

MORTON FIRE DEPARTMENT

Application for Employment

Position Applying for: ☐ Probationary Firefighter ☐ Paramedic

Date of Application:

PERSONAL INFORMATION

1. Name - Last, first, middle initial

2. List any other names or aliases you have used or been known by (include maiden name if applicable)

3. Home address - street, city, state, country, ZIP code

4. Phone number (with area code)

5. Email address

6. Date of birth

7. Place of birth

8. Sex

9. Height - feet and inches

10. Weight

11. Eye color

12. Hair color

13. Are you A U.S. citizen?

☐

Yes

☐

No

If YES:

☐

Native Born

☐

Naturalized

If NATURALIZED give particulars:

14. With whom do you live at the address above? List full names and relationships:

15. List every member of your immediate family who is still living, including father, mother, sisters and brothers. (List by name, relationship, address, occupation.)

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16. Do you have a valid CPAT card?

☐ Yes

☐ No

EMPLOYMENT

17. List all jobs, including temporary or part time jobs, you have held. Please include periods of unemployment. Put your present or most recent job first. Include military service. If you were employed under a different name, please list that name.

EMPLOYER #1 (present or most recent)

Employer's name

--

Employer's address

--

Employer's phone number (with area code)

--

Type of business

--

Name and title of supervisor

--

Dates employed - from and to

--

(If this is your current employer, type your starting date and then type "present".)

Exact title or position

--

Explain what your duties are/were

--

Name you were employed under

--

Reason for leaving

--

EMPLOYER #2

Employer's name

Employer's address

Employer's phone number (with area code)

Type of business

Name and title of supervisor

Dates employed - from and to

Exact title or position

Explain what your duties were

Name you were employed under

Reason for leaving

EMPLOYER #3

Employer's name

Employer's address

Employer's phone number (with area code)

Type of business

Name and title of supervisor

Dates employed - from and to

Exact title or position

Explain what your duties were

Name you were employed under

Reason for leaving

EMPLOYER #4

Employer's name

Employer's address

Employer's phone number (with area code)

Type of business

Name and title of supervisor

Dates employed - from and to

Exact title or position

Explain what your duties were

Name you were employed under

Reason for leaving

18. Indicate by number any of the employers whom you do not wish us to contact. Explain reasons on each number.

19. Have you ever failed to complete a probationary period for any job?

☐

Yes

☐

No

If YES, please explain:

20. Would you be eligible to be rehired by all of your former employers (assuming there was a job available)?

☐

Yes

☐

No

If NO, please explain:

21. Are you currently on any fire or police eligibility list?

☐

Yes

☐

No

If YES, please list departments:

22. Have you ever submitted an application for employment for any other police or fire department?

☐ Yes

☐ No

If YES, please list dates and departments:

23. Have you been a law enforcement officer, a firefighter or held a similar position?

☐ Yes

☐ No

If YES, please list the positions, dates (from and to) and location:

24. Have you ever been terminated or requested to resign from a law enforcement or firefighter position, after the probationary period?

☐ Yes

☐ No

If YES, please explain:

25. Were you ever discharged or requested to resign by an employer because of misconduct, unsatisfactory service or while under investigation?

☐ Yes

☐ No

If YES, please list employer name(s), address(es) and dates:

26. Have you ever been rejected as a job applicant because of issues raised by (A) a background investigation; (B) a polygraph examination; (C) an oral interview; (D) a physical abilities test; or (E) a psychological test?

☐ Yes

☐ No

If YES, please explain

EDUCATION

27. List the various schools you have attended and other information requested.

High School(s)

#1 Name and address of high school

Number of years completed

Graduate

☐

Yes

☐

No

Grade average

#2 Name and address of high school

Number of years completed

Graduate

☐

Yes

☐

No

Grade average

Community Colleges, Four-Year Colleges or Universities

#1 Name and address of school

☐

Full time

☐

Part time

Number of years completed:

Graduate:

☐

Yes

☐

No

Grade average:

Major:

Minor:

Degree(s) attained:

#2 Name and address of school

☐

Full time

☐

Part time

Number of years completed:

Graduate: ☐ Yes ☐ No Grade average:

Major:

Minor:

Degree(s) attained:

Technical or Trade School Courses

#1 Name and address of technical or trade school:

Completed training: ☐ Yes ☐ No Grade average:

Certification attained:

#2 Name and address of technical or trade school:

Completed training: ☐ Yes ☐ No Grade average:

Certification attained:

28. Were you ever expelled or suspended from school? ☐ Yes ☐ No

If YES, explain:

29. List any other formal education beyond high school you may have including special training courses that may apply to the position of firefighter, such as paramedic, EMS or firefighting.

30. Do you have any experience as a firefighter, for example, as a volunteer firefighter?

☐ Yes

☐ No

If YES, give details.

31. Are you fluent in any languages other than English?

☐ Yes

☐ No

If YES, give details.

DRIVER'S LICENSE AND TRAFFIC RECORD

32. Can you operate an automobile?

☐ Yes

☐ No

33. Do you have a valid driver's license in Illinois or any other state?

☐ Yes

☐ No

Please list all states that you have had a driver's license.

