

Employment Application



Think Outside The Loop



City of Blue Island Civil Service Commission

Blue Island, Illinois

60406

Phone: 708-597-8600 email www.blueisland.org Fax: 708-396-7003

Date:

Name:

Address: 13031 S.

Greenwood Ave.

State/Province:

Zip/Postal

Home Phone:

Cell Phone:

Social Security Number:

Date of Birth:

Place of Birth

Instructions: 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."

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, including Father, Mother, Sister(s), Brother(s), Step, etc.:

Name Relationship Occupation

Address Phone

Name Relationship Occupation

Address Phone

Name Relationship Occupation

Address Phone

Name Relationship Occupation

Address Phone

Name Relationship Occupation

Address Phone

Are you: Single Married Separated Widowed Divorced

Are you living with your spouse: Yes No If NO, explain

Give the following information regarding marriage(s):

<input type="text"/>	Where: <input type="text"/>	Wife's maiden name: <input type="text"/>
<input type="text"/>	Where: <input type="text"/>	Wife's maiden name: <input type="text"/>
<input type="text"/>	Where: <input type="text"/>	Wife's maiden name: <input type="text"/>

If a marriage to which you were a party was ever dissolved, complete the following:

<input type="text"/>	Explain <input type="text"/>	To whom was action granted <input type="text"/>
<input type="text"/>	Explain <input type="text"/>	To whom was action granted <input type="text"/>
<input type="text"/>	Explain <input type="text"/>	To whom was action granted <input type="text"/>

Are you paying alimony: Yes No If Yes, explain:

If divorced, list the name(s) of previous spouse(s) and where they reside:

<input type="text"/>
<input type="text"/>
<input type="text"/>

List every child born to you, adopted and stepchildren:

<input type="text"/>	Date of Birth <input type="text"/>	Whom does the child live with: <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/>	Whom does the child live with: <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/>	Whom does the child live with: <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/>	Whom does the child live with: <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/>	Whom does the child live with: <input type="text"/>

Are you supporting all children born to you, adopted by you or step children: Yes No

Have you ever been named as the natural father in a paternity proceeding: Yes No

Yes No

If Yes, explain

Date:

Date:

Date:

Separated

Divorced

Annulled

Name/Address

Name/Address

Name/Address

Name

Name

Name

Name

Name

If NO, explain

If Yes, explain

Are you paying child support:

List the various schools you have attended:

Grammar School	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed	<input type="text"/>
	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed	<input type="text"/>
	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed	<input type="text"/>
	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed	<input type="text"/>
	<input type="text"/>			
	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	<input type="text"/>
	<input type="text"/>			
	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	<input type="text"/>
	<input type="text"/>			
	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	<input type="text"/>
	<input type="text"/>			

Were you ever expelled or suspended from school No Yes If Yes, explain

List other formal education beyond high school you may have, including special training

List any professional licenses or certificates you have or have held

Do you possess a valid operator's license in Illinois? Yes No

Other U.S. State

Expiration

Have you ever been refused an operator's license by any state? No Yes If Yes, explain

Was your license ever suspended or revoked? No Yes If Yes, explain

Has your license ever been placed on probation? No Yes If Yes, explain

List your addresses for the last ten years, starting with the present address (include city, state and zip code)

<input type="text"/>	To (M/Y)	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>	To (M/Y)	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>	To (M/Y)	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>	To (M/Y)	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>	To (M/Y)	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>	To (M/Y)	<input type="text"/>	Address	<input type="text"/>
From (M/Y)	<input type="text"/>	To (M/Y)	<input type="text"/>	Address

Grammar School

High School

High School

College/University

Date Completed

College/University

Date Completed

Business College

Date Completed Other

Courses:

Yes

Can you operate an automobile?

Yes

If Yes, Driver's License No.

Yes

Yes

Yes

From (M/Y)

From (M/Y)

From (M/Y)

From (M/Y)

From (M/Y)

From (M/Y)

Do you own or are you buying a home? Do you own or are you buying other real estate?

No Yes Yes

[Empty text box]

Have you ever served any military organization of the U.S.?

No Yes If Yes, What Branch

[Empty text box for branch]

[Empty text box for rank]

Highest rank held

[Empty text box for rank]

[Empty text box]

What type of discharge did you receive? (Be Exact)

[Empty text box for discharge type]

Date and location of discharge (city and state)

[Empty text box for date and location]

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

[Empty text box for date and location]

Were you ever convicted at a court martial?

Yes No If yes, explain

[Empty text box for explanation]

Have you ever served in a branch of a U.S. Reserve Forces Unit?

Yes No

If Yes,

Active Inactive

Branch

[Empty text box for branch]

Unit

[Empty text box for unit]

Rank

[Empty text box for rank]

Dates

[Empty text box for dates]

Are you a member, or have you ever been a member, of the National Guard?

