



**EDUCATION**

13. **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE                      HIGH SCHOOL                      COLLEGE 1 2 3 4  
GRADUATE SCHOOL                      M.A.                      Ph.D.      OTHER

<b>Name and Address of School (include City and State)</b>	<b>Date(s) Attended</b>	<b>Graduate ? Yes No</b>
14. High School _____		
15. Undergraduate Education _____		
16. Graduate Education _____		
17. Trade Schools _____		
18. What college degrees have you attained? _____		
19. List course work relevant to position for which you have applied: _____ _____ _____		

**MILITARY**

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

26. **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

27. **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

28. **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

29. **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



35. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

36. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

37. List organizations of which you are a member that relate to the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Explain your reasons for wanting to become a firefighter and/or paramedic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. 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 offered 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.

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-A or P, Firefighter II, Firefighter III, Hazardous Materials I or II, 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.

DOCUMENTATION

TIME OF SUBMISSION

Byron Fire Protection District Authorization Form

With this application

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

With this application

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 BYRON 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 or any other protected classification pursuant to state or federal law. 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.

**BYRON FIRE PROTECTION DISTRICT  
AUTHORIZATION FORM**

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I, \_\_\_\_\_, hereby authorize the BYRON 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, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the BYRON FIRE PROTECTION DISTRICT. I also consent to the release to the BYRON FIRE PROTECTION DISTRICT, and to its Firefighters Pension Fund, of any and all medical records prepared during the medical examinations I am required to undergo for employment with the BYRON 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 understand that I will undergo a job task test as part of the application process and that such job task test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the BYRON FIRE PROTECTION DISTRICT CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST form prior to participating in the job task test.

I also agree to indemnify and hold harmless the BYRON FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the BYRON 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 job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the BYRON 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 BYRON 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 BYRON 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 BYRON FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said drivers 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 (Certified Basic Operations Firefighter) certification and EMT-P license, and certification from the District's EMS System. I do further agree that my failure to obtain and maintain the requisite licenses and 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 or any other protected classification pursuant to state or federal law. 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.

## MVR RELEASE CONSENT FORM

In conjunction with my potential and/or-ongoing employment at the Byron Fire Protection District, I \_\_\_\_\_(applicant/employee) consent to release of Motor Vehicle Records (MVR) to the district. I understand the district will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying and/or currently hold. I also consent to review, evaluation and other use of any MVR I may have provided the district.

This consent is given satisfaction of Public Law 18USC 2721 et. Seq., "Federal Drivers Privacy and Protection Act", and is intended to constitute "written consent" as required by this Act.

This consent will remain in effect until termination of employment.

Signed (applicant) \_\_\_\_\_

Date: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_