** _____ **No** _____
If no, are you an alien with evidence of intention to become a U.S. Citizen?
 Yes _____ **No** _____

**LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN
CHRONOLOGICAL ORDER**

10. **Address** _____
 Number & Street City State Zip
11. **Address** _____
 Number & Street City State Zip
12. **Address** _____
 Number & Street City State Zip
13. **Address** _____
 Number & Street City State Zip

EDUCATION

14. **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
--	-------------------------	----------------------------

15. High School _____

16. Undergraduate Education _____

17. Graduate Education _____

18. Trade Schools _____

19. What college degrees have you attained? _____

20. List coursework relevant to position applied for: _____

MILITARY

21. Are you now or have you ever been in the military service? Yes _____ No _____

22. Branch of service _____

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 _____

24. Unit _____ From _____ To _____

CONVICTION HISTORY

25. Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

If yes, please explain: (include date(s), offense, disposition of case and police agency)

TRAFFIC CONVICTION HISTORY

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

LOCATION (City – State)	DATE	VIOLATION	DISPOSITION

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.

27. **Present Employer's Name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? Yes _____ No _____

Employed _____ **to** _____ **Salary** _____ **Per** _____
month/year month/year

28. **Employer's Name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? Yes _____ No _____

Employed _____ to _____ **Salary** _____ **Per** _____
month/year month/year

29. **Employer's Name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? Yes _____ No _____

Employed _____ to _____ **Salary** _____ **Per** _____
month/year month/year

30. **Employer's Name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? Yes _____ No _____

Employed _____ to _____ **Salary** _____ **Per** _____
month/year month/year

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

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

33. Have you ever taken a civil service exam? Yes _____ No _____
Agency _____ Date _____ Position on List _____
Status _____

34. 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.

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

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

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

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

39. Explain your reasons for wanting to become a Firefighter/Paramedic: _____

40. 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 _____

If accommodation is needed, please explain: _____

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

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.

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 or Advance Firefighter Technician, Hazardous Materials Awareness or hazardous Material Operations, 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

High School Diploma or GED Certificate	With this application
OSFM Firefighter II/Basic Operations Firefighter Certificate	With this application
EMT-B License	With this application
IDPH Paramedic License	With this application or at time of conditional offer of hire
Valid driver's license	With this application
Valid CPAT Certification	With this application
Set of Fingerprints	After eligibility list is created at time of conditional offer of hire
One of the following:	After eligibility list is created at time of conditional offer of hire
a Birth certificate issued by the State Department, Form FS-545	
b Birth certificate issued abroad by the State Department, Form DS-1350	
c Original or certified copy of a birth certificate issued by a state, county, or municipal authority bearing a seal	
d Native American tribal documents	
e U.S. Citizen identification card, INS Form 1-197	
f 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 LEMONT FIRE PROTECTION DISTRICT.

Dated 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.