



# PALOS FIRE PROTECTION DISTRICT



Palos Park, Illinois

## Firefighter / Paramedic Applicant Personal Data Questionnaire

1. Name \_\_\_\_\_  

Last
First
MI
2. List any other names you may have used or been known by (include maiden name)  
 \_\_\_\_\_
3. Address \_\_\_\_\_  

Number & Street
City
State
Zip Code
4. Telephone Number (\_\_\_\_\_) \_\_\_\_\_
5. Business Phone # (\_\_\_\_\_) \_\_\_\_\_
6. Driver's License # \_\_\_\_\_  
 (attach copy of license with application)
7. Social Security # \_\_\_\_\_
8. Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 (attach copy of birth certificate with application)
9. U.S. Citizen?      Yes \_\_\_\_\_      No \_\_\_\_\_

### List all former addresses for the past ten years- in chronological order

10. \_\_\_\_\_  

Number & Street
City
State
Zip Code
11. \_\_\_\_\_  

Number & Street
City
State
Zip Code
12. \_\_\_\_\_  

Number & Street
City
State
Zip Code
13. \_\_\_\_\_  

Number & Street
City
State
Zip Code
14. \_\_\_\_\_  

Number & Street
City
State
Zip Code

15. Circle highest grade completed  
 GED Certificate      High School      College 1   2   3   4      Graduate School    M.A.    Phd.      Other
16. High School \_\_\_\_\_
17. College/University \_\_\_\_\_
18. Trade Schools \_\_\_\_\_
19. How many College hours have you completed? \_\_\_\_\_
20. What college degrees have your attained? \_\_\_\_\_
21. Major \_\_\_\_\_      Minor \_\_\_\_\_

### MILITARY

22. Are you now or have ever been in the military service?    Yes \_\_\_\_\_    No \_\_\_\_\_  
 Branch of service \_\_\_\_\_

23. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes \_\_\_ No \_\_\_ Rank \_\_\_\_\_  
 Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**ARREST RECORD**

24. a) Have you ever been arrested? Yes \_\_\_ No \_\_\_  
 b) Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_  
 If you answered "Yes" to either Question 24(a) or 24(b), explain below:

Date	Police/Agency	Offense	Disposition of Case

25. List all traffic citations you have received in the last four years

Location (City/State)	Approx. Date	Violation	Disposition

**EMPLOYMENT**

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present or most recent job first. Include all military service in proper time sequence along with temporary or part time jobs.

26. **Employers name** \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_

Street address City State Zip code

Job Description \_\_\_\_\_ Do you object to our contacting them? Yes \_\_\_ No \_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
 Month/year Month/year

27. **Employers name** \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_

Street address City State Zip code

Job Description \_\_\_\_\_ Do you object to our contacting them? Yes \_\_\_ No \_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
 Month/year Month/year

28. **Employers name** \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_

Street address City State Zip code

Job Description \_\_\_\_\_ Do you object to our contacting them? Yes \_\_\_ No \_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
 Month/year Month/year

29. **Employers name** \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_

Street address City State Zip code

Job Description \_\_\_\_\_ Do you object to our contacting them? Yes \_\_\_ No \_\_\_

Employed \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
 Month/year Month/year

## REFERENCES

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

30. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

31. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

32. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

33. List organizations of which you are a member that relate to the position that you are applying for.  
 NAME ADDRESS

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34. Explain your reasons for wanting to become a firefighter.

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35. Person(s) to be notified in case of an emergency.

Name	Address	Phone	Relationship
		( ) -	
		( ) -	
		( ) -	
		( ) -	

36. I understand that I must provide the Fire Commission with a copy of my high school transcripts and post-high school education before I am eligible for placement on the Palos Fire Protection District eligibility list. These transcripts shall be submitted prior to any testing procedures being administered.

37. I understand that before I am placed on any eligibility list, subsequent to the entire testing process, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and the Federal Bureau of Investigation.

38. Prior to employment, all applicants must produce and provide a copy of a valid Illinois Driver's license and one document listed below:

- A birth certificate issued by the State Department, Form FS-545;
- A birth certificate issued abroad by the State Department, Form DS-1350;
- An original or certified copy of a birth certificate issued by a state, county or municipal authority, bearing a seal;
- Native American tribal documents;
- A United States citizen identification card, INS Form I-197; or
- An identification card for use by a resident citizen in the United States, INS form I-179.

39. I understand that before I am eligible to be placed on the Palos Fire Protection District eligibility list, I shall provide copies of; Illinois State Firefighter II Certificate and I. D. P. H. provisional Paramedic documentation. This documentation shall be submitted prior to any testing procedures being administered.

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 QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated at \_\_\_\_\_, Illinois, this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.  
City Month

Signature in Full \_\_\_\_\_

**PALOS FIRE PROTECTION DISTRICT  
AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize the PALOS 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; arrest; criminal, conviction history; personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the PALOS FIRE PROTECTION DISTRICT. I also consent to the release to the PALOS FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the PALOS 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 PALOS FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the PALOS 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 any injury which I might sustain in the CPAT test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the PALOS 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 personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the PALOS 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 PALOS 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 PALOS FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain and maintain, at all times, a valid State of Illinois Firefighter II certification. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

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.