



Grayslake Fire Protection District  
 160 Hawley Street  
 Grayslake, Illinois 60030

**Part-Time Firefighter/Paramedic Applicant Data Questionnaire**

**PERSONAL INFORMATION**

1. Applicant Full Name (Last, First, Middle): \_\_\_\_\_
2. Give any other name(s) you have been known by or used and attach a statement giving reasons, include maiden name if applicable: \_\_\_\_\_
3. Home Address (Number & Street, City, State, ZIP): \_\_\_\_\_  
 \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ 5. Mobile/Cell Phone: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Drivers License State: \_\_\_\_\_ 8. Driver's License Number: \_\_\_\_\_
9. Date of Birth (Month/Date/Year): \_\_\_\_\_ 10. Social Security Number: \_\_\_\_\_
11. U.S. Citizen:  Yes  No. If no, have you applied for United States citizenship?  Yes  No.

List your residences for the past 10 years in chronological order.

Address	City and State
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____

**EDUCATION, TRAINING, EXPERIENCE**

17. Highest Grade Completed:  
 GED;  High School;  
 College:  1,  2,  3,  4,  5  
 Graduate School:  M.A.,  Other: \_\_\_\_\_

	Name, Address, City and State	Date(s) Attended	Graduate
18. High School	_____	_____	
19. Undergraduate Education	_____	_____	
20. Graduate Education	_____	_____	
21. Trade School	_____	_____	

22. What college degrees have you attained? \_\_\_\_\_

23. List course work relevant to position applied for: \_\_\_\_\_  
 \_\_\_\_\_



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**MILITARY**

24. Are you now or have you ever been in the military service of the United States?  Yes  No.
25. Branch of service: \_\_\_\_\_
26. Highest Rank Held: \_\_\_\_\_
27. Type of Discharge: \_\_\_\_\_
28. Give dates and location of active duty: \_\_\_\_\_  
 \_\_\_\_\_
29. City and State: \_\_\_\_\_
30. Period of Active Duty: From \_\_\_\_\_ To \_\_\_\_\_
31. 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  No.
32. Rank: \_\_\_\_\_
33. Unit: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**CONVICTION HISTORY**

34. Have you ever been convicted of a crime other than minor traffic violations?  Yes  No. If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE
35.			
36.			
37.			

List all traffic convictions and accidents you have had in the last ten years.

LOCATION (City-State)	DATE	VIOLATION	DISPOSITION
38.			
39.			
40.			

41. Have you ever been refused a driver's license?  Yes  No. If yes, explain:  
 \_\_\_\_\_
42. Has your driver's license ever been suspended or revoked?  Yes  No. If yes, explain:  
 \_\_\_\_\_



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### EMPLOYMENT HISTORY

List all jobs you have held for the last ten years. Include periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence along with temporary or part-time jobs.

List your previous three (3) employers. Begin with your current or most recent employer.

43. Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job Description: \_\_\_\_\_

Do you object to our contacting them?  Yes  No

Reason for Leaving: \_\_\_\_\_

Date(s) Employed (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

44. Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job Description: \_\_\_\_\_

Do you object to our contacting them?  Yes  No

Reason for Leaving: \_\_\_\_\_

Date(s) Employed (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

45. Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job Description: \_\_\_\_\_

Do you object to our contacting them?  Yes  No

Reason for Leaving: \_\_\_\_\_

Date(s) Employed (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

46. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment?  
If yes, please explain: \_\_\_\_\_

47. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation?  Yes  No. If yes, explain: \_\_\_\_\_

\_\_\_\_\_



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48. Have you ever taken a civil service exam?  Yes  No

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Position on List \_\_\_\_\_

Status \_\_\_\_\_

49. Are you currently on any eligibility list(s)?  Yes  No

If yes, indicate position applied for, status on list and expiration date of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Please list two adults not related to you and not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

50. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

51. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

52. List organizations of which you are a member that relate to the position that you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. Explain your reasons for wanting to become a firefighter and/or paramedic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

54. Please review the enclosed job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.  Yes  No

If accommodation is needed, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**SUBMISSION OF DOCUMENTATION AND CREDENTIALS**

I understand that I must provide copies of the following documentation and/or certifications with my application upon submission:

- Valid Driver's License
- EMT-P License
- Firefighter II Basic Certification
- Valid CPAT Card

If hired, I understand that on the first day of employment I will need to provide; one selection from List A or a combination of one selection from List B and one selection from List C. Documents must be UNEXPIRED.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			



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I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints may be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

I hereby certify that I have read the above questions and statements, and I certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and that all my answers are true and correct to the best of my knowledge and belief. I understand that any misrepresentations, omissions or falsifications on this questionnaire may result in my application no longer being considered or in termination of my employment with Grayslake Fire Protection District.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Grayslake 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.

**CONTINUATION SPACE**

(If adequate space was not provided for a specific item, please continue here).

Question Number, Continuation of Answer

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RELEASE AND LIABILITY AUTHORIZATION FORM

I, \_\_\_\_\_ (Print Name), hereby authorize the Grayslake Fire Protection District and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Grayslake Fire Protection District. I also consent to the release to the Grayslake Fire Protection District of any and all medical records prepared during the physical examination I am required to undergo for employment with the Grayslake Fire Protection District. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I also agree to indemnify and hold harmless the Grayslake Fire Protection District, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the Grayslake Fire Protection District, its individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the Grayslake Fire Protection District, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the Grayslake Fire Protection District, I must maintain at all times a valid Driver's License, of the Class required to operate all vehicles of the Grayslake Fire Protection District. I do further agree that my failure to maintain said Driver's License will constitute reason for just cause of my dismissal from employment with the Grayslake Fire Protection District. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II certification and EMT-P license. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the Grayslake Fire Protection District.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_