Pingree Grove & Countryside

Fire Protection District

39W160 Plank Road ■ Elgin, Illinois 60124 ■ 847.741.3151 ■ Fax 847.741-3281

Type or Print Legibly in Black Ink:

Date of Application: _____ Position: _____

Name: _____

LAST FIRST MIDDLE

List any other names you have used or been known by (include maiden name):

_____

Address: _____

NUMBER & STREET CITY STATE ZIP CODE

Home Phone: _____ Cell: _____

Email Address: _____

Driver's License #: _____ Class: _____

Are you under the age of 18? YES NO Date of Birth: _____

Are you a U.S Citizen? YES NO

List all former addresses for the past 10 years in chronological order:

Name & Address: _____

_____

Name & Address: _____

_____

Name & Address: _____

_____

Name & Address: _____

_____

Name & Address: _____

_____

Education:

Highest Grade Completed: G.E.D. Certificate High School College [1] [2] [3] [4]
Grad School [M.] [P.] Other: _____

College/University: _____

Trade School: _____

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	VILOATION	DISPOSITION

DATE (Month/Year)	LOCATION	VILOATION	DISPOSITION

DATE (Month/Year)	LOCATION	VILOATION	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: _____ May we contact employer: YES ☐ NO ☐

Address: _____

Dates of Employment: _____ to _____

Employers Name: _____

Phone Number: _____ May we contact employer: YES NO

Address: _____

Dates of Employment: _____to _____

Employers Name: _____

Phone Number: _____ May we contact employer: YES NO

Address: _____

Dates of Employment: _____to _____

Employers Name: _____

Phone Number: _____ May we contact employer: YES NO

Address: _____

Dates of Employment: _____to _____

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: _____

How do you know this person: _____

Time known: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Time known: _____

Explain your reasons for wanting to become a firefighter with Pingree Grove FPD:

_____

_____

_____

_____

_____

_____

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

Name: _____ **Phone Number:** _____

Address: _____

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
- ☐ Signed Authorization Form
- ☐ Other Certifications or Documents

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 by knowledge and belief.

SIGNATURE _____

DATE _____

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AUTHORIZATION FORM

Pursuant to Section 606, Title VI, United States Code, I _____

do hereby authorize the Pingree Grove & Countryside 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 Pingree Grove & Countryside Fire Protection District.

I further agree to a drug screening to take place prior to employment and release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

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.