

Candidate No. \_\_\_\_\_

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Please Place

Photo Here

**Application for the Position of  
Probationary Firefighter/Paramedic**

**Newport Township Fire Protection District  
Wadsworth, Illinois 60083**

**Instructions**

Read every question carefully and *answer each question accurately*. An applicant may be disqualified from further processing for failing to complete this form, or if he/she intentionally makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud in his/her application, examination, or appointment. All entries, except signature, must be printed legibly with a pen or typed. If space provided is not sufficient for complete answers, or you wish to provide additional information, show on the reverse side of this application and number answers to correspond with questions.

**Personal Data**

1) Name \_\_\_\_\_  
(Last) (First) (Middle)

2) List any other name you have used, including nicknames or aliases:  
\_\_\_\_\_

3) Present Address \_\_\_\_\_  
(House Number and Street Name, Apt. Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

4) Telephone Number - Home \_\_\_\_\_ Cell \_\_\_\_\_

5) How long have you lived at this address \_\_\_\_\_

6) Give your home address for the past ten years, excluding your present address. Do not use rural route numbers or box numbers. Give month and year.

From	To	Address	City	State

7) Age \_\_\_\_ M  F  Height \_\_\_\_ Weight \_\_\_\_ Social Security Number \_\_\_\_\_

8) Date of Birth \_\_\_\_\_  
(Month, Day, Year) (City) (State)

9) Are you a U.S. Citizen? Yes  No  Naturalized Citizen  give date \_\_\_\_\_

10) Are you Single  Married  Separated  Divorced  Widowed

Wife's Maiden Name \_\_\_\_\_ Number of Dependents \_\_\_\_\_

11) Are you involved as a defendant or do you have a court judgment in effect?  
Yes  No  If yes, state full details \_\_\_\_\_

12) List names and address of both parents, sisters, brothers, and step-parents, if any.

13) Were you ever arrested and convicted of a misdemeanor or felony? Yes  No   
If yes, for what reason, where, and what was the disposition? \_\_\_\_\_

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### Education

List all schools, colleges, and business schools attended, beginning with high school.

Name of School	Address	From/To

14) Did you graduate and receive a high school diploma? Yes  No   
If no, do you have a high school equivalent certificate? Yes  No   
If yes, who issued certificate? \_\_\_\_\_ Date \_\_\_\_\_  
**(Note: A copy of your diploma or GED Certificate must accompany this application.)**

15) If you attended college, what was your Major? \_\_\_\_\_

What degree, if any, was conferred? \_\_\_\_\_

16) Do you speak or read any language other than English? Yes  No

If yes, which language? \_\_\_\_\_

### Employment

17) What is your present occupation? \_\_\_\_\_ Salary? \_\_\_\_\_

18) Are you now engaged in any business as an owner or partner (active or silent)?  
Yes  No  If yes, give details \_\_\_\_\_

19) Have you applied for employment with this or any other fire department? Yes  No   
If yes, give names of Village or Cities \_\_\_\_\_

20) List below your past work record (begin with the most recent position).

From	To	Full/ Part Time	Name, Address, & Telephone Number

21) May we check with your present employer? Yes  No

22) Were you ever been discharged or asked to resign from any employment? Yes  No   
If yes, give details \_\_\_\_\_

23) List below any debts you now have including names of companies and contact information.  
\_\_\_\_\_  
\_\_\_\_\_

24) Have you had any garnishes, wage assignment, or judgments against you? Yes  No   
If yes, give details \_\_\_\_\_

25) Have you ever filed bankruptcy? Yes  No  If yes, give details \_\_\_\_\_  
\_\_\_\_\_

26) Were you ever or are you now a member of any civic, professional, or social organizations?  
Yes  No  If yes, give names and addresses \_\_\_\_\_

27) Are you now a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of Government of the United States by Unconstitutional or unlawful means? Yes  No   
If yes, please explain \_\_\_\_\_

### Military Service

28) Have you ever served on active duty in the Armed Services of the United States?  
Yes  No  If yes, give Branch of Service \_\_\_\_\_

**(Note: If yes, a copy of your DD214 must accompany this application.)**

29) Were you ever convicted in a court martial or were you subject of a summary court, or any other disciplinary action? Yes  No   
If yes, given details (include type of action, charge, and disposition)

30) Are you required to attend Military Training Meeting? Yes  No   
If yes, where, how often, and dates \_\_\_\_\_

31) What is the Terminal Date of your Reserve Obligation? \_\_\_\_\_

32) Have you ever attended specialist schools while in the Armed Forces? Yes  No

33) List any commendations and citations awarded to you as a member of the Armed Forces.

### General Information

34) How much time have you lost from work because of illness during the past year?

