



SUGAR GROVE FIRE PROTECTION DISTRICT

25 S. Municipal Drive Sugar Grove IL 60554

Ph# (630)466-4513 Fax# (630)466-0911

*** Note: Copy of Driver's License, Birth Certificate and HS Diploma or equivalent must accompany this application.**

APPLICATION DATE: _____

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly, it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) can potentially bar or remove you from employment. If writing space provided is inadequate, use the continuation area at the end of this application. Use the term 'NA' (not applicable) if the questions does not apply. Applicants between 15-18 years of age and still in high school will be considered as Cadet/Explorer.

POSITION APPLIED FOR:	
POC FIREFIGHTER	<input type="checkbox"/>
CADET / EXPLORER	<input type="checkbox"/>

Name (Last)	(First)	(Middle)	List any other names, aliases you have used, or been known by (including maiden name if applicable):		
Home Address (No. Street, City, State, Zip Code):			Home Phone:	Cell Phone:	Work Phone:
Email Address:				Social Security Number	
With whom do you live at the above address? List full name and relationship:					
Date of Birth:	Place of Birth (City, State, and Zip)		Sex:	Height:	
				FT	IN
Weight:	Age:	Color of Eyes:		Color of Hair:	
Are you a U.S. Citizen?		If 'Yes'		If 'Naturalized', give particulars:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Native Born <input type="checkbox"/>	Naturalized <input type="checkbox"/>		
Are you: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>					
DRIVING					
Can you operate an automobile?		Driver's License Number:		Classification:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you possess a valid operator's license from Illinois?			If 'Yes', expiration date:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever had an operator's license in any other state?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been refused an operator's license by any state?		If 'Yes', Explain:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Was your license ever suspended or revoked?		If 'Yes', Explain:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Has your license ever been on probation?		If 'Yes', Explain:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>				

FIRE AND EMS EXPERIENCE

Are you currently active on another fire department?

If 'Yes', which one(s)?

YES NO

Are you now on any fire department eligibility list?

If 'Yes', which one(s)?

YES NO

Have you ever submitted an application for appointment to another fire department?

If 'Yes', which one(s)?

YES NO

List all Fire/EMS Training/Certifications you have received (such as Basic Operations Firefighter, EMT, etc.):

EDUCATION

List the various Schools you have attended and other information requested:

Name and address of School (including City, State & Zip Code)	No. of Years Completed	Date(s) Attended	Graduate		Average Grade
			Yes	No	
Grammar School					*****
Middle/Jr. High School					*****
High School					
College or University					
Other					

Were you ever expelled or suspended from any school? YES NO If 'Yes', Please Explain:

RESIDENCY

List your address for the last FIVE YEARS (if applicable), starting with your present address.

FROM (Mo. & Yr.)	TO (Mo. & Yr.)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

MILITARY

Are you now, or have you ever been in the military service for the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Branch of Service:
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Service Serial Number:	Highest Rank Held:	Type of Discharge:	Date of Discharge:
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Dates and Locations of Active Duty:

Period of Active Duty:

From: _____ To: _____

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 <input type="checkbox"/> NO <input type="checkbox"/>	Unit:	Rank:	Dates: From: _____ To: _____
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CRIMINAL HISTORY

Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date(s):	By Whom (Police Dept.)	Crime Charged	Disposition of Case
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If 'Yes', Explain:

Have you ever been placed on probation? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:
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Have you ever been required to pay a fine in excess of \$25.00? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:
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Have you ever been reported as a missing person or a runaway? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:
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Have you ever been a victim of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the crime reported to the police? YES <input type="checkbox"/> NO <input type="checkbox"/>	If you were a 'Victim', Explain:
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Have you ever been fingerprinted by a police agency other than for an arrest? YES <input type="checkbox"/> NO <input type="checkbox"/>	Agency	Date(s)	Purpose
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If 'Yes', Explain:

TRAFFIC CITATIONS

List all traffic citations you have received: Location (City):	Approximate Date:	Nature of Violation:	Disposition of Case:

Are there any warrants, traffic or otherwise, now, pending against you? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'Yes', Explain:
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EMPLOYMENT

List all jobs you have held for the last TEN years including periods of unemployment. Put your present or most recent job first. Include Military Service in proper sequence & temporary or part-time jobs.

Employer's Name:	Address:	Type of Business:		
Name & Title of Supervisor:	From:	To:	Salary Per Month:	Exact Title or Position:
Explain what your duties were:			Reason for Leaving:	

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Name & Title of Supervisor:	From:	To:	Salary Per Month:	Exact Title or Position:
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Employer's Name:	Address:	Type of Business:		
Name & Title of Supervisor:	From:	To:	Salary Per Month:	Exact Title or Position:
Explain what your duties were:			Reason for Leaving:	

ACQUAINTANCES

Fill in below the names of three adults, not related to you & not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those persons who have seen you frequently during the past year.

Name:		Address:		Home Phone Number:	
Business Address:		Business, Occupation, Profession:		Business Phone:	
				How do you know this person?	
Name:		Address:		Home Phone Number:	
Business Address:		Business, Occupation, Profession:		Business Phone:	
				How do you know this person?	
Name:		Address:		Home Phone Number:	
Business Address:		Business, Occupation, Profession:		Business Phone:	
				How do you know this person?	

REFERENCES

Fill in below the names of five adults, not related to you and not former employers, who have known you for a period of time (preferably more than 5 years). All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name:		Address:		Home Phone:	
Business Address:		Business Occupation/Profession:		Phone Number:	
				Years Known:	
Name:		Address:		Home Phone:	
Business Address:		Business Occupation/Profession:		Phone Number:	
				Years Known:	
Name:		Address:		Home Phone:	
Business Address:		Business Occupation/Profession:		Phone Number:	
				Years Known:	
Name:		Address:		Home Phone:	
Business Address:		Business Occupation/Profession:		Phone Number:	
				Years Known:	
Name:		Address:		Home Phone:	
Business Address:		Business Occupation/Profession:		Phone Number:	
				Years Known:	

EMERGENCY

Person(s) to be notified in case of emergency:

Name: _____ Address: _____ Home Phone: _____ Relationship: _____

Name:	Address:	Home Phone:	Relationship:
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Name:	Address:	Home Phone:	Relationship:
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Continuance (if necessary):

MISCELLANEOUS

Explain your reasons for wanting to become a member of the SGFPD:

How did you hear about us?

Online Referral Who? _____ Other

I certify that there are no misrepresentations, omission, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted.

I authorize and empower the Sugar Grove Fire Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record (if any), health, personal characteristics and node of living through records, correspondence, or personal interviews with neighbors, friends, or associated, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear or affirm the above information is true and correct to the best of my knowledge.

Applicant Signature: _____

THE SUGAR GROVE FIRE PROTECTION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.