## MINOOKA FIRE PROTECTION DISTRICT - STATE OF ILLINOIS APPLICANT PERSONAL DATA QUESTIONNAIRE

Lá	ast	First	Middle
Previous	names (Maiden Nan	ne) you have had:	
Address_			
	Street Address		Apartment/Unit#
City		State	Zip Code
Home Ph	one	Business P	hone
	Area Code		Area Code
Email Ad	dress		
Driver's L	icense State	Driver's License No	Class
Date of B	irth	Social Security N	umber
Are you a	citizen of the Unite	d States?	Yes No
		d States?  Jence of intention to become a	
If no, are y	you an alien with evid	lence of intention to become a the past ten years in chronol	U.S. Citizen? YesN
If no, are y	you an alien with evid	lence of intention to become a	U.S. Citizen? YesN
If no, are y	you an alien with evid	lence of intention to become a the past ten years in chronol	U.S. Citizen? YesN
If no, are y List all fo Address_	you an alien with evid rmer addresses for Street Address	lence of intention to become a lence of intention to become a length the past ten years in chronol	U.S. Citizen? YesN ogical order:  Apartment/Unit#
If no, are y List all fo Address_	you an alien with evid rmer addresses for Street Address	lence of intention to become a l	U.S. Citizen? YesN ogical order:  Apartment/Unit#
If no, are y List all fo Address_	you an alien with evid	lence of intention to become a lence of intention to become a length the past ten years in chronol	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code
If no, are y List all fo Address_  City  Address_  City	you an alien with evid	lence of intention to become a lence of intention to become a length the past ten years in chronol State	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#
If no, are y List all fo Address_  City  Address_  City	you an alien with evid	lence of intention to become a lence of intention to become a length the past ten years in chronol State	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#
If no, are y List all fo Address_  City  Address_  City	you an alien with evid rmer addresses for Street Address Street Address	lence of intention to become a lence of intention to become a length the past ten years in chronol State	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#  Zip Code
If no, are y List all fo Address_  City  Address_  City  Address_	rmer addresses for  Street Address  Street Address  Street Address	the past ten years in chronol  State	O.S. Citizen? YesN  ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#  Zip Code  Apartment/Unit#

## **EDUCATION**

**Circle Highest Grade Completed:** 

10.

GED Certificate	High Schoo	ol College 1	1 2 3 4
Graduate School	M.A.	Ph.D.	Other
Name/Address o	f School Date	e(s) Attended	Graduate (Yes or No)
	relevant to position for		ied
Are you now or h		JTARY ne military service?	Yes No
Branch of service	e		_
Are you now	or were you ever	an active membe	er of any branch of the YesNo
Rank			
			То
	CONVICTI	ION HISTORY	
Have you ever be			ffic violations? Yes No
If "Yes," explain b			
DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE
		+	<del>   </del>

	LOCATION	APP	ROXIMATE	VIOL	ATION	DISPOSITION		
	(City-State)	1 7	DATE	1			•	
			EMPLOYN	MENT HISTOR	Y			
					_			
						yment. Put your prese part-time jobs.	ent j	
7.	Employer's name_					one	Phone	
1.	⊑mpioyer s	name						
۱.	Employers	name				Area Code		
1.	Address_							
7.	Address_							
7.	Address_					Area Code		
<i>i</i> .	Address	Street Address		State		Area Code  Unit/Suite #  Zip Code		
<i>.</i>	Address	Street Address		State		Area Code Unit/Suite #		
7.	Address	Street Address  Month-Year	to	State Ionth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
7.	Address	Street Address	to	State Ionth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
7.	Address	Street Address  Month-Year	to	State Ionth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
	Address	Street Address  Month-Year	to	State flonth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
	Address	Street Address  Month-Year	to	State flonth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
	Address	Street Address  Month-Year  ption  ntact them?	to	State flonth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
	Address	Street Address  Month-Year	to	State flonth-Year	Salary	Area Code  Unit/Suite #  Zip Code  Per		
	Address	Month-Year ption ntact them?	to	State flonth-Year	SalaryPho	Area Code  Unit/Suite #  Zip Code Per  Area Code		
8.	Address	Street Address  Month-Year  ption  ntact them?	to	State flonth-Year	SalaryPho	Area Code  Unit/Suite #  Zip Code Per  Area Code		
	Address	Month-Year ption ntact them?	to	State flonth-Year	SalaryPho	Area Code  Unit/Suite #  Zip Code Per  Per  Area Code		
	Address	Month-Year ption ntact them?	to	State flonth-Year	SalaryPho	Area Code  Unit/Suite #  Zip Code Per  Per  Area Code		

