

## MINOOKA FIRE PROTECTION DISTRICT RECRUIT/VOLUNTEER FIREFIGHTER INTERNSHIP APPLICATION

Last	First	Middle
Previous names (Maiden N	lame) you have had:	
Address		_
Street Address		Apartment/Unit#
City	State	Zip Code
Home Phone	Business Pl	hone
Area Code	_	Area Code
Email Address		
Driver's License State	Driver's License No	Class
Date of Birth	Social Security No	umber
Are you a citizen of the Un	ited States?	Yes No
	iteu States?	162140
If no, are you an alien with e	vidence of intention to become a l	
•		J.S. Citizen? YesN
List all former addresses fo	vidence of intention to become a l	U.S. Citizen? YesN
List all former addresses fo	vidence of intention to become a loor the past ten years in chronol	J.S. Citizen? YesN
List all former addresses fo	vidence of intention to become a loor the past ten years in chronol	U.S. Citizen? YesN
Address Street Address City	or the past ten years in chronole	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code
Address Street Address City	vidence of intention to become a l	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code
Address Street Address  City  Address	or the past ten years in chronole	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code
Address Street Address  City  Address Street Address  City  City  City  City  City  City	vidence of intention to become a loor the past ten years in chronole	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#
Address  City  Address  Street Address  City  Address  City  City  City  City  City	vidence of intention to become a loor the past ten years in chronole	U.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#
Address  City  Address  Street Address  City  Address  City  Address  City  Address	vidence of intention to become a loor the past ten years in chronole	O.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#  Zip Code
Address Street Address  City  Address Street Address  City  Address  City  Address  City  Address  City  City  City  City  City  City  City  City	or the past ten years in chronole  State	O.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#  Zip Code  Apartment/Unit#
Address Street Address  City  Address Street Address  City  Address  Street Address  Street Address	or the past ten years in chronole  State	O.S. Citizen? YesN ogical order:  Apartment/Unit#  Zip Code  Apartment/Unit#  Zip Code  Apartment/Unit#

## **EDUCATION**

Circle Highest Grad	de Completed:			
GED Certificate	High Schoo	ol College	1 2 3 4	
Graduate School	M.A.	Ph.D.		Other
Name/Address of S	School Date	e(s) Attended	Graduate (Y	'es or No)
				<u> </u>
	elevant to position for			
Are you now or hav	MIL. ve you ever been in the	ITARY e military service?	Yes	 No
Branch of service				
	or were you ever ve Forces or National (			
Rank				
Unit	From		_To	
	CONVICTION	ON HISTORY		
Have you ever been	n convicted of a crime	other than minor tr	affic violations	s? Yes No
If "Yes," explain belo	DW:			
DATE	POLICE AGENCY	OFFENSE		SPOSITION OF CASE

16.	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)	APPROXIMATE 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.

employer 3 hame		Ph	Area Code
			Area Code
Address			
Street Address			Unit/Suite #
City		State	Zip Code
Employed	to	Salary Month-Year	Per_
Month-Year		Month-Year	
Job Description			
May we contact them?			
-mnlover's name		Ph	one
Employer 3 hame			Area Code
			Area Code
			Area Code Unit/Suite #
		State	
Address Street Address City		State	Unit/Suite # Zip Code
Address Street Address City			Unit/Suite # Zip Code
Address Street Address  City  Employed Month-Year	to	State	Unit/Suite # Zip Code Per

Employer's name			Pho	ne
			<u></u>	Area Code
Address Street Address				Unit/Suite #
				Univ Suite #
City		State	)	Zip Code
Employed	to		Salary	Per
Month-Year		Month-Year		
ob Description				
lay we contact them? _				
Employer's name			Pho	ne
				Area Code
Address Street Address				Unit/Suite #
City		State	)	Zip Code
Employed	to		_Salary	Per
Month-Year		Month-Year		
ob Description				
ay we contact them?				
mployer's name			Pho	ne
				Area Code
Address Street Address				Unit/Suite #
City		State	)	Zip Code
Employed	to		_Salary	Per
Month-Year		Month-Year		
ob Description				

