



**EDUCATION**

15. 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 Date(s) Attended            Graduate  
(include City and State)            Yes    No

16. High School \_\_\_\_\_

17. Undergraduate Education \_\_\_\_\_

18. Graduate Education \_\_\_\_\_

19. Trade Schools \_\_\_\_\_

20. What college degrees have you attained? \_\_\_\_\_

21. List coursework relevant to position applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. List additional seminars you have attended, training you have received since you became a firefighter. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

23. Are you now or have you ever been in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Branch of service \_\_\_\_\_

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

Rank \_\_\_\_\_

26. Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_



## EMPLOYMENT HISTORY

List all jobs relevant to the firefighting field you have had for the last ten years.

29. Present employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Number & Street                                  City                                  State                                  Zip

Employed since \_\_\_\_\_ Salary \_\_\_\_\_ per \_\_\_\_\_  
                                Month, Year

30. Past employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Number & Street                                  City                                  State                                  Zip

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
                                Month, Year                                  Month, Year

Past employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Number & Street                                  City                                  State                                  Zip

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
                                Month, Year                                  Month, Year

Past employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Number & Street                                  City                                  State                                  Zip

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
                                Month, Year                                  Month, Year

Past employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
                    Month, Year                      Month, Year

31. Have you ever been suspended or terminated (other than from an economic layoff or for a medical reason) from any prior employment? 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.

32. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

MISCELLANEOUS

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

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34. Explain your reasons for wanting to become a fulltime firefighter with the Cary Fire Protection District:

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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 the 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 by the Commission and/or loss of my list and/or withdrawal of a conditional offer of hire and/or termination of my employment with the Cary Fire Protection District.

Dated at \_\_\_\_\_, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

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.