

# EMPLOYMENT APPLICATION

Date  
Name  
Address  
Phone  
Date of Birth  
Social Security Number  
Place of Birth  
Are you a U.S. Citizen? Yes                      No  
If Yes: Native born                      Naturalized

If Naturalized, provide details:

List every member of your immediate family who is still living. Include Name, Relationship, Address and Phone.

Relative:

Relative:

Relative:

Relative:

Relative:

Are you: Single              Married              Separated              Widowed              Divorced

Give the following information regarding your marriage:

Spouse's name:                                      Where:                                      Maiden name:

Are you paying alimony? Yes              No

If yes, explain:



**City of Blue Island Civil Service Commission**

2450 Vermont St. Blue Island, IL 60406

708-396-7071

Cityofblueisland.org

*Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect or inaccurate statement(s) will remove you from employment eligibility. If writing space provided is inadequate, use the continuation sheet provided. Use DNA if the question does not apply to you.*

List every child born to you, adopted and stepchildren:

Name:	Date of Birth:	Child lives with:
Name:	Date of Birth:	Child lives with:
Name:	Date of Birth:	Child lives with:
Name:	Date of Birth:	Child lives with:
Name:	Date of Birth:	Child lives with:
Name:	Date of Birth:	Child lives with:

Are you paying child support? Yes No

List the various schools you have attended:

	Graduated		Year Completed
Grammar School	Yes	No	
High School	Yes	No	
High School	Yes	No	
College	Yes	No	
College	Yes	No	
Trade/Other	Yes	No	

List any professional licenses or certificates you have or held:

Do you possess a valid Driver's License? Yes No

If yes, Driver's License number:

Has your license ever been suspended or revoked? Yes No

If yes, explain:

List all traffic citations you have received:

City	Date	Nature	Disposition
City	Date	Nature	Disposition
City	Date	Nature	Disposition
City	Date	Nature	Disposition

Are there any warrants, traffic or otherwise, now pending against you? Yes No

If yes, explain:

Have you ever been convicted? Yes No

If yes, explain including date, Police Agency, charges and disposition:

Have you ever served in any U.S. military organization? Yes No

If yes, what Branch and location?

Highest rank held

Service Serial Number

Rank at Discharge

What type of Discharge did you receive (be exact)?

Date and location of Discharge (city and state)

Date and location of entrance to active duty (city and state)

Have you ever been convicted at a court martial? Yes No

If yes, explain

Have you ever served in a branch of U.S. Reserve Forces Unit? Yes No

If yes, are you Active Inactive

Branch Unit Rank Dates

Have you ever been a member of the National Guard? Yes No

If yes, what state

Rank Regiment Unit Dates

Type of Discharge (be exact)

Was any disciplinary action taken against you in the Nation Guard or Reserve Unit? Yes No

If yes, explain

Have you ever taken a Civil Service exam? Yes No

If yes, explain

Have you ever placed on a Civil Service list and not hired? Yes No

If yes, explain

Were you ever rejected for any Civil Service position? Yes No

If yes, explain

Have you ever submitted an application for appointment to another fire department? Yes No

If yes, explain

Have you ever been a Firefighter/EMT or held a similar position? Yes No

If yes, what position was held?

Location including state

Dates of position

Have you ever been discharged or forced to resign because of misconduct or unsatisfactory service or under investigation? Yes No

If yes, explain

List you addresses for the last ten years, starting with present address, include city, state and zip.

From M/Y To M/Y Address

From M/Y To M/Y Address

From M/Y To M/Y Address

From M/Y To M/Y Address

From M/Y To M/Y Address

From M/Y To M/Y Address

List all jobs you have held for the last ten years, including periods of unemployment, put your present or most recent job first, including military service, in proper time sequence and temporary or part-time jobs.

Employer	Address
Dates	Position/Title
Supervisor	Reason for leaving

Employer	Address
Dates	Position/Title
Supervisor	Reason for leaving

Employer	Address
Dates	Position/Title
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Is there an employer you do not wish us to contact? Yes            No

If yes, which one?

List the names of five adults not related to you and not former employers, who have known you for a period of at least five years. All persons listed will be asked to appraise your ability, experience and other qualities.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Should you successfully complete all phases of the examination process, you will be subject to a thorough medical evaluation. That medical examination may include testing for drugs/narcotics, communicable diseases, including the AIDS virus and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standard established by the municipality to which you are applying. A medical examination will be administered after a condition offer of employment has been made.

Return this application and all required documents to:

City of Blue Island Police Department

13031 Greenwood Ave.

Blue Island, IL. 60406

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

Signature \_\_\_\_\_

Date