

Crestwood Fire Department

13840 S. Cicero Ave.
Crestwood, IL 60445



Crestwood Fire Department Applicants

When you return your completed Crestwood Fire Department employment application, we require one copy of each of the following documents. They will not be returned. If you are not accepted by the department, the documents will be destroyed.

- Birth Certificate
- High School Diploma/GED
- Valid Driver's License (a ticket/citation will not be accepted)
- Firefighter II/Basic Operations Firefighter Certification
- EMT-P State License
- Current CPR Card

Valid CPAT card will be required within one year at time of appointment.

Be sure you sign both the application and the release, seal the envelope, and return it to the fire department.

Thank you,
Crestwood Fire Personnel

CRESTWOOD FIRE DEPARTMENT

EMPLOYMENT APPLICATION

№ 482

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 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 (INCLUDE MAIDEN NAME, IF APPLICABLE).

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

() / / ()
4. HOME PHONE _____ 5. SOCIAL SECURITY NO. _____ 6. PAGER NUMBER _____

7. WITH WHOM DO YOU LIVE WITH AT THE ABOVE ADDRESS? LIST FULL NAMES AND RELATIONSHIPS.

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

11. HEIGHT _____ 12. WEIGHT _____ 13. AGE _____ 14. COLOR OF EYES _____ 15. COLOR OF HAIR _____
FT. IN.

16. ARE YOU SINGLE MARRIED SEPARATED WIDOWED DIVORCED

17. ARE YOU A RESIDENT OF THE VILLAGE? YES NO IF SO, SINCE _____

18. LIST ANY SCARS, BIRTHMARKS, BLEMISHES, AMPUTATIONS, TATOOS, ETC., THAT YOU MAY HAVE. _____

19. ARE YOU A U.S. CITIZEN? YES NO
IF YES, ARE YOU NATIVE BORN NATURALIZED IF "NATURALIZED", GIVE DATE AND LOCATION: _____

20. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS AND BROTHERS.

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

21. DO YOU USE OR HAVE EVER USED ANY NARCOTICS OR BARBITUATES? YES NO
IF YES, GIVE FULL DETAILS _____

22. DO YOU USE ALCOHOL. HABITUALLY OR HAVE YOU EVER USED? YES NO
IF YES, GIVE FULL DETAILS _____

23. 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 _____

24. DO YOU WEAR EYEGLASSES? YES NO 25. DO YOU WEAR CONTACT LENSES? YES NO

25. HAVE YOU EVER HAD ANY TYPE OF EPILEPTIC SEIZURE, BLACKOUT OR FAINTING SPELL? YES NO
 IF YES, EXPLAIN _____

26. LIST ALL ILLNESSES, OPERATIONS & MEDICAL TREATMENT YOU HAVE HAD (INCLUDING CHILDHOOD ILLNESSES)

AILMENT	APPROXIMATE DATE(S)	TREATMENT

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY & STATE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

28. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES

29. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD _____

30. CAN YOU DRIVE AN AUTOMOBILE YES NO

31. DO YOU POSSESS A VALID DRIVERS LICENSE FROM THE STATE OF ILLINOIS YES NO

DATE OF EXPIRATION _____ DRIVER'S LICENSE NO. _____

CLASSIFICATION _____ CDL _____

32. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? YES NO
 IF YES, EXPLAIN _____

HAVE YOU EVER HAD A DRIVER'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? YES NO

33. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED YES NO IF YES, EXPLAIN _____

34. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? YES NO IF YES, EXPLAIN _____

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

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

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

36. DO YOU OWN YOUR HOME? YES NO
37. DO YOU KNOW OF ANY PHYSICAL CONDITION YOU MAY HAVE THAT WILL AFFECT YOUR ABILITY TO PERFORM STRENUOUS WORK? YES NO IF YES, EXPLAIN _____
38. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? YES NO
IF YES, WHAT BRANCH _____
39. WHAT IS YOUR SERVICE SERIAL NO. _____
HIGHEST RANK HELD _____ RANK AT DISCHARGE _____
40. GIVE DATE AND LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE): _____
41. GIVE DATE AND LOCATION OF DISCHARGE (CITY & STATE) _____
42. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (BE EXACT) _____
43. DO YOU OR HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION? YES NO
EXPLAIN _____
44. IF YOU ARE A NON-VET LIST THE FOLLOWING: LOCAL BOARD NO. _____
ADDRESS _____ CITY & STATE _____
45. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF U.S. RESERVE FORCES? YES NO
IF YES, ACTIVE INACTIVE BRANCH _____ UNIT _____ RANK _____
ADDRESS _____ FROM _____ TO _____
46. 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 _____
47. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
IF YES, EXPLAIN _____

DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE

48. HAVE YOU EVER BEEN PLACED ON PROBATION FOR A CRIME? YES NO
IF YES, EXPLAIN _____
49. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? YES NO
IF YES, EXPLAIN _____

AGENCY	DATE	PURPOSE

50. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST AND NOT HIRED? YES NO
IF YES, EXPLAIN _____

51. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES NO
IF YES, EXPLAIN _____
52. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER FIRE DEPARTMENT? YES NO
NAME OF DEPARTMENT _____
53. HAVE YOU EVER BEEN A FIREFIGHTER OR HELD A SIMILAR POSITION? YES NO
IF YES, POSITION _____ DATE (FROM) _____ (TO) _____
LOCATION _____
54. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE?
 YES NO IF YES, EXPLAIN _____
55. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDE MILITARY SERVICE, IN PROPER TIME SEQUENCE.

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

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

REFERENCES

57. 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			HOME PHONE
BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
NAME	ADDRESS			HOME PHONE
BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
NAME	ADDRESS			HOME PHONE
BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
NAME	ADDRESS			HOME PHONE
BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	

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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, IL.

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 of Applicant

Printed Name of Applicant

Date

Subscribed and sworn before me this ____ day of _____ 20__.

Signature of Notary

Address of Notary

Updated 01/2016