



MARENGO FIRE PROTECTION DISTRICT

120 EAST PRAIRIE STREET
MARENGO, ILLINOIS 60152
815/568-8912
Fax 815/568-8920

FIRE CHIEF - ROBERT S. BRADBURY
ASST. FIRE CHIEF - GENE PAPROCKI

TRUSTEES:
JOHN L. FREUND
RICHARD C. JOHNSON
WALTER J. BUTENSCHOEN

EMPLOYMENT APPLICATION AND INFORMATION

MINIMUM QUALIFICATIONS

1. Must be 18 years old at the time of the written exam.
2. United States Citizen.
3. Valid driver's license.
4. No felony or misdemeanor convictions.

ATTACH THE FOLLOWING TO YOUR APPLICATION

Application must be filled out completely

1. Copy of birth certificate.
2. Copy of valid driver's license.
3. Copy of high school diploma or GED.
4. Certifications pertaining to the fire service.

GENERAL INSTRUCTIONS

1. Type or print in black ink only.
2. Write DNA (does not apply) or use a diagonal line in areas or questions that do not apply.
3. If more room is needed to answer questions, use the continuation sheets in this application or attach separate sheets as needed.
4. Do not fold application.
5. Mail or drop off application at the fire station
6. It is the responsibility of all applicants to notify in writing any changes in address.
7. If you have any questions, please call 815-568-8912 extensions 220 or 222.

THE HIRING PROCESS

1. Fill out application completely.
2. Successfully pass a written exam.
3. Pass a background check including, driving record, criminal history, credit history, medical history, employment (past and present) and any other information the Marengo Fire Protection District deems necessary.
4. Oral interview.
5. Place on hiring list.
6. Conditional offer of Employment.
7. Pass physical exam and drug screening.
8. Hire as Probationary Firefighter.
9. Obtain a non-CDL Class B license within the first three months of employment.
10. Must become a certified Firefighter II by the Office of the Illinois State Fire Marshal within the first 30 months of employment.

Marengo Fire Protection District

(An Equal Opportunity Employer)

INSTRUCTIONS: Fill out this application completely and accurately. If you have a resume, please attach it to this application. All statements in your application are subject to verification. **Incorrect Statements(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheets at the end of this application and identify additional information by question number. Use the term "DNA" (does not apply) if the question does not apply.

POSITION APPLIED FOR

PLEASE TYPE OR PRINT

1. NAME (LAST) (FIRST) (MIDDLE)	2. List any other names, aliases you have used, or been known by (include maiden name, if applicable).
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3. Home Address (No. Street)	4. Home Phone () - -	5. Fax Number () - -
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6. City, State, Zip.

7. Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. N/A	9. Place of Birth (City, State & Zip Code)	10. Social Security No. - - -
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11. Height FT. IN	12. Weight	13. Color of Eyes	14. Color of Hair
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15. Are you either an U.S. Citizen or an Alien authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Spouse Name _____ Number of Children _____	17. Do you own a vehicle(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, state Year, Make, Model & License? _____(yr.) _____(make) _____(model) _____(license)
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18. In case of an Emergency Notify:

NAME / RELATIONSHIP	ADDRESS	PHONE

EDUCATION

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

Name and Address of school (Include City, State & Zip Code)	Number of years completed	Date(s) Attended	Graduate Subjects Studied	
			YES	NO
Grammar Schools				
High Schools				
College or University				

Business Colleges					
Extension or Correspondences Courses					

20. Junior College, Colleges, or Universities	Full Time	Part Time	Subjects Taken	Degree(s) Attained

21. Were you ever expelled or suspended from any school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" explain.
22. List other formal education beyond high school you may have including special training courses?	
23. List any professional licenses you hold or have held?	

DRIVING HISTORY

24. Can you operate an automobile? Yes <input type="checkbox"/> No <input type="checkbox"/>	25. Do you possess a valid operator or chauffeur's license from Illinois. Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" date of expiration.	Driver's License Number
26. Have you ever been refused an operators or chauffeur's license by any state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" explain		Have you ever had an operators or chauffeur's license in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Was your license ever suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" explain		
28. Has your license ever been placed on probation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" explain		

RESIDENCES

29. List your addresses for the last ten years, starting with your present address.

From (MO.&YR)	From (MO.&YR)	Address of residence	City, State & Zip Code

MILITARY SERVICE

30. Have you served in any military organization of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" branch		
31. What is your service serial number?	32. Highest rank held	33. Rank at discharge	
34. Give date & location of entrance to active duty (City & State)		35. List period(s) of active service	
		From (Date)	To (Date)
36. Give date and location of discharge. (City and State)			
37. If you had no military service explain			

38. List all draft classification you have had I.E. 1-A, 4-h, etc.	39. If you are a non-vet list the following	Local board No.	Address, City, State and Zip Code	
40. Were you ever convicted at a court martial? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" explain			
41. Are you now or were you ever a member of any branch of the U.S. Reserve Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Branch Unit		Rank
	Address		From To	
42. Are you now or were you ever a member of the National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" what state	Regiment	Unit	Rank
	Type of discharge		From	To
43. List any disciplinary action taken against you in the National Guard or Reserve Unit.				

