



# 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.**

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 do not apply.

<b>APPLICATION DATE:</b>			
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:		Date of Birth:	
		Month	Day      Year
With whom do you live at the above address? List full name and relationship:			
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"/>
<b>DRIVING</b>			
Can you operate an automobile?		Driver's License Number:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Classification:	
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"/>		



## 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?

If yes, Branch of Service:

YES  NO

Service Serial Number:

Highest Rank Held:

Type of Discharge:

Date of Discharge:

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?

Unit:

Rank:

Dates:

YES  NO

From:

To:

## CRIMINAL HISTORY

Have you ever been convicted of a crime?

Date(s):

By Whom (Police Dept.)

Crime Charged

Disposition of Case

YES  NO

If 'Yes', Explain:

Have you ever been placed on probation? YES  NO

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