



**CARY FIRE PROTECTION DISTRICT
STATE OF ILLINOIS FF/PARAMEDIC APPLICANT PERSONAL DATA QUESTIONNAIRE**

Name _____
Last First Middle

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

Address: _____
Number & Street City State Zip

Home Phone Number (_____) _____

Business Phone Number (_____) _____

Driver's License State _____

Driver's License Number _____ **Class** _____

Social Security Number _____

Firearm Owner's I.D. Number _____

U.S. Citizen? Yes _____ No _____
If no, are you an alien with evidence of intention to become a US Citizen? Yes _____ No _____

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

Address _____
Number & Street City State Zip

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED

GED CERTIFICATE

HIGH SCHOOL

COLLEGE 1 2 3 4

GRADUATE SCHOOL

M.A.

Ph.D. OTHER

**Name and Address of School
(include City and State)**

Date(s) Attended

**Graduate ?
Yes No**

High School _____

Undergraduate Education _____

Graduate Education _____

Trade Schools _____

Paramedic School _____

EMT School _____

What college degrees have you attained? _____

List course work relevant to position for which you have applied: _____

MILITARY

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

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 _____

Rank _____

Unit _____ From _____ To _____

CONVICTION HISTORY

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

List all traffic convictions 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.

Present employer's name: _____ Phone _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to Present
month-year

Employer's name _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

Employer's name _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

Employer's name _____

Phone _____

Address _____

Number & Street

City

State

Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

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 any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____ If yes, please explain:

Have you ever taken a civil service exam? Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate position applied for, status on list and expiration date of each: _____

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.

Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

Explain your reasons for wanting to become a FF/PARAMEDIC: _____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

I understand that if I am placed on any eligibility list, 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.

I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as EMT-P, Basic Operations Firefighter Certificate, Advanced Technician Firefighter, Hazardous Materials Awareness or Hazardous Material Operations, may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

TIME OF SUBMISSION

Copy of High School or GED diploma
(Do not send college certificates as substitutes)

With this application

IDPH Paramedic License

At date of conditional offer of hire

Military DD214

With this application

Set of Fingerprints

After eligibility register is created but before a conditional offer of hire

Valid Driver's License

With this application

One of the following:

With this application

- ✓ Birth certificate issued by the State Department, Form FS-545
- ✓ Birth certificate issued abroad by the State Department, Form DS-1350
- ✓ Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal
- ✓ Native American tribal documents
- ✓ U.S. citizen identification card, INS Form 1-197
- ✓ Identification card for use of a resident citizen in the U.S., INS Form 1-179

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

Dated at _____ Illinois, this _____ day of _____, 20 ____.

Signature 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.