

## FIREFIGHTER APPLICANTS

The Board of Fire and Police Commissioners is accepting applications to establish a Firefighter Eligibility Register. Applicants must be 21 years of age and must not have reached their 35<sup>th</sup> birthday as of April 6, 2021, possess a valid drivers license, be in excellent physical health, and be of good moral character, have a high school diploma from an accredited institution or equivalent. The Board reserves the right to determine the sufficiency of the high school diploma or its equivalent. Starting salary for this position effective May 1, 2020 is \$52,472.89 plus a mandatory paramedic stipend of \$5,098.94.

All applicants for a position with the fire department shall possess a minimum of a valid EMT-B license issued by the Illinois Department of Public Health ("IDPH") on the final date for submission of applications to the Board. Applicants must submit a copy of the valid license and any other proof required by the Board. Any license under suspension or review by the IDPH at the time of the close of applications shall be deemed to be an invalid license.

Applicants must be a United States citizen. Residency within 15 months of employment must be maintained within the corporate limits of the City of Ottawa. Applicants must present a valid CPAT (Candidate Physical Ability Test) with the completed applications. Please contact the Fire Chief at the Ottawa Fire Department with any inquiries regarding this requirement.

In addition to the above requirements, persons appointed from the Final Eligibility Register for the fire department must possess a valid EMT-P license issued from the Illinois Department of Public Health (IDPH) at the time of appointment. Any applicant who has not been appointed to a firefighter position within one year after the date of his or her CPAT certification may be required to obtain another valid CPAT certificate prior to appointment. A CPAT is valid for one (1) year from date of issuance. If such applicant fails to obtain a valid CPAT certification when required, the Board may allow such application to remain on the register one time only and select another applicant. If the applicant does not obtain a valid CPAT certification when offered employment again, the Board shall strike the applicant from the Register. Applicants bear the responsibility to submit a copy of the valid license and any other proof the Board requires. The Board reserves the right to strike or pass over a person on the list who does not possess a valid license at the time of appointment.

Application packets may be picked up at the Ottawa City Hall at 301 W. Madison Street, Ottawa, Illinois or can be downloaded online at <http://www.cityofottawa.org>. Completed application packets must be returned to address shown below **no later than 4:30 p.m. on April 6, 2021.**

**Ottawa City Hall - ATTN: Board of Fire and Police Commissioners  
301 West Madison Street  
Ottawa, Illinois 61350**

The Board will begin the testing process with a MANDATORY Orientation immediately preceding the written exam Tuesday, April 13, 2021 at 5:30 p.m. at Ottawa City Hall, 301 West Madison Street, Ottawa, Illinois. Failure to attend this orientation will prevent further application. The written exam will be immediately following the orientation. The oral test will be conducted on April 24, 2021. Ottawa is an Equal Opportunity Employer.

BOARD OF FIRE AND POLICE COMMISSIONERS  
City of Ottawa, Illinois

**Application packets must be in a sealed envelope with completed label below taped to the outside no later than 4:30 p.m. on April 6, 2021. No applications will be accepted after this date and time. Applications not returned to above address will not be accepted.**

Fire Fighter  
**PRINT CLEARLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Email: \_\_\_\_\_

## FACT SHEET

Below is an outline of the various points that you should know about the position of Firefighter. Please read them over carefully so that there will be no misunderstanding of what you can expect, and what will be expected of you.

### YOU CAN EXPECT:

1. Starting salary as of May 1, 2020: \$52,472.89 plus a mandatory paramedic stipend of \$5,098.94.
2. Must successfully complete a probationary period of 12 months.
3. Paid vacations, hospital insurance, life insurance, dental plan.
4. Opportunities for advancement.
5. Work a 48 hour shift, then off duty, subject to call, for 96 hours.
6. You must possess and submit a minimum of a valid EMT-B license issued by the Illinois Department of Public Health ("IDPH") on the final date for submission of applications to the Board. You will be sent to the University of Illinois Fire Academy at the earliest opportunity.
7. You must submit a valid CPAT (Candidate Physical Ability Test) with the application. A CPAT is valid for one (1) year from date of issuance.
8. You must have a current, valid driver's license.
9. After being appointed, and within 15 months, you must live within the City of Ottawa corporate limits.
10. In addition to the above requirements, persons appointed from the Final Eligibility Register for the fire department must possess a valid EMT-P license issued from the Illinois Department of Public Health (IDPH) at the time of appointment. Any applicant who has not been appointed to a firefighter position within one year after the date of his or her CPAT certification may be required to obtain another valid CPAT certificate prior to appointment. If such applicant fails to obtain a valid CPAT certification when required, the Board may allow such application to remain on the register one time only and select another applicant. If the applicant does not obtain a valid CPAT certification when offered employment again, the Board shall strike the applicant from the Register. Applicants bear the responsibility to submit a copy of the valid license and any other proof the Board requires. The Board reserves the right to strike or pass over a person on the list who does not possess a valid license at the time of appointment.

