



**CITY OF EDWARDSVILLE ILLINOIS**

**BOARD OF FIRE & POLICE COMMISSIONERS**

**FIREFIGHTER / EMT EMPLOYMENT APPLICATION**

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

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

1. Name: \_\_\_\_\_  
   Last    First    Middle
2. List any other names, aliases you have used or been known by (include maiden name, if applicable).
- \_\_\_\_\_

3. Address: \_\_\_\_\_  
   Street    City
- \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
   State    Zip Code

4. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Are you between the ages of 21 and 35 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are you authorized to work in the United States on an unrestricted basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

**B. EDUCATIONAL HISTORY**

1. <u>High School</u>	<u>City &amp; State</u>	<u>Graduate?</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. College/University Attended \_\_\_\_\_

City & State \_\_\_\_\_

Major/Minor \_\_\_\_\_ Degree received, if any \_\_\_\_\_

3. College/University Attended \_\_\_\_\_

City & State \_\_\_\_\_

Major/Minor \_\_\_\_\_ Degree received, if any \_\_\_\_\_

4. College/University Attended \_\_\_\_\_

City & State \_\_\_\_\_

Major/Minor \_\_\_\_\_ Degree received, if any \_\_\_\_\_

5. List other schools attended (Trade, Vocational, Business, etc.). Give name and dates attended, course of study, certificate and any other pertinent information.

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

6. Were you ever expelled or suspended from any school? \_\_\_ Yes \_\_\_ No

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

7. List other formal education beyond high school you may have, including special training courses:

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

8. List any professional licenses or certificates you hold or have held:

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

**C. EMPLOYMENT HISTORY**

1. Have you ever taken a civil service exam? \_\_\_ Yes \_\_\_ No

<u>Agency</u>	<u>Date</u>	<u>Position on List</u>	<u>Status</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Are you now on any eligibility list? \_\_\_ Yes \_\_\_ No

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

3. Were you ever placed on a civil service list and not hired? \_\_\_ Yes \_\_\_ No

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

4. Were you ever rejected for any civil service position? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_
5. Have you ever submitted an application for appointment to another fire department? \_\_\_\_ Yes \_\_\_\_ No  
Date \_\_\_\_\_
6. Have you ever been a firefighter or held a similar position? \_\_\_\_ Yes \_\_\_\_ No  
If yes, position \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_
7. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_
8. Are you now, or have you ever been, engaged in any business as an owner, partner or corporate member?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_

Beginning with your present or most recent job, list all employment since the age of 18, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

5. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT**

\_\_\_\_\_

**D. SPECIAL QUALIFICATIONS & SKILLS**

1. List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc.). Show licensing authority, original dates of issue, and date of expiration.

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

2. List any specialized machinery or equipment that you can operate.

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3. If you are fluent in a foreign language, indicate in each area your level of fluency (Excellent, Good, Fair.)

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Please use the space below to state why you want to work as a fire fighter and why you wish to work for the City of Edwardsville. You should also state the special talents that you feel you would bring to the position. (If you need more space use a separate sheet of paper.)

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**E. REFERENCE – List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.**

1. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Years Known \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Years Known \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

3. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Years Known \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Years Known \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

5. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Years Known \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**F. MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS (Past and/or Present)**

<u>Name &amp; Address</u>	<u>Type (Professional organizations only)</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**G. PERSONAL DECLARATIONS**

1. Have you ever made an application for employment with this or any other municipality?  
 \_\_\_\_ Yes \_\_\_\_ No

If yes, give municipality, date(s), and status of application.

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

2. Have you ever used marijuana, cocaine or any other illegal substances? \_\_\_\_ Yes \_\_\_\_ No

3. Have you ever abused prescription drugs? \_\_\_\_ Yes \_\_\_\_ No

4. Have you ever abused alcohol? \_\_\_\_ Yes \_\_\_\_ No

5. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a firefighter?

