

Candidate # _____
Date Received _____
Time Received _____



Application for the Position of
Firefighter/Paramedic
Village of Franklin Park Illinois
60131

Instructions

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing for failing to complete this form, or if he/she intentionally makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud in his/her application, examination, or appointment, or has been convicted of a felony, or any crime involving moral turpitude, or any misdemeanor described in Section 10-2.1-6 of the Fire & Police Commission Act. All entries must be typed.

Personal Data

1. Name _____
(Last, First, Middle)

2. List any other name you have used, including nicknames or aliases:

3. Current Address _____
(Number and Street Name)

(City, State, Zip Code)

4. Contact Information
 - a. Home _____
 - b. Mobile _____
 - c. Email _____

5. How long have you lived at your current address? _____
(Months, Years)

6. Provide your home address(es) for the past ten years, excluding your present address. Do not use rural route numbers or box numbers. Provide months and years:

From	To	Address	City	State

7. Age _____

8. Date of Birth _____
(Month, Day, Year)

(Note: A copy of your birth certificate must be submitted with this application)

9. Are you a US Citizen? Yes _____ No _____

10. If naturalized, give date _____
(Month, Day, Year)

11. List names and addresses of parents, brothers, sisters, and stepparents, if any

12. Were you ever convicted of a misdemeanor or felony? Yes _____ No _____
a. If Yes, for what reason, where, and what was the deposition?

13. List all schools, colleges, and business schools attended, beginning with high school:

Name of School	Address	From/To

14. Did you graduate and receive a high school diploma? Yes ___ No ___
 a. If No, do you have a high school equivalent certificate (GED)? Yes ___ No ___
 b. GED Date Issued _____
 (Month, Day, Year)

15. If you attended college, what was your major? _____
 a. Did you graduate? Yes ___ No ___
 b. If you graduated, what was your degree? _____

(Note: Copies of any degrees and/or State certificates must be submitted with this application)

16. What is your current occupation? _____

17. Are you engaged in any business as an owner/partner (active or silent) Yes ___ No ___
 a. If Yes, give details _____

18. If you have applied for employment with this or any other fire department, list below:

Date Applied	Department	Phone #	Pass/Fail	Position on list or reason failed

19. List your past work record (begin with the most recent employer):

From	To	Full/Part Time	Work Name, Address, & Telephone Number

20. May we contact your current employer? Yes____ No____

a. If No, what is the reason? _____

21. Were you ever discharged or asked to resign from any employment? Yes____ No____

a. If Yes, what was the reason?

22. Are you a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of Government of the United States by unconstitutional or unlawful means? Yes____ No____

a. If Yes, please explain:

Military Service

23. Have you ever served on active duty in the Armed Services of the United States?

Yes____ No____

a. If Yes, give Branch of Service and duties served:

(Note: If Yes, a copy of your DD214 must be submitted with this application)

24. Were you ever convicted in a court martial or were you a subject of a summary court, or any other disciplinary action? Yes____ No____

a. If Yes, give details (include type of action ,charge, and disposition)

25. If applicable, what is the Terminal Date of your Reserve Obligation? _____
(Month, Day, Year)

26. Have you ever attended specialist schools while in the Armed Forces? Yes____ No____

a. If Yes, give type of schools:

27. List any commendations and citations awarded to you as a member of the Armed Forces:

28. Excluding vacation time, how much time have you lost from work during the past year?

(Days, Months, Years)

29. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? Yes____ No____

a. If Yes, give details:_____

30. Were you ever rejected by the Armed Services? Yes____ No____

a. If Yes, give details:_____

31. Give three references (not relatives, but responsible adults with a good reputable standing in their community) who have known you for at least the past five years:

Name	Address	Telephone Number

32. Give three social acquaintances in your own age group (excluding the above):

Name	Address	Telephone Number

33. Were you ever involved in an accident while driving? Yes_____ No_____

a. If Yes, give details:_____

34. Do you possess a valid driver's license? Yes_____ No_____

a. If Yes, provide the following:

