

CRESTWOOD FIRE DEPARTMENT

SUBMISSION OF DOCUMENTAION AND CREDENTIALS FOR EMPLOYMENT APPLICATION

I understand that I must provide **COPIES** of the following documentation and/ or certifications with this application. Other relevant fire service certificates, such as Firefighter III/ Advanced FF, Hazardous Materials Ops/ Tech, may be submitted with the application but 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 as soon as possible. I further understand that failure to submit any of the following documentation and/ or certifications with this application may result in my application no longer being considered by Crestwood Fire Department.

- Valid Driver's License
- Firefighter II or Basic Operations Firefighter
- IDPH EMT-Basic or Paramedic License
- Letter of good standing from current EMS system - Medic
- Candidate Physical Ability Test (CPAT) - Preferred
 - With ladder certification
 - Copy of highest diploma attained - Social Security Card

One of the following

- 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
- US citizen identification card, INS Form 1-179
- Identification card for use of a resident in the US, INS form 1-179

CRESTWOOD FIRE DEPARTMENT

FIRE DEPARTMENT EMPLOYMENT APPLICATION

INSTRUCTIONS: If writing space provided is inadequate, use the continuation sheet at the end of this application, or use a separate sheet of paper and identify additional information by question number. Use the term 'DNA' (does not apply) if the question does not apply. All fields must be filled out completely; no blanks are allowed.

1. NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDING MAIDEN NAME, IF APPLICABLE)

3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE, COUNTY)

4. HOME PHONE _____

5. CELL PHONE _____

6. SOCIAL SECURITY NO. _____

7. DRIVERS LICENSE NUMBER: _____

8. DATE OF BIRTH _____ 9. PLACE OF BIRTH (CITY & STATE) _____ 10. SEX _____
MONTH DAY YEAR

11. ARE YOU: () SINGLE () MARRIED () SEPERATED () WIDOWED () DIVORCED

12. ARE YOU A U.S. CITIZEN? () YES () NO

IF YES, ARE YOU: () NATIVE BORN () NATURALIZED, GIVE DATE AND LOCATION:

13. HAVE YOU EVER SEEN A DOCTOR OR PSYCHIATRIST OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER?

() YES () NO IF YES, GIVE DOCTOR'S NAME, ADDRESS, AND DATE

14. DO YOU HAVE ANY PREEXISTING MEDICAL CONDITIONS? () YES () NO IF YES, EXPLAIN:

15. APPLICABLE SCHOOLING

LIST NAMES OF THE FOLLOWING SCHOOLS ATTENDED:

HIGH SCHOOL: _____
ASSOCIATES DEGREE: _____
BACHELORS DEGREE: _____
MASTERS DEGREE: _____
MISC. TRADE SCHOOLS: _____

16. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE, INCLUDING SPECIAL TRAINING COURSES:

17. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD:

18. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY & STATE

19. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? () YES () NO

IF YES, WHAT BRANCH?

20. SERVICE SERIAL NUMBER: _____

HIGHEST RANK HELD: _____

RANK AT DISCHARGE: _____

TYPE OF DISCHARGE: _____

***PLEASE INCLUDE DD214 WITH APPLICATION**

21. HAVE YOU EVER BEEN CONVICTED OF A CRIME? () YES () NO

IF YES, EXPLAIN

DATE	POLICE AGENCY	CRIME CHARGED	DISPOSITION OF CASE

22. HAVE YOU EVER BEEN PLACED ON PROBATION FOR A CRIME? () YES () NO
 IF YES, EXPLAIN

23. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN
 ARREST? () YES () NO IF YES, EXPLAIN

AGENCY	DATE	PURPOSE

24. WERE YOU EVERY PLACED ON A CIVIL SERVICE LIST AND NOT HIRED? () YES () NO
 IF YES, EXPLAIN

25. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, WITH YOUR PRESENT OR MOST
 RECENT JOB FIRST, AND INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE

1	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
2	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
3	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
4	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING

26. FILL IN BELOW THE NAMES OF FOUR ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR

NAME	ADDRESS		PHONE
BUSINESS ADDRESS	OCCUPATION	WORK PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
NAME	ADDRESS		PHONE
BUSINESS ADDRESS	OCCUPATION	WORK PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
NAME	ADDRESS		PHONE
BUSINESS ADDRESS	OCCUPATION	WORK PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

27. PLEASE LIST ANY EMERGENCY CONTACTS. PLEASE LIST A NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

28. EXPLAIN YOUR REASON FOR WANTING TO JOIN THE CRESTWOOD FIRE DEPARTMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

CONTINUATION OF ANSWER

SIGNATURE

DATE

CRESTWOOD FIRE DEPARTMENT

13840 SOUTH CICERO AVENUE
CRESTWOOD, IL 60418



Jonathan Newton
Fire Chief

GENERAL RELEASE

I, _____, hereby authorize those parties to whom this document is presented, or their representative, to make full disclosure of any and all records, reports, documents, or information that would reflect favorably or unfavorably upon my application to the Fire Department of Crestwood, Illinois.

I further release from any liability any person or persons or office or institution so providing aforesaid information in connection with this pre-employment investigation.

I further agree that a photocopy/facsimile of this document shall have the same release authority as the original.

SIGNATURE: _____

DATE: _____

WITNESS: _____

cc.chief

11/21