

# Village of Lake Bluff Fire Department Application for Volunteer Fire Fighters

Please Read and Sign: I certify that the information provided in this volunteer application is true and complete to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information provided in my application, interview(s), or other volunteer forms, whenever or however discovered, will be sufficient reason not to accept me as a volunteer with the Lake Bluff Fire Department and shall be grounds for discontinuing my volunteer status. I further understand that this application is not intended to be a contract of employment, nor is it a request for an offer of employment.

I authorize the Village of Lake Bluff to thoroughly investigate all statements contained in my application for volunteer fire fighter, interview(s) or other volunteer forms. I further authorize the Village to conduct an investigation of my background, including my criminal history, credit history and driving record. I agree to cooperate in any such investigation, and release and discharge from all claims, demands, liabilities or damages of any kind or nature all persons or entities requesting or supplying information pursuant to such an investigation, including the Village, any reference from whom information is obtained and any third party that provides information to the Village. If I have prior experience as a fire fighter, I authorize my current and former employers and entities for which I have performed volunteer fire fighting services to disclose information regarding my fire fighting experience, without giving me prior notice of such disclosure. I also understand that, if appointed to the Lake Bluff Fire Department, I am required to abide by all rules, ordinances and regulations of the Village of Lake Bluff and the Lake Bluff Fire Department that apply to volunteer fire fighters.

NAME (please print)		PREVIOUS ADDRESS (LESS THAN 7 YRS)	
SIGNATURE	DATE	EMAIL ADDRESS	
PHONE NUMBER		DATE OF BIRTH	
ADDRESS		DRIVER'S LICENSE NUMBER AND STATE	
CITY/STATE/ZIP CODE		SOCIAL SECURITY NUMBER	



# LAKE BLUFF FIRE DEPARTMENT FIREFIGHTER APPLICATION

	Last	First		Middle
List any	other names you have us	nown by (includ	e maiden name):	
Address	:Number & Street	City	State	Zip
	hone No. ()			Zīp
	s Phone No. ()_			
	one No. ()_			
	.ddress:			
	Birth:			
	License No			e State:
Social S	ecurity No			
	you an alien with evidence of	intention to bec	ome a U.S. Citizer	n?
LIST	ALL FORMER ADDI		R THE PAST I	FIVE YEARS IN
	Number & Street	City	State	7:
	Number & Street	City	State	Zip
Address	Number & Street	City	State	Zip
Address	Number & Street	City	State	Zip
Address		<b>,</b>		r
11441033	Number & Street	City	State	Zip

#### **EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED:						
GED CERTIFICATE	HIGH SO	CHOOL 1 2 3 4	COLLEGE 1 2 3 4			
GRADUATE SCHOOL	M.A.	Ph.D.	OTHER			
e and Address of School ide City and State)	Date(s) A	Attended	Graduate? Yes No			
High School						
Undergraduate Education	·					
Graduate Education						
Trade Schools						
What college degrees have	e you attained	1?				
List course work relevant	to position fo	or which you have	applied:			
Do you live within three	miles of the L	ake Bluff Fire Sta	tion?			
Yes No	If 1	no, how far:				
Do you have previous fire	efighting expe	erience?				
Yes No						
If Yes, explain						

## **MILITARY**

26.	Are you now	or have ever been in the r	military service?	Yes	_ No				
27.	Branch of service								
28.		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							
	Rank								
29.	Unit	From _	To	)					
		CONVICT	ION HISTORY						
30.	Have you ev	Have you ever been convicted of a crime other than minor traffic violations?							
	Yes If "Yes," exp	No blain below:							
	DATE	POLICE AGENCY	OFFENSE		POSITION OF CASE				
31.		c convictions and accident led, please type on a separa	•	last four	years. (If more				
	LOCATION CITY-STATE)	APPROXIMATE DATE	VIOLATION	DIS	POSITION				

### EMPLOYMENT HISTORY

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

Employer's name:			Phone	
Address				
Number & Street		City	State	Zip
Job Description				
Do you object to us contacting the	em?			
EmployedMonth-Year	to _		Salary	Per
Month-Year		Month-Year		
Employer's name:			Phone	
Address				
Number & Street		City	State	Zip
Job Description Do you object to us contacting the	 em?			
EmployedMonth-Year	to _		Salary	Per
Month-Year		Month-Year		
Employer's name:			Phone	
Address				
Number & Street		City	State	Zip
Job Description Do you object to us contacting the	 em?			
Employed Month-Year	10	Month-Year	surary	2 02
Employer's name:			Phone	
Address				
Number & Street		City	State	Zip
Job Description Do you object to us contacting the	em?			
Employed	to _		Salary	Per
Month-Year		Month-Year	-	

•	er resigned from any employment y performance or while under in	•	
	n:		
	er taken a civil service exam?		No
Agency	Date	Position on Li	st
Status			
Are you curre	ently on any eligibility list(s)?	Yes	No
If yes, indicat	te position applied for, status on	list and expiration	on date of each:
List organizat	tions of which you are a member	er that relate to th	e position for which
List organizat applying: Explain your Fire Departme	tions of which you are a membe	er that relate to th	e position for which

44.	Person(s) to be notified in case of emergency.				
	Name		_ Address		
	Hm Phone		Cell Phone		
	Relationship				
	Name		_ Address		
	Hm Phone		Cell Phone		
	Relationship				
	Name		_ Address		
	Hm Phone		Cell Phone		
	Relationship				
STATE OMIS MY A AND I FALSE HIRIN CONS	EMENTS, AND I C SIONS, OR FALSI NSWERS ARE TR BELIEF. I UNDER IFICATIONS ON T NG PROCESS MAY	CERTIFY THAT TO FICATIONS IN THE UE AND CORRECT STAND THAT MI THIS QUESTIONN RESULT IN MY ERMINATION OF	O THE ABOVE QUESTI HERE ARE NO MISRED HIS QUESTIONNAIRE, TO THE BEST OF M SREPRESENTATIONS, AIRE OR AT ANY TIM APPLICATION NO LOI MY MEMBERSHIP WI	PRESENTATIONS, AND THAT ALL Y KNOWLEDGE OMISSIONS OR E DURING THE NGER BEING	
Signat	ure in Full				
Dated	at	_ Illinois, this	_ day of	_, 20	