\_\_\_\_ Yes \_\_\_\_ No If so, explain \_\_\_\_\_

\_\_\_\_\_

**H. FINANCIAL HISTORY**

SOURCE OF INCOME

1. What is your present salary or wages? \_\_\_\_\_
2. Do you have income from any source other than your principal occupation? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_  
 The source? \_\_\_\_\_

**I. FINANCIAL OBLIGATIONS**

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and other debts and payments. Use extra sheet if necessary.

<u>Type</u>	<u>Name &amp; Address of Creditor</u>	<u>Reason for debt or item purchased</u>	<u>Total Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**J. MILITARY RECORD**

1. Have you served in the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No
2. Date of service: From \_\_\_\_\_ To \_\_\_\_\_ Branch of Service \_\_\_\_\_
3. Unit designation \_\_\_\_\_ Military Service Number \_\_\_\_\_
4. Highest Rank Held \_\_\_\_\_
5. Type of Discharge and Rank at Discharge \_\_\_\_\_
6. Give date and location of entrance to active duty \_\_\_\_\_
7. Give date and location of discharge \_\_\_\_\_

8. List period(s) of active service:

From \_\_\_\_\_ To  
\_\_\_\_\_

9. List all draft classifications you have had i.e. 1-A, etc. \_\_\_\_\_

10. If you are not a veteran, list the following

Local Board No. \_\_\_\_\_ Address \_\_\_\_\_

11. Are you now, or were you ever, a member of any branch of the U.S. Reserve Forces? \_\_\_ Yes \_\_\_ No

If yes, \_\_\_ Active \_\_\_ Inactive Branch \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

12. Are you now, or were you ever, a member of the National Guard? \_\_\_ Yes \_\_\_ No

If yes, what state? \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

Type of Discharge \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

13. Were you ever disciplined while in the Military Service? (include court martial, captain's masts, company punishments in active service, reserve unit or National Guard) \_\_\_ Yes \_\_\_ No

<u>Charge</u>	<u>Agency</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. If you had no military service, explain \_\_\_\_\_

**K. CRIMINAL HISTORY**

1. Have you ever been placed on probation? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_

2. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_

3. Have you ever been reported as a missing person or as a runaway? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_

4. Have you ever been the victim of a crime? \_\_\_ Yes \_\_\_ No

5. Have you ever been fingerprinted by a police agency other than for an arrest? \_\_\_ Yes \_\_\_ No  
If yes, complete the following:



<u>Agency</u>	<u>Date</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are there any warrants, traffic or otherwise, now pending against you? \_\_\_ Yes \_\_\_ No  
 If yes, explain \_\_\_\_\_

7. Have you ever been arrested, detained by police or summoned into court for anything other than a traffic violation? \_\_\_\_\_  
 Yes \_\_\_ No \_\_\_ If yes, complete the following:

<u>Offense Charged</u>	<u>Police Agency, City &amp; State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
 If yes, explain \_\_\_\_\_

9. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
 If yes, explain \_\_\_\_\_

**L. TRAFFIC RECORD**

1. Can you operate an automobile? \_\_\_ Yes \_\_\_ No

2. Do you possess a valid operator's or chauffeur's license from Illinois? \_\_\_ Yes \_\_\_ No  
 If yes, date of expiration \_\_\_\_\_

3. Driver's License No. \_\_\_\_\_

4. Have you ever been refused an operator's or chauffeur's license by any state? \_\_\_ Yes \_\_\_ No  
 If yes, explain \_\_\_\_\_

5. Have you ever had an operator's or chauffeur's license in any other state? \_\_\_ Yes \_\_\_ No

6. Has your driver's license ever been suspended or revoked? \_\_\_ Yes \_\_\_ No  
 If yes, give dates, location & reasons.  
 \_\_\_\_\_

7. Has your license ever been placed on probation? \_\_\_ Yes \_\_\_ No  
 If yes, explain \_\_\_\_\_

8. List to the best of your memory all traffic citations you have received, excluding parking tickets.

<u>Month &amp; Year</u>	<u>Charge</u>	<u>City &amp; State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

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**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions I have provided in this application. I am fully aware that any such willful misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment.**

**x** \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date