22.	Have you ever been suspen any prior employment?	ded or terminated, other than		omic layoff, from No
	If yes, please explain:			
				<del>_</del>
23.		rom any employment position?		
	If yes, explain:			
				<u> </u>
		REFERENCES		_
three	e list three adults not related to y years. All persons to whom you nality, and other qualities.			
24.	Name	Address		
	Home Phone	Business Pho	one	
	Occupation	Relationship		
25.	Name	Address		
	Home Phone	Business Pho	one	
	Occupation	Relationship		
26.	Name	Address		
	Home Phone	Business Pho	one	
	Occupation	Relationship		
27.		job description for the position orm the essential job function		n with or without
28.	If accommodation is needed,	, please explain:		
				_

29.	Person(s) to be notified in case of emerge	ncy.
Name_		Address
Phone_		Relationship
Name_		Address
Phone_		Relationship
	SUBMISSION OF DOCUM	ENTATION AND CREDENTIALS
30.		onal offer I will be fingerprinted, and a set of my nois Department of State Police and to the Federal
DOC	JMENTATION .	TIME OF SUBMISSION
Minoc	oka Fire Protection District Authorization Forn	n With this application
	of High School or GED diploma ot send college certificates as substitutes)	With this application
Valid	driver's license	With this application
ONE	(1) of the following:	With this application
-	Birth certificate issued by the State Depart Birth certificate issued abroad by the State Original or certified copy of a birth certificathority, bearing a seal Native American tribal documents U.S. citizen identification card, INS Form of Identification card for use of a resident citi	e Department, Form DS-350 cate issued by a state, county, or municipal
CERT IN TH BEST OMIS THE	TIFY THAT THERE ARE NO MISREPRE IIS QUESTIONNAIRE, AND THAT ALL M TOF MY KNOWLEDGE AND BELIEF. ISIONS OR FALSIFICATIONS ON THIS HIRING PROCESS MAY RESULT IN MY	E ABOVE QUESTIONS AND STATEMENTS, AND I SENTATIONS, OMISSIONS, OR FALSIFICATIONS Y ANSWERS ARE TRUE AND CORRECT TO THE I UNDERSTAND THAT MISREPRESENTATIONS, QUESTIONNAIRE OR AT ANY TIME DURING APPLICATION NO LONGER BEING CONSIDERED ITH MINOOKA FIRE PROTECTION DISTRICT.
Dated	l at	Illinois, this day of,20
Signa	ture 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.

## MINOOKA FIRE PROTECTION DISTRICT AUTHORIZATION FORM

PROTECTION DISTRICT and its agents, relating to my previous and current employersonal characteristics and all other infapplication for employment made to the the release to the MINOOKA FIRE PRODuring the physical examination I am re-	, hereby authorize the MINOOKA FIRE employees or representatives to obtain and use all information byment, education, military record, criminal conviction history, ormation which may bear favorably or unfavorably upon my MINOOKA FIRE PROTECTION DISTRICT. I also consent to TECTION DISTRICT of any and all medical records prepared quired to undergo for employment with the MINOOKA FIRE use from liability any person or persons providing or receiving is pre-employment investigation.
of Fire Commissioners of the MINOOKA commissioners, employees and agents a to attorneys' fees and any cost of defense I also covenant that for the consideration PROTECTION DISTRICT, the individual injury, loss or damage as a result of such and interest, in any manner caused direct	ess the MINOOKA FIRE PROTECTION DISTRICT, the Board FIRE PROTECTION DISTRICT, the individual trustees and gainst any claim or loss whatsoever, including but not limited e which arises directly or indirectly out of application process. In of my application, I agree not to sue the MINOOKA FIRE trustees and commissioners, employees and agents for any process including but not limited to court costs, attorneys' fees ly or indirectly, including the negligent acts or omissions of the CT, its trustees and commissioners as well as its employees
PROTECTION DISTRICT, I must maintain the Class required to operate all vehicle further agree that my failure to maintain a	as a condition of employment with the MINOOKA FIRE ain at all times a valid State of Illinois Driver's License, of the MINOOKA FIRE PROTECTION DISTRICT. I do said driver's license will constitute reason for withdrawal of a by dismissal from employment with the District.
that is required of me by the MINOOKA	ould I fail to complete required basic training, orientation, etc. FIRE PROTECTION DISTRICT, as an employee, that I will strict all costs related to my application, medical physical and a termination.
S -	Signature
MUST BE NOTORIZED:	
SUBSCRIBED and SWORN to before me this day of, 20	
Notary	Public