34. Has your driver's license from Illinois or any other state ever been suspended or revoked?

☐ Yes

☐ No

If YES, explain: Include date(s) and state(s).

35. Have you ever had a restricted driving permit, judicial driving permit, or has your license been held for supervision?

☐ Yes

☐ No

If YES, explain:

36. List all traffic convictions and tickets to which you pleaded guilty and approximate dates:

37. Do you currently have auto insurance?

☐ Yes

☐ No

If NO, explain.

38. Has your auto insurance ever been cancelled for any reason?

☐ Yes

☐ No

If YES, explain:

CRIMINAL HISTORY (ADULT, MINOR OR JUVENILE)

39. In the last five (5) years, have you (even once) taken, used or experimented with any illegal drugs, or any controlled drugs or prescription drugs (such as Vicodin or Darvocet) not prescribed to you?

☐ Yes

☐ No

If YES, explain what drugs, where, how often and approximate dates:

40. In the last five (5) years, have you (even once) sold or provided to another person any illegal drugs (including marijuana) or any controlled drugs or prescription drugs (such as Vicodin or Darvocet)?

☐ Yes

☐ No

If YES, explain in detail:

41. Do you drink alcoholic beverages?

☐ Yes

☐ No

If YES, state frequency and amount:

Answering “yes” to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. NOTE: You are not obligated to disclose the existence of any conviction or arrest records which have been sealed or expunged pursuant to Chapter 20, Section 2630/12 of the Illinois Compiled Statutes.

42. Have you ever pleaded guilty or no contest to, or been convicted of a felony?

☐ Yes

☐ No

If YES, please provide date(s) and details:

43. Have you ever been placed on court supervision or probation?

☐ Yes

☐ No

If YES, explain:

44. Have you ever been fingerprinted by a police agency other than for an arrest?

☐ Yes

☐ No

If YES, please provide agency, date and purpose

45. Have you ever been a victim of a crime?

☐ Yes

☐ No

If YES, explain if you reported the crime to the police and what crime was committed

46. Are there any warrants (traffic or otherwise) or judgements pending against you?

☐ Yes

☐ No

If YES, explain:

47. Has an order of protection or restraining order ever been entered against you?

☐ Yes

☐ No

If YES, explain:

48. Have you ever sought an order of protection or restraining order against someone else?

☐ Yes

☐ No

If YES, explain:

49. Have you ever stolen or taken any property without permission from an employer, a business or any individual?

☐ Yes

☐ No

If YES, explain:

50. Have you ever been involved in any way in the crime of arson?

☐ Yes

☐ No

If YES, explain:

51. Did you ever plan to take part in or commit any serious crime?

☐ Yes

☐ No

If YES, explain:

MILITARY SERVICE

52. Have you ever served in any military organization of the U.S.?

☐ Yes

☐ No

If YES, list the following:

#1 Branch

Unit

Rank

Dates - from and to

Address of base

#2 Branch

Unit

Rank

Dates - from and to

Address of base

#3 Branch

Unit

Rank

Dates - from and to

Address of base

53. Give date and location of entrance to active duty (city and state).

54. Give date and location of discharge from active duty (city and state).

55. What type of discharge did you receive? Be exact (honorable, medical, dishonorable conditions, etc.).

56. What was your rank at discharge?

57. Are you receiving or have you ever received a government disability pension?

☐

Yes

☐

No

If YES, explain:

58. Have you ever been classified by a Selective Service Draft Board as a conscientious objector?

☐

Yes

☐

No

59. Were you ever convicted at a court martial?

☐

Yes

☐

No

If YES, explain:

PERSONAL

60. Are you paying court-ordered child support?

☐

Yes

☐

No

If YES, explain:

Are you current in the payment of child support?

☐ Yes

☐ No

If NO, explain.

Have you ever been delinquent in the payment of child support?

☐ Yes

☐ No

If YES, explain:

61. Do you have any other beliefs or prejudices which would prevent you from fully performing the duties of a firefighter?

☐ Yes

☐ No

If YES, explain:

62. Are there any incidents in your life or details not mentioned herein which may influence the evaluation of your suitability for employment as a firefighter?

☐ Yes

☐ No

If YES, explain:

RESIDENCE

63. List your past and present addresses, starting with the present first.

#1 From (month/year) To (month/year OR type "present")

Address of residence, city and state

#2 From (month/year) To (month/year OR type "present")

Address of residence, city and state

#3 From (month/year) To (month/year OR type "present")

Address of residence, city and state

#4 From (month/year) To (month/year OR type "present")

Address of residence, city and state

64. Do you own or are you buying your home?

☐

Yes

☐

No

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS EMPLOYMENT APPLICATION, AND ALL ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION WILL RESULT IN DISQUALIFICATION FOR THE POSITION FOR WHICH I AM APPLYING OR TERMINATION OF EMPLOYMENT IF I HAVE BEEN EMPLOYED.

Contact Us:

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