

**LEMONT FIRE PROTECTION DISTRICT
APPLICANT PERSONAL DATA QUESTIONNAIRE
ADMINISTRATIVE ASSISTANT**

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:

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.

33. Name_____ Address_____

Home Phone_____ Business Phone _____

Occupation _____ Relationship _____

34. Name_____ Address_____

Home Phone_____ Business Phone _____

Occupation _____ Relationship _____

35. Name_____ Address_____

Home Phone_____ Business Phone _____

Occupation _____ Relationship _____

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

37. 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: _____

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.