

***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 they will be destroyed.

- Birth Certificate
- High School Diploma/GED
- Drivers License (a ticket/citation will not be accepted)

\*\* You must have these three documents if you live outside the village limits.

- Fire Fighter II Certification
- EMT-B State License
- Current CPR Card

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

Thank you,  
Personnel

Cc: file  
cwfd-application

08/07

# CRESTWOOD FIRE DEPARTMENT No

## 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 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, 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 of Applicant:

\_\_\_\_\_  
Printed Name of Applicant:

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2007.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Address of Notary