## Marseilles Fire Protection District Application

Please PRINT all information in block capital letters.

		I				Personal Information
Last Name:			First Name:			Middle Name:
). Box):	r					Sex:
Home Phone: Work I		Phone: Driver Licen		nse No.:	Driver License Class:	
Date of Birth (MM-DD-YYYY)			Place of Birth			Social Security Number
11						
						×
	Milita	ry Service and	i Emplo	yment Histo	ry	
1	To:	E	Branch o	f Service:		
	Supervisors Name: Superv			Supervi	sor's Phone:	
Work Address:					Position Held:	
nployer:						
vith present e	employer,	list previous er	nployer(	s). List most	recent firs	t.
			Phone:			Reason for Leaving:
Addre	ress: Phone:		•		Reason for Leaving:	
Addres	Address:		Phone:		Reason for Leaving:	
Addres	Phone:			Reason for Leaving:		
					ifi	
	nployer:  vith present e  Addres  Addres	Milita To: Supe	Military Service and To: Supervisors Name:  phyloger:  with present employer, list previous en  Address:  Address:  Address:	Phone:  Address:  Address:  Address:  Address:  Phone:  ( )  Shift Let  Shift Let  Shift Let  Shift Let  Shift Let  Phone:  ( )  Shift Let  Shi	First Name:  Driver Lice  Work Phone: ( )  Place of Birth  Military Service and Employment Histo  To: Branch of Service:  Supervisors Name:  phone: ( )  Address: Phone: ( )  Address: Phone: ( )  Address: Phone: ( )  Address: Phone: ( )  Shift Length:	Place of Birth  Military Service and Employment History  To: Branch of Service:  Supervisors Name: Supervi  Position  mployer:  with present employer, list previous employer(s). List most recent first Address:  Address: Phone: ( )  Address: Phone: ( )  Address: Phone: ( )  Address: Phone: ( )  Address: Phone: ( )

(District Section) Date Application Received	Date Contacted for Interview	Date of Interview	Background Check _ Clear: Yes No
Medical Exam: Pass: Yes No	Drug Screen: Pass: Yes No	Comments:	

## Applicant is not obligated to disclose expunged juvenile records of adjudication or arrest.

(Applicant Section)			Bac	kground Information
Have you ever been convicted of a felony?	Yes	No		
If yes, for what were you convicted, when, and	where?			
1	7			\$1 T
				7
Have you ever been convicted for a misdemean	or? Ye	s No		
			=	
Education	- 1 - 3 -	Dates of A	tendance	
Institution Name	State	From	Until	Did you Graduate?
High School				
College				
College				
College				
If you did not graduate from high school or did		2100		YesNo

Have you previously been a memb	er of one (1) or more Fire Departments or Fire Brigades?	Yes	No
Fire Department/Company Name	Address	Member	
The second control of the second seco	71ddi 655	From	Until
<del></del>			
Have you attended any fire fighting fyes, include copies of any certific	schools previously? Yes No cates you have received with this application.		
References			
Have you applied to the Marseilles	Fire Protection District previously?	Yes	No
Are you now a member of another t	ire department or brigade?	Yes	
			No
List any literighters with the Marse	illes Fire Protection District with whom you are acquainted	d,	
· · · · · · · · · · · · · · · · · · ·			
		14.7	
ist three (3) references, other than r			
	relatives and any named above:		
	relatives and any named above:		
	relatives and any named above:		
	relatives and any named above:  Address(Street, City, State, Zip)		
Jame	relatives and any named above:  Address(Street, City, State, Zip)	Phone ( ) ( ) ( )	
ame	relatives and any named above:  Address(Street, City, State, Zip)		
ist three (3) references, other than range	relatives and any named above:  Address(Street, City, State, Zip)	Phone ( ) ( ) ( )	
Jame	relatives and any named above:  Address(Street, City, State, Zip)	Phone ( ) ( ) ( )	

(Applicant Section)	
Why do you want to be a firefighter?	Essay
	- 3
	± m e 1
	Statement of Veracity
Review your answers carefully and read the statement below before	
I represent and warrant that the answers I have given are complete and true to the best	
I further acknowledge that I have read and understood the questions regarding crimis have answered these questions thoroughly and truthfully.	nal records and my background, and that l
I understand that failure to answer all questions completely and sincerely will subject Marseilles Fire Protection District.	ct me to dismissal as a firefighter with the
Applicant's Signature	Date
	915 520 9012
Please refer any questions you may have to Chief Michael Garrison at 815-795-5535	Or 813-330-8913.
Deliver to or mail this application to the address below:	
Marseilles Fire Protection District, 205 Lincoln Street, Marseilles, Illinois 61341	
Re: Application	

## **Marseilles Fire Protection District**

205 Lincoln Street • P.O. Box 4 MARSEILLES, ILLINOIS 61341 Telephone (815) 795-5535

## <u>AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION</u>

records concerning myself to any duly a	nereby authorize a review and full disclosure of authorized officer of the Marseilles Fire Protec rtment, whether the said records are of a pub	ction
records of law enforcement agencies, fir treatment and/or consultations, including complaints or grievances filed by or aga	e my consent for a full and complete disclosur nancial institutions, medical and psychiatric g background reports, efficiency ratings, iinst me and the records and recollections of ether representing me or another person in a resently have, or have had an interest.	
release authorization will be considered a firefighter of the Marseilles Fire Protection any person(s) who may furnish such information; and I do hereby release may be incurred as a result of such information District fire department, and the	led by a personal history background or indirectly in whole or in part, upon this in determining my suitability for appointment ation District fire department. I also certify that ormation shall not be held accountable for give said person(s) from any and all liability which mation. I further release the Marseilles Fire the Marseilles Police Department, and all of its all liability which may be incurred as a result of	it ing sh
A photocopy of this release form will be visaid photocopy does not contain an original	valid as an original thereof, even though the inal writing of my signature.	
I have read and fully understand the confidential within my personnel file.	tents of this "Authorization for Release of I that all information obtained will be kept	
SIGNATURE:	WITNESS:	
ADDRESS:	DATE:	
SOCIAL SECURITY NUMBER:	<del>-</del>	
PHONE:		
DATE OF BIRTH:	M	FPL