



GLENSIDE FIRE PROTECTION DISTRICT

APPLICANT PERSONAL DATA QUESTIONNAIRE

Please answer the following questions completely and accurately. Where a question is not applicable to you, please indicate "N/A". If you need additional space in answering any question or have supporting documentation, please add additional sheets.

CANDIDATE'S INFORMATION

Name

Last

First

Middle

List any other names you have used or been known by (include maiden name)

Address

Number & Street

City

State

Zip

Email Address

Home Phone #

**Business
Phone #**

Driver's License #

**Social
Security #**

U.S. Citizen?

Yes

or

No

LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN CHRONOLOGICAL ORDER:

Dates

Number & Street

City

State

Zip

Dates

Number & Street

City

State

Zip

Dates

Number & Street

City

State

Zip

Dates

Number & Street

City

State

Zip

Dates

Number & Street

City

State

Zip

EDUCATION

CHECK HIGHEST EDUCATION LEVEL COMPLETED:

GED CERTIFICATE

HIGH SCHOOL

COLLEGE

ASSOCIATES DEGREE

BACHELORS DEGREE

GRADUATE SCHOOL

M.A.

Ph.D.

OTHER

	Name and Address of School (include City and State)	Date(s) Attended	Year Graduated
High School	_____		
Undergraduate Education	_____		
Graduate Education	_____		
Trade Schools	_____		
What college degrees have you attained?	_____		
List course work relevant to position applied for:	_____		

MILITARY

Are you now or have you ever been in the military service? Yes No

If yes, which branch of service: _____

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

If yes, which branch of service? _____

Highest Rank achieved? _____
Unit Name: _____ Dates From: _____
Date To: _____

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.

PRESENT EMPLOYER'S INFORMATION

Current Employee Name _____
Address _____

Number & Street _____ City _____ State _____ Zip _____
Phone _____
Position _____
Immediate Supervisor _____

Do you object to our contacting them? No Yes

Employed Start Date: _____
Salary \$ _____ per _____ Hour _____

PAST EMPLOYER'S INFORMATION

1 **Past Employer's Name** _____
Phone _____
Address _____

Number & Street _____ City _____ State _____ Zip _____
Position _____
Immediate Supervisor _____

Do you object to our contacting them? No Yes

Employed Start Date: _____ End Date: _____
Salary \$ _____ per _____ Hour _____
Reason for leaving _____

2 **Past Employer's Name** _____
Phone _____
Address _____

Number & Street _____ City _____ State _____ Zip _____
Position _____
Immediate Supervisor _____

Do you object to our contacting them? No Yes

Employed Start Date: _____ End Date: _____
Salary \$ _____ per _____ Hour _____
Reason for leaving _____

3 **Past Employer's Name**

Phone

Address

Number & Street

City

State

Zip

Position

Immediate Supervisor

Do you object to our contacting them?

No Yes

Employed

Start Date:

End Date:

Salary

\$

per

Hour

Reason for leaving

4 **Past Employer's Name**

Phone

Address

Number & Street

City

State

Zip

Position

Immediate Supervisor

Do you object to our contacting them?

No Yes

Employed

Salary

\$

per

Reason for leaving

Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes No If yes, please explain:

Have you ever resigned from employment while allegations of misconduct were pending against you? Yes No If yes, please explain:

REFERENCES

Please list three adults not related to you and not former employers who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

1. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

2. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

3. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

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

37. Please review the job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes No

38. If accommodation is needed, please explain: _____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

40. I understand that I must provide the District with my official transcripts of my high school and post-high school education prior to employment and to be eligible for employment.

41. I understand that as a condition of employment, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

42. Prior to employment, all applicants must produce a valid driver's license or state identification card 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 of a resident citizen in the United State INS Form I-179.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH GLENSIDE FIRE PROTECTION DISTRICT.

Dated at _____ (County/City) Illinois, this _____ Day of _____, _____.

Name or Digital Signature _____

GLENSIDE FIRE PROTECTION DISTRICT
1608 Bloomingdale Road
Glendale Heights, IL 60139
Business Phone: (630) 668-5323

I, _____, hereby authorize the GLENSIDE 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, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the GLENSIDE FIRE PROTECTION DISTRICT. I also consent to the release to the GLENSIDE FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the GLENSIDE 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 GLENSIDE FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the GLENSIDE 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 application process. I also covenant that for the consideration of my application, I agree not to sue the GLENSIDE 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 GLENSIDE FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

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, marital status, or physical or mental disability. 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.

Name or Digital Signature

FOR OFFICIAL USE BY THE GLENSIDE FIRE PROTECTION DISTRICT.

Date Application Received _____

Time Application Received _____

APPLICATION NO. _____

RECEIVED BY _____

TITLE _____