Yes No

If Yes, What State

[Empty text box for state]

Rank

[Empty text box for rank]

Regiment

[Empty text box for regiment]

Unit

[Empty text box for unit]

Dates

[Empty text box for dates]

Type of Discharge (Be Exact)

[Empty text box for discharge type]

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

If Yes, explain

[Empty text box for explanation]

List all traffic citations you have received:

Location (City)

[Empty text box for location]

Apprx. Date

[Empty text box for date]

Nature

[Empty text box for nature]

Disposition

[Empty text box for disposition]

Location (City)

[Empty text box for location]

Apprx. Date

[Empty text box for date]

Nature

[Empty text box for nature]

Disposition

[Empty text box for disposition]

Location (City)

[Empty text box for location]

Apprx. Date

[Empty text box for date]

Nature

[Empty text box for nature]

Disposition

[Empty text box for disposition]

Location (City)

[Empty text box for location]

Apprx. Date

[Empty text box for date]

Nature

[Empty text box for nature]

Disposition

[Empty text box for disposition]

Location (City)

[Empty text box for location]

Apprx. Date

[Empty text box for date]

Nature

[Empty text box for nature]

Disposition

[Empty text box for disposition]

Are there any warrants, traffic or otherwise, now pending against you?

Yes No

If Yes, explain

[Empty text box for explanation]

Have you ever been convicted?

Yes No

If Yes, explain

[Empty text box for explanation]

Date

[Empty text box for date]

Police Agency

[Empty text box for police agency]

Charges

[Empty text box for charges]

Disposition

[Empty text box for disposition]

Date

[Empty text box for date]

Police Agency

[Empty text box for police agency]

Charges

[Empty text box for charges]

Disposition

[Empty text box for disposition]

Yes

If Yes, give location

YES

What was your service serial number

Rank at Discharge

Have you ever been placed on probation?

Yes No

If Yes, explain

Have you ever been required to pay a fine in excess of \$25.00

Yes No

If Yes, explain

Have you ever been reported as a missing person?

Yes No

Yes

No

If Yes, explain

Have you ever been the victim of a crime? Was the crime reported to the police?

Yes No

Have you ever been fingerprinted by a police agency other than for an arrest?

Pos. on List Status

Pos. on List Status

Pos. on List Status

Have you ever taken a civil exam?

Yes No If Yes, explain

If Yes, explain

Agency Date

Agency Date

Agency Date

Were you ever placed on a civil service list and not hired?

Yes No

Were you ever rejected for any civil service position?

Yes No

Have you ever submitted an application for appointment to another fire department?

Yes

Have you ever been a firefighter/EMT or held a similar position?

Yes

Date from Date to

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation?

Yes

No

If Yes, explain

Employer (include names)

Employer Address

Are you now or have you been engaged in any business as an owner, partner or corporate member?

Yes No

If Yes, explain

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.

Address

Type of Business

Name/Title of Supervisor

T0 (Date)

Exact Position/Title

Salary (Per month)

Duties

Reason for Leaving

Address

Type of Business

Name/Title of Supervisor

T0 (Date)

Exact Position/Title

Salary (Per month)

Duties

Reason for Leaving

Address

Type of Business

Name/Title of Supervisor

T0 (Date)

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Exact Position/Title

Salary (Per month)

Duties

Reason for Leaving

Address

Type of Business

Name/Title of Supervisor

T0 (Date)

Exact Position/Title

Salary (Per month)

Duties

Reason for Leaving

Indicate which employer whom you do not wish us to contact

Why?

Employer

From (Date)

Employer

From (Date)

Employer

From (Date)

Employer

From (Date)

Employer

From (Date)

List the names of three adults, not related to you and not former employers, references, friends, fellow students or fellow workers, the names should be persons who have seen you during the past year.

	Address		Phone	
--	---------	--	-------	--

Occupation/Location		Capacity of relationship	
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	Address		Phone	
--	---------	--	-------	--

Occupation/Location		Capacity of relationship	
---------------------	--	--------------------------	--

	Address		Phone	
--	---------	--	-------	--

Occupation/Location		Capacity of relationship	
---------------------	--	--------------------------	--

Name

Name

Name

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

	Address		Phone	
--	---------	--	-------	--

Occupation/Address		Business Phone		Years	
--------------------	--	----------------	--	-------	--

	Address		Phone	
--	---------	--	-------	--

Occupation/Address		Business Phone		Years	
--------------------	--	----------------	--	-------	--

	Address		Phone	
--	---------	--	-------	--

Occupation/Address		Business Phone		Years	
--------------------	--	----------------	--	-------	--

	Address		Phone	
--	---------	--	-------	--

Occupation/Address		Business Phone		Years	
--------------------	--	----------------	--	-------	--

	Address		Phone	
--	---------	--	-------	--

Occupation/Address		Business Phone		Years	
--------------------	--	----------------	--	-------	--

Name

Name

Name

Name

Name

Person(s) to be notified in case of an emergency:

Name Address Phone

Relationship

Name Address Phone

Relationship

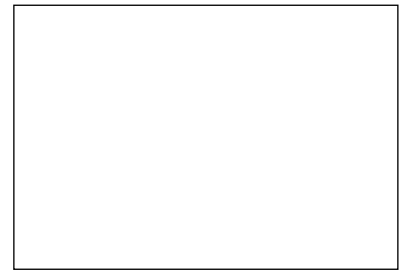
Note: Should you successfully complete all phases of the examination process. You will be subject to a thorough medical evaluation. That medical examination may include testing for drugs / narcotics, communicable diseases including the aids virus, and alcohol abuse. You will be required to give a thorough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

THUMBPRINT

I HEREBY CERTIFY THAT THERE ARE NO WILLFULL MISREPRESENTATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature in full

Date _____



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