Employer's name_			Pho	ne
				Area Code
AddressStreet Add	droop			Hait/O. ita 4
Street Ad	uress			Unit/Suite #
City		Sta	te	Zip Code
Employed	to		Salary	Per
Mon	th-Year	Month-Year	_ · ·	
Job Description				
May we contact the	m?			
Employer's name			Pho	ne
				Area Code
AddressStreet Add	dress			Unit/Suite #
City		Sta	te	Zip Code
Employed	to		Salary	Per
Mon	th-Year	Month-Year	_ , <u> _ </u>	
ob Description				
ay we contact then	n?			
Employer's name			Pho	
				Area Code
AddressStreet Add	dress			Unit/Suite #
City		Sta	te	Zip Code
Emploved	to		Salarv	Per
Employed Moni	th-Year	Month-Year		
ob Description				

22.	Have you ever been sus any prior employment?	pended or terminated, other that		conomic layoff, from No
	If yes, please explain:			
23.	Have you ever resigne	d from any employment positi	ion becaus	e of misconduct or
	If yes, explain:	nce or while under investigation?	Yes	No
		REFERENCES		
three		to you and not former employers, you refer will be asked to appraise		
24.	Name	Address		
	Home Phone	Business Pl	none	
	Occupation	Relationship		
25.	Name	Address		
	Home Phone	Business Ph	one	
	Occupation	Relationship		
26.	Name	Address		
	Home Phone	Business Ph	one	
	Occupation	Relationship		
27.		sed job description for the position for the position of the descential job function.	ns listed th	
28.	If accommodation is need	ded, please explain:		

29.	Person(s) to be notified in case of emerge	ency.	
	Name	Address	
	Phone	Relationship	
	Name	Address	
	Phone	Relationship	
	SUBMISSION OF DOCUMEN	NTATION AND CREDENTIALS	
30.		nal offer I will be fingerprinted, and a set of a ois Department of State Police and to the Fede	
DOCU	<u>MENTATION</u>	TIME OF SUBMISSION	
Minook	ka Fire Protection District Authorization Form	With this application	
	of High School or GED diploma t send college certificates as substitutes)	With this application	
Valid d	river's license	With this application	
ONE (1	1) of the following:	With this application	
- - -	Birth certificate issued by the State Department Birth certificate issued abroad by the State Doriginal or certified copy of a birth certificate bearing a seal Native American tribal documents U.S. citizen identification card, INS Form 1-197 Identification card for use of a resident citizen in the U.S., INS Form 1-179		y,
CERTI THIS C OF MY OR F	FY THAT THERE ARE NO MISREPRESEI QUESTIONNAIRE, AND THAT ALL MY ANS (KNOWLEDGE AND BELIEF. I UNDERST ALSIFICATIONS ON THIS QUESTIONNA	ABOVE QUESTIONS AND STATEMENTS, ANI INTATIONS, OMISSIONS, OR FALSIFICATIONS SWERS ARE TRUE AND CORRECT TO THE BE TAND THAT MISREPRESENTATIONS, OMISSION WIRE OR AT ANY TIME DURING THE HIRIION NO LONGER BEING CONSIDERED OR DOKA FIRE PROTECTION DISTRICT.	IN ST NS NG
		nois, this day of,20	
	ure in Full		
A F	TO A RECUIAL CONCOUNTIALITY EMINICAVED	the annuari-ation is assessited to the salist of an	1

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.

## MINOOKA FIRE PROTECTION DISTRICT AUTHORIZATION FORM

I, (print name), hereby authorize the MINOOKA 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, criminal conviction history personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the MINOOKA FIRE PROTECTION DISTRICT. I also consent to the release to the MINOOKA FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the MINOOKA FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.
I also agree to indemnify and hold harmless the MINOOKA FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the MINOOKA FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of application process. also covenant that for the consideration of my application, I agree not to sue the MINOOKA FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the MINOOKA FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.
I hereby acknowledge and agree that as a condition of employment with the MINOOKA FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the MINOOKA FIRE PROTECTION DISTRICT. I do furthe agree that my failure to maintain said drivers license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.
I hereby acknowledge and agree that should I fail to complete required basic training, orientation, etc. that is required of me by the MINOOKA FIRE PROTECTION DISTRICT, as an employee, that I will reimburse the Minooka Fire Protection District all costs related to my application, medical physical and educational courses within one year of my termination.
Signature
MUST BE NOTORIZED:
SUBSCRIBED and SWORN to before me this day of, 20
Notary Public