



# 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.A.] [Ph.D.] 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.

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| DATE (Month/Year) | POLICE AGENCY | OFFENSE | OUTCOME OF CASE |
|-------------------|---------------|---------|-----------------|
|-------------------|---------------|---------|-----------------|

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| DATE (Month/Year) | POLICE AGENCY | OFFENSE | OUTCOME OF CASE |
|-------------------|---------------|---------|-----------------|
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List all traffic citations you have received in the last four years:

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| DATE (Month/Year) | LOCATION | VIOLATION | DISPOSITION |
|-------------------|----------|-----------|-------------|
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| DATE (Month/Year) | LOCATION | VIOLATION | DISPOSITION |
|-------------------|----------|-----------|-------------|
|-------------------|----------|-----------|-------------|

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| DATE (Month/Year) | LOCATION | VIOLATION | 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 part-time firefighter:**

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**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 my 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.