i. License Number _____

ii. Class _____

iii. Expiration Date _____

iv. In which State are you licensed? _____

35. Was your driver's license ever suspended or revoked? Yes_____ No_____

a. If Yes, give details:_____

36. Do you use or have you ever used illegal drugs such as narcotics, barbiturates, amphetamines, etc.? Yes_____ No_____

a. If Yes, give details:_____

37. Do you consume any alcoholic beverages? Yes____ No____
a. If Yes, state whether moderately____ or excessively____
38. Have you paid, promised to pay, or given any money, material services, or consideration to any person, directly or indirectly toward procuring your appointment to this Department? Yes____ No____
a. If Yes, give details:_____
39. Do you have any knowledge or information, in addition to the previously asked questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment with a fire department, including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, association, criminal record, traffic violations, residence, or otherwise?Yes____ No____
a. If Yes, give details:_____
40. Are you an IDPH certified EMT-Paramedic? Yes____ No____
a. If Yes, provide the following:
i. Illinois EMT-P Certification Number _____
ii. Date of Certification _____
iii. Resource Hospital _____
iv. Project Medical Director _____
v. EMS Nurse Coordinator _____
41. If applicable, submit a Firefighter II or Basic Operations Firefighter Certification through OSFM.
a. Date of Certification _____
(Month, Day, Year)
42. If applicable, submit a copy of your Firefighter III or Advanced Technician Firefighter through OSFM.
a. Date of Certification _____
(Month, Day, Year)
43. Submit a copy of your IDPH certified EMT-Paramedic.
a. Certification Number _____
b. Date of Expiration _____
(Month, Day, Year)
44. Are you a Certified Firefighter or Paramedic in any other State? Yes____ No____
a. If Yes, give details:_____
- b. If applicable, submit a copy or copies of these certifications with this application.

45. How did you hear about this fire department testing?

46. Why do you feel that you qualify for this position? Include any hobbies & interests not previously mentioned.

Affidavit

1. I have personally read and answered each applicable question herein and do solemnly swear that each answer is full and correct in every respect.
2. I have or will submit to fingerprinting, as required.
3. I will submit to a complete medical examination to be administered by a duly appointed physician, and further consent to the release of any medical history or information for the confidential use of the Police and Fire Commission, or its assigned medical examiners.
4. I agree to submit to a polygraph (lie detector) examination.
5. I agree to submit to a psychological examination.
6. I agree to submit any and all information on my service career, if any, including DD214 form papers and military history during my tour of duty.
7. I agree to submit a copy of my high school diploma.
8. I agree to submit a certified copy of my birth certificate.

(Applicant's Printed Name)

(Applicant's Initials)

(Witness' Name & Initials)

Village of Franklin Park • Fire Department

10001 Addison • Franklin Park, Illinois 60031 • 847-678-2400

Mark W. Stewart

Fire Chief

Background Release Form

I authorize and empower the Village of Franklin Park, any consumer reporting agency, or any other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, general reputation, personal characteristics, and mode of living through correspondence or personal interviews with neighbors, friends, or associates, or others, with whom I am acquainted or who may have knowledge concerning any of the above.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation, if one is made.

Printed Name of Applicant

Date of Birth (Month, Day, Year)

Street Address

City, State, Zip Code

Initials of Applicant

Date (Month, Day, Year)

Criminal Background Check
Waiver and Release of All Claims Form

Please read this form carefully and be aware that by agreeing to allow the Village of Franklin Park to investigate your criminal background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my employment with the Village of Franklin Park.

I hereby agree to the Village of Franklin Park conducting a criminal background check on me now and randomly in the future upon reasonable suspicion of a change in my criminal background.

I agree to waive and relinquish all claims I may have against the Village of Franklin Park and its officers, agents, servants, and employees as a result of participating in any criminal background check.

I do hereby release and discharge the Village of Franklin Park, its respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of any criminal background check.

I have read and fully understand the Waiver and Release of all claims.

Initials of Applicant

Date (Month, Day, Year)

Printed Name of Applicant

Date of Birth (Month, Day, Year)

Street Address

City, State, Zip Code

Social Security Number (optional)

Race/Ethnicity (optional)

Driver's License Number

State Issued

Position Applied For

Organization and/or Department

For Administration Use Only

S.O.List

C.Q.H. None

D.L. Valid

Completed By: _____

Date: _____

Village of Franklin Park • Fire Department
10001 Addison • Franklin Park, Illinois 600131 • 847-678-2400

Mark W. Stewart
Fire Chief

Work Release Form

To Whom It May Concern:

I respectfully request that you forward and release any and all information you may have concerning me, my work record, or my reputation to the

Village of Franklin Park

Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Village of Franklin Park.

Initials of Applicant

Date (Month, Day, Year)

Printed Name of Applicant

Date of Birth (Month, Day, Year)

Street Address

City, State, Zip Code

Equal Opportunity Employer
Board of Fire and Police Commissioners
Village of Franklin Park

Name _____

Social Security (optional) _____

Address _____

Telephone Number _____

We must obtain racial and sex identification from all candidates who will be taking part in this process to comply with Federal, State, and Local regulations requiring that we assess the impact of these selection tests on all racial and sex sub-groups. This information is for statistical validation and in no way will it adversely affect a candidate's credentials in this evaluation process.

Please check the appropriate box(es) to indicate your race and sex.

- White (Caucasian)
- African American
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Other (Specify)

Sex:

- Male
- Female

Application Completion Checklist

**Send the following documentation in
one email to resumes@vofp.com**

Completed application

Completed and signed Background Release Form

Completed and signed Criminal Background Check Waiver & Release

Completed and signed Work Release Form

Completed Equal Opportunity Employer Statement

Copy of birth certificate

Copy of driver's license

Copy of high school diploma or GED

Copy of CPAT (Candidate Physical Ability Test)

Copy of EMT-P issued by IDPH

Copy of FF II / BOF if applicable