35) Were you ever rejected for employment for physical reasons? Yes  No   
If yes, give details

36) Were you ever rejected by the Armed Services? Yes  No   
If yes, for what reason?

37) Are you entitled to any disability benefits? Yes  No

38) Have you ever drawn a pension? Yes  No

39) What is the name / address of your regular family doctor?

\_\_\_\_\_

40) Give three references (not relatives, but responsible adults or reputable standing in their Community) who have known you in the past five years.

Name	Address	Telephone

41) Give three social acquaintances in your own age group (excluding the above).

Name	Address	Telephone

42) Do you have any office or computer skills? Yes  No  If yes, please list

\_\_\_\_\_

43) How many years have you operated an automobile \_\_\_\_\_

44) Were you ever involved in an accident while driving? Yes  No  If yes, please explain

\_\_\_\_\_

45) Were police reports made on these accidents? Yes  No  police agency \_\_\_\_\_

46) Do you possess a driver's license? Yes  No  State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number \_\_\_\_\_ Class \_\_\_\_\_

47) Was your license ever suspended or revoked? Yes  No  If yes, give details

\_\_\_\_\_

48) Do you use or have you ever used narcotics, marijuana, barbiturates, amphetamines, etc?  
Yes  No  If yes, give details

49) Do you use any alcoholic beverages? Yes  No  If yes, moderately  excessively

50) Have you paid, promised to pay, or given any money, material services, or consideration to any person, directly or indirectly toward procuring your appointment to this Department?  
Yes  No  If yes, give details \_\_\_\_\_

51) Do you have any knowledge or information, in addition to specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment with a fire department, including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, association, criminal record, traffic violations, residence, or otherwise? Yes  No  If yes, give details: \_\_\_\_\_

52) If applicable, provide the following;  
Illinois Paramedic Certification Number \_\_\_\_\_  
Date of Certification \_\_\_\_\_ Resource Hospital \_\_\_\_\_  
Project Medical Director \_\_\_\_\_ MICU Coordinator \_\_\_\_\_

53) Certified Firefighter II in the State of Illinois? Yes  No  Date \_\_\_\_\_

54) Certified Firefighter III in the State of Illinois? Yes  No  Date \_\_\_\_\_

55) Why do you feel that you qualify for this position? This question must be answered in your own handwriting below.

## Affidavit

- 1) I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is full and correct in every respect.
- 2) I have or will submit to fingerprinting, as required.
- 3) I will submit to a complete medical examination to be administered by a duly appointed physician, and further consent to the release of any medical history or information for the confidential use of the Police and Fire Commission, or its assigned medical examiners.
- 4) I agree to submit to a polygraph (lie detector) examination, if required.
- 5) I agree to submit to a psychological examination, if required.
- 6) I agree to submit any and all information on my service career, if any, including DD214 form papers and military history during my tour of duty.
- 7) I agree to submit a copy of my high school diploma.
- 8) I agree to submit a certified copy of my birth certificate.

In witness whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_

200\_\_ at \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_

Applicants Full Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: One 2" x 2" photography, a copy of your DD214 form papers, if any, copy of your high school diploma or GED Certificate **MUST** accompany this application.

Equal Opportunity Employer - M/F  
Newport Township Fire Protection District Trustees

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

We must obtain racial and sex identification from all candidates who will be taking part in this process to comply with Federal, State, and Local regulations requiring that we assess the impact of these selection tests on all racial and sex sub-groups. This information is for statistical validation and in NO way will it adversely affect a candidate's credentials in this evaluation process.

Please check the appropriate box to indicate your race and sex.

- |  |  |
|--|--|
| <input type="checkbox"/> Male                              | <input type="checkbox"/> Female            |
| <input type="checkbox"/> White (Caucasian)                 | <input type="checkbox"/> Black             |
| <input type="checkbox"/> Spanish-Surnamed American         | <input type="checkbox"/> Oriental American |
| <input type="checkbox"/> Native American (American Indian) | <input type="checkbox"/> Other _____       |

**Return Application in Sealed Envelope**

## Background Release Form

Representing the Trustees of the  
Newport Township Fire Protection District

Equal Opportunity Employer - M/F

I authorize and empower the Newport Township Fire Protection District, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, general reputation, health, personal characteristics, and mode of living through correspondence of personal interviews with neighbors, friends or associates, or others, with whom I am acquainted or who may have knowledge concerning any of the above.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation, if one is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Work Release Form

Date:

To Whom It May Concern:

I respectfully request that you forward any and all information you may have concerning me, my work record, or my reputation to the NEWPORT TOWNSHIP FIRE PROTECTION DISTRICT.

Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_