### TESTING PROCEDURE:

1. Attending the Orientation Program (MANDATORY ATTENDANCE REQUIRED) to be held at Ottawa City Hall, 301 West Madison Street immediately preceding the written exam on Tuesday, April 13, 2021 at 5:30 p.m.
2. Written test will be held on April 13, 2021 immediately following the orientation at Ottawa City Hall.
3. The oral test will be conducted on April 24, 2021. The oral test is given only to candidates who have successfully met all of the above requirements.
4. A thorough background investigation will be made on you.
5. All applicants listed on the eligibility list will be required to submit to a medical examination performed by a **licensed M.D. or D.O.**, including tests for the presence of communicable diseases as well as a test to screen for the use of drugs and/or narcotics; in-depth psychological examination; a final background check before being hired.

When returning your application, you **MUST** include the following:

1. Copy of your birth certificate.
2. Copy of your valid EMT-B or EMT-P license issued by IDPH
3. Copy of Valid CPAT
4. Copy of your service discharge (if applicable).
5. Copy of high school diploma or equivalent.
6. The signed and dated waivers and release forms (4).

The completed application form and all of the above items must be returned to Ottawa City Hall, ATTN: Fire and Police Commission, 301 West Madison Street, Ottawa, Illinois, no later than 4:30 p.m. on Tuesday, April 6, 2021. **NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE AND TIME.** All applications and forms must be returned in a sealed envelope with the completed label provided taped to the outside. Applications not returned to above address will not be accepted.

Authorization for Release of Information Agreement

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Ottawa Fire Department. The departments needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Ottawa Fire Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Ottawa Fire Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Ottawa Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the information provider's organization, including, officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Ottawa Fire Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Ottawa Fire Department's acceptance and processing of my application for employment, I agree to hold the information provider, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Ottawa Fire Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Ottawa Fire Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 6 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

**WAIVER/RELEASE OF LIABILITY**  
**APPLICANT FOR PUBLIC EMPLOYMENT**

AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, between \_\_\_\_\_, an applicant for employment as Firefighter, with the Fire Department of the City of Ottawa, Illinois, (the "Applicant") and the City of Ottawa, Illinois; its Board of Fire and Police Commissioners; the City's and the Board of Fire and Police Commissioners' employees, agents, representatives and assigns (specifically any testing agency employed by the City or its Board of Fire and Police Commissioners) (hereinafter collectively referred to as the "City"), witness:

Whereas, Applicant has applied to the City for employment as a Firefighter; and,

Whereas, the City is required to subject the Applicant to a competitive testing process; and,

Whereas, the Applicant has agreed to submit to a variety of examinations including a written examination, physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the City; and,

Whereas, the City has agreed to administer said exams, on an as needed basis and as provided by the rules and regulations of the City's Board of Fire and Police Commissioners, without expense to the Applicant; and,

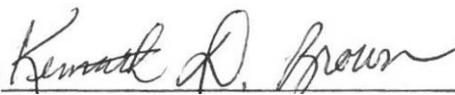
Whereas, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of Firefighter. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant's participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, & 40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the importance of this Waiver with legal counsel of Applicant's choosing.

Witness our hands and seals the day and year above written.

APPLICANT

CITY OF OTTAWA, ILLINOIS  
BOARD OF FIRE AND POLICE COMMISSIONERS

By:   
Secretary

**ACKNOWLEDGMENT/CONSENT  
BACKGROUND AND CREDIT HISTORY**

As part of the application process for employment as a firefighter with the Ottawa Fire Department of the City of Ottawa, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicants neighbors, friends, or others whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicants character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. The name of the consumer reporting agency used as part of this background investigation is Kewanee Credit Bureau and the consumer reporting agency may be contacted by placing a telephone call to (309) 852-2574. Furthermore, the applicant acknowledges that he/she consents and authorizes the City of Ottawa, Illinois, its agents or assigns, to conduct a background investigation and to request a report of his/her credit history. The applicant also acknowledges that said applicant has been advised of his/her creditor's rights, as follows:

“Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:

1. The nature and substance of all information in its files (except medical information on you at the time of the request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he/she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal law provides three methods by which you may obtain these disclosures from the consumer report agency:

1. You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification.
2. You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification.
3. If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the Board of Fire and Police Commissioners of the City of Ottawa, Illinois, as the applicant's prospective employer.

Signed and Sealed at \_\_\_\_\_, Illinois, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION \_\_\_\_\_

**INSTRUCTIONS: PRINT, USE INK.** Applicant must complete application accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term 'N/A' if the question does not apply. Be certain to list the area code for each telephone number requested.

## POSITION APPLIED FOR

LAW ENFORCEMENT       FIREFIGHTER       OTHER \_\_\_\_\_

## PERSONAL DATA

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

STREET \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

COUNTY \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE & ZIP CODE)	SEX	HEIGHT
MONTH   DAY   YEAR			FT.   IN.
WEIGHT	AGE	COLOR OF EYES	COLOR OF HAIR
1. ARE YOU A U.S. CITIZEN — IF "YES"		IF "NATURALIZED", GIVE PARTICULARS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED		

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE.)

3. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES AND RELATIONSHIPS.

4. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS AND BROTHERS.

NAME	RELATIONSHIP	ADDRESS	OCCUPATION



5. ARE YOU SINGLE?  MARRIED  SEPARATED  WIDOWED  DIVORCED

6. ARE YOU LIVING WITH YOUR SPOUSE?  YES  NO IF "NO" EXPLAIN

7. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

8. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	EXPLAIN	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

9. ARE YOU PAYING ALIMONY?  YES  NO IF "YES" EXPLAIN

10. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE.

11. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM

12. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN?  YES  NO IF "NO" EXPLAIN FULLY

13. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING?  YES  NO IF "YES" EXPLAIN

14. ARE YOU PAYING CHILD SUPPORT?  YES  NO IF "YES" EXPLAIN

## RESIDENCES

15. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS.

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

<p>16. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>17. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>IF "YES" GIVE LOCATION</p>
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## EDUCATION AND TRAINING

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	FULL TIME	PART TIME	GRADUATE	
					YES	NO
GRAMMAR SCHOOLS						
HIGH SCHOOLS						
COLLEGE OR UNIVERSITY						
EXTENSION OR CORRESPONDENCE COURSES						



19.	COLLEGE	COURSE OF STUDY		DEGREES(S) ATTAINED
		MAJOR	MINOR	

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
21. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	
22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD	
23. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK
	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK

**MILITARY**

24. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT BRANCH
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25. WHAT IS YOUR SERVICE SERIAL NO.?	26. HIGHEST RANK HELD	27. RANK AT DISCHARGE
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28. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)		29. LIST PERIODS(S) OF ACTIVE SERVICE FROM (DATE) TO (DATE)
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)		

30. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)	BE EXACT	IF OTHER THAN "HONORABLE" EXPLAIN

31. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

32. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
	ADDRESS	FROM	TO	

33. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT	UNIT
	RANK	TYPE OF DISCHARGE	FROM TO

34. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT	



## DRIVING HISTORY

<b>35. CAN YOU OPERATE AN AUTOMOBILE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>36. DO YOU POSSESS A VALID OPERATOR'S LICENSE FROM ILLINOIS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
<b>37. LIST ALL OTHER STATES IN WHICH YOU HOLD OR HAVE HELD AN OPERATOR'S LICENSE.</b>	STATE	LICENSE NUMBER	EXPIRATION DATE
<b>38. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	
<b>39. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	
<b>40. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	
<b>41. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED</b>			

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

## SECURITY DATA

<b>42. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF "YES" EXPLAIN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
<b>43. HAVE YOU EVER BEEN PLACED ON PROBATION?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
<b>44. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
<b>45. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES AND OUTCOME			
<b>46. HAVE YOU EVER BEEN THE VICTIM OF A CRIME?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WAS THIS CRIME REPORTED TO THE POLICE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU WERE A "VICTIM" EXPLAIN		
<b>47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE		
<b>48. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN				



## EMPLOYMENT HISTORY

**49. 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 TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.**

<b>1</b>	From	To	Most recent or current Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>2</b>	From	To	Second most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>3</b>	From	To	Third most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>4</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>5</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>6</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>7</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			Reason for Leaving	
<b>50. INDICATE BY NUMBER ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT. EXPLAIN</b>				



51. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS
52. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
53. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
54. ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
55. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION
56. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS	IF "YES" EXPLAIN			
57. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			

### CREDIT HISTORY

58. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES SUCH AS BANK, CHARGE ACCOUNT, OR OTHER LENDER. (Include Loan Opened and Closed Dates)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATES
		\$	
		\$	
		\$	

59. HAVE YOU EVER BEEN SUED?  YES  NO IF "YES" GIVE DETAILS

60. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS.

AMT. OF ORIGINAL	AMT. NOW OWED	IN ARREARS		OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

61. HAVE YOU EVER FILED FOR BANKRUPTCY?  YES  NO IF "YES" EXPLAIN



## REFERENCE CONTACTS

### REFERENCES

**62. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.**

<b>1</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
<b>2</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
<b>3</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
<b>4</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
<b>5</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

### ACQUAINTANCES

**63. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND 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.**

<b>1</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?
<b>2</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?
<b>3</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?

### EMERGENCY CONTACTS

**64. PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY**

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

65. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

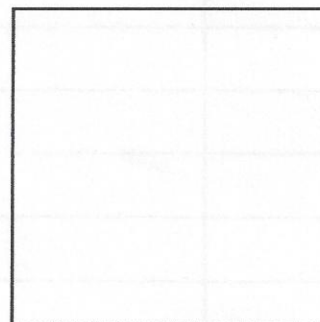
I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**PHOTOGRAPH**



**THUMB PRINT**





# CONTINUATION SHEET

Indicate in the left hand columns the number of the page and question you are answering, then complete your answer in the space provided.

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER	
SIGNATURE			DATE