Criminal History

44. Have you ever been convicted of a felony and/or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	By whom (Police Agency)	Crime charged	Disposition of case
If "YES" explain				

EMPLOYMENT HISTORY

45. List all jobs you have held for the last ten years including periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence and any temporary or part time jobs.

Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	
Employers Name		Address		Type of Business	
Name and Title of Supervisor		From (Date)	To (Date)	Salary Per Month \$	Exact Title or Position
Explain What Your Duties Were				Reason for Leaving	

46. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation?
 Yes No
 If "YES" explain

47. Indicate by number any of the above employers whom you do not wish us to contact.

48. Would your current employer allow you to leave work for a fire alarm?

49. Explain in detail your reason why you are applying for this position.

CREDIT HISTORY

50. List three commercial or business credit references (Include bank or charge account, or firms you have borrowed money from for any purpose)

Name & Address of Firm	Type of Business	Amount	Approximate Date
		\$	OPEN CLOSED
		\$	
		\$	
		\$	

51. Have you ever been sued? If "YES" explain
 Yes No

52. List any outstanding debts & list amount(s) and whether in arrears.

Amount of original debt	Amount now owed	In arrears		Name	Amount owed to	Address
		Yes	No			

ACQUAINTANCES

53. Fill in below the names of three adults not related to you and not former employers or references that are friends, fellow students or fellow workers. Names listed should be those persons who have seen you frequently during the past year.

Name	Address Home	Phone
		() - _____
Business Address	Business Occupation or Profession	Business Phone
		() - _____
What capacity do you know this person?		
Name	Address Home	Phone
		() - _____
Business Address	Business Occupation or Profession	Business Phone
		() - _____
What capacity do you know this person?		
Name	Address Home	Phone
		() - _____
Business Address	Business Occupation or Profession	Business Phone
		() - _____
What capacity do you know this person?		

REFERENCES

54. Fill in below the name of five adults not related to you and not former employers, who have known you for a period of preferably more than five years. All persons whom you refer will be asked to appraise your character, ability, personality and other qualities.

Name		Address Home		Phone () -
Business Address	Business Occupation or Profession	Business Phone () -	Years Known	

Name		Address Home		Phone () -
Business Address	Business Occupation or Profession	Business Phone () -	What capacity do you know this person?	

Name		Address Home		Phone () -
Business Address	Business Occupation or Profession	Business Phone () -	What capacity do you know this person?	

Name		Address Home		Phone () -
Business Address	Business Occupation or Profession	Business Phone () -	What capacity do you know this person?	

Name		Address Home		Phone () -
Business Address	Business Occupation or Profession	Business Phone () -	What capacity do you know this person?	

55. Person(s) to notify in case of emergency

Name	Address Home	Phone () -	Relation
Name	Address Home	Phone () -	Relation

I hereby certify there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief

Signature in Full

Date _____

NOTE: Should you successfully complete all phases of the Examination process, you will be subjected to a thorough Medical evaluation prior to hiring. The medical evaluation May include testing for drugs/ narcotics, communicable Diseases and alcohol abuse. You will be required to give a thorough medical history.

MARENGO FIRE PROTECTION DISTRICT
120 E. PRAIRIE ST.
MARENGO, IL. 60152

BACKGROUND CHECK PERMISSION FOR PROSPECTIVE EMPLOYEE

In connection with my application for employment with The Marengo Fire Protection District, I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of the Marengo Fire Protection District's consideration of my employment application, I give permission to the Marengo Fire Protection District to investigate my personal and employment history, including but not limited to any and all records pertaining to my driving record, my criminal history, my credit history, my medical history, my employment (past and present), and any other information deemed appropriate by the Marengo Fire Protection District. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

2. CONSENT TO CONTACT PAST EMPLOYERS

I specifically give permission to the Marengo Fire Protection District to contact all my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Marengo Fire Protection District, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Marengo Fire Protection District. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to the Marengo Fire Protection District. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

3. CONSENT TO CONTRACT GOVERNMENT AGENCIES

I further give permission to the Marengo Fire Protection District to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any rights under law concerning notification of the request for release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate the Marengo Fire Protection District as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in the Marengo Fire Protection District's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release requested information or criminal history information directly to the Marengo Fire Protection District, I agree to personally request such information to the extent permitted by law and provide it to the Marengo Fire Protection District.

5. MISCELLANEOUS

This agreement represents the entire understanding and agreement relating to its subject matter. The Marengo Fire Protection District shall be entitled fully to rely on this agreement. I understand that I have no guarantee of employment and that the Marengo Fire Protection District may determine not to hire me for any lawful reason.

Applicant's

Date

Applicant's Printed Name