

# Algonquin-Lake in the Hills Fire Protection District

1020 West Algonquin Road  
Lake in the Hills, IL 60156  
(847) 658-8233



## APPLICATION FOR: (CHECK ONE)

- PART-TIME FIREFIGHTER/EMT OR PARAMEDIC  
 FIREFIGHTER IN TRAINING (FIT) PROGRAM

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### PERSONAL DATA

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Please print clearly

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 **E-mail Address** \_\_\_\_\_

5 **Home Phone** ( ) \_\_\_\_\_ 6 **Cell Phone** ( ) \_\_\_\_\_

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

8 **U.S. Citizen?**  Yes  No

**If no, have you applied for United States citizenship?**  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

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**EDUCATION AND TRAINING**

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**13 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)**

**Graduate?  
Yes No**

- 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 applied for: \_\_\_\_\_  
\_\_\_\_\_

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**MILITARY SERVICE RECORD**

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- 20 Are you now or have you ever been in the military service of the United States?  
 Yes                       No
- 21 Branch of service \_\_\_\_\_  
Service Serial Number \_\_\_\_\_ Highest Rank Held \_\_\_\_\_  
Type of Discharge \_\_\_\_\_
- 22 Give dates and location of active duty \_\_\_\_\_  
City and State \_\_\_\_\_  
Period of Active Duty: From \_\_\_\_\_ To \_\_\_\_\_
- 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?

No  Yes If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

26 List all traffic convictions and accidents you have had in the last ten years.

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

27 Have you ever been refused a driver's license?  Yes  No

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

28 Has your driver's license ever been suspended or revoked?  Yes  No

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

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## EMPLOYMENT HISTORY

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List all jobs you have held for the last ten years. Include periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence along with temporary or part-time jobs.

29 **Present / Most Recent**  
**Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
                                    Number & Street                                      City                                      State                                      Zip  
**Job Description** \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Do you object to our contacting them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
**Employed** \_\_\_\_\_ to \_\_\_\_\_  
                                    month-year                                      month-year

30 **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
                                    Number & Street                                      City                                      State                                      Zip  
**Job Description** \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Do you object to our contacting them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
**Employed** \_\_\_\_\_ to \_\_\_\_\_  
                                    month-year                                      month-year

31 **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
                                    Number & Street                                      City                                      State                                      Zip  
**Job Description** \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Do you object to our contacting them? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
**Employed** \_\_\_\_\_ to \_\_\_\_\_  
                                    month-year                                      month-year

32 **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

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

Supervisor's Name \_\_\_\_\_

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

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

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

33 **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

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

Supervisor's Name \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

35 Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation?  Yes  No  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

36 Have you ever taken a civil service exam?  Yes  No

Agency \_\_\_\_\_ Date \_\_\_\_\_ Position on List \_\_\_\_\_

Status \_\_\_\_\_

37 Are you currently on any eligibility list(s)?  Yes  No  
If yes, indicate position applied for, status on list and expiration date of each:

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### REFERENCES

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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.

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

39 Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

40 Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

41 List organizations of which you are a member that relate to the position for which you are applying:

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42 Explain your reasons for wanting to become a Firefighter/Paramedic: \_\_\_\_\_

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

Yes     No

44 If accommodation is needed, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45 I understand that I must provide the Fire District with my official transcripts of my high school and post-high school education as evidence of completion **before I am eligible for this position**. These official transcripts are attached to this application.

46 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.

47 **Prior to employment**, all applicants must produce a valid driver's license or state identification card and one document listed below:

- *A birth certificate issued by the State Department, Form FS-545;*
- *A birth certificate issued abroad by the State Department, Form DS-1350;*
- *An original or certified copy of a birth certificate issued by a state, county or municipal authority, bearing a seal;*
- *Native American tribal documents;*
- *A United States citizen identification card, INS Form I-197, or*
- *An identification card for use of a resident citizen in the United State INS Form I-179.*

**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 THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH ALGONQUIN-LAKE IN THE HILLS FIRE PROTECTION DISTRICT.**

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature in Full \_\_\_\_\_