

**BEACH PARK FIRE PROTECTION DISTRICT - STATE OF ILLINOIS**

**FIREFIGHTER APPLICANT PERSONAL DATA QUESTIONNAIRE**

**FIREFIGHTER APPLICATION PACKET NUMBER:** \_\_\_\_\_

1. **Name** \_\_\_\_\_  
last first middle

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

3. **Address:** \_\_\_\_\_  
Number & Street City State Zip

4. **Mobile Phone No.** ( ) \_\_\_\_\_

5. **Alternate Phone No.** ( ) \_\_\_\_\_

6. **Driver's License State** \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_ **Class** \_\_\_\_\_

7. **Social Security No.** \_\_\_\_\_

8. **U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, are you an alien with evidence of intention to become a U.S. Citizen?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

9. **Address** \_\_\_\_\_  
Number & Street City State Zip

10. **Address** \_\_\_\_\_  
Number & Street City State Zip

11. **Address** \_\_\_\_\_  
Number & Street City State Zip

12. **Address** \_\_\_\_\_  
Number & Street City State Zip

13. **Address** \_\_\_\_\_  
Number & Street City State Zip

**EDUCATION**

14. **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**

15. High School \_\_\_\_\_
16. Undergraduate Education \_\_\_\_\_
17. Graduate Education \_\_\_\_\_
18. Trade Schools \_\_\_\_\_
19. What college degrees have you attained? \_\_\_\_\_
20. List course work relevant to position for which you have applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

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

**CONVICTION HISTORY**

25. 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

26. List all traffic convictions and accidents 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.

27. **Present employer's name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_

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

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
 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** \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
 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 \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

30. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

31. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

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

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

33. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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

34. Have you ever taken a civil service exam? Yes \_\_\_\_\_ No \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Position on List \_\_\_\_\_  
Status \_\_\_\_\_

35. 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.

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

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

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

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

42. If accommodation is needed, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

#### **SUBMISSION OF DOCUMENTATION AND CREDENTIALS**

44. 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.

45. 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 and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION

TIME OF SUBMISSION

Beach Park Fire Protection District Authorization Form	With this application
Beach Park Fire Protection District Physician's	With this application
Copy of High School or GED diploma (Do not send college certificates as substitutes)	With this application
Set of fingerprints	After eligibility register is created but before a conditional offer of hire
Copies of Certifications (EMT, Paramedic, FF II, CPAT) Copy of valid CPAT and Ladder climb card issued within one year prior to written exam.	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 BEACH PARK 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.

**BEACH PARK FIRE PROTECTION DISTRICT  
AUTHORIZATION FORM**

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I, \_\_\_\_\_, hereby authorize the BEACH PARK 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 BEACH PARK FIRE PROTECTION DISTRICT. I also consent to the release to the BEACH PARK FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the BEACH PARK 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 BEACH PARK 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 BEACH PARK FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the BEACH PARK 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 BEACH PARK 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 BEACH PARK 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 BEACH PARK 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 BEACH PARK 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 certification. I do further agree that my failure to obtain and maintain the requisite 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

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