

# Employment Application



Think Outside The Loop



City of Blue Island Civil Service Commission  
13031 S. Greenwood Ave.  
Blue Island, Illinois

60406  
Phone: 708-597-8600  
Fax: 708-396-7003  
www.blueisland.org

Date:

NAME:  Date of birth:

Address:

CITY:  State

Zip Code:  SSN

Home Phone

Mobile Phone

Work Phone

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."

Place of Birth (City, State, Country, Hospital)

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

Address  City:  State

Home phone  Mobile phone  Occupation

Name  Relationship

Address  City:  State

Home phone  Mobile phone  Occupation

Name  Relationship

Address  City:  State

Home phone  Mobile phone  Occupation

Name  Relationship

Address  City:  State

Home phone  Mobile phone  Occupation

Are you:  Single  Married  Separated  Widowed  Divorced  Other

Are you living with your spouse:  Yes  No

If NO, explain

Give the following information regarding marriage(s):

Date:  Where:  Spouse maiden name:

Date:  Where:  Spouse maiden name:

Date:  Where:  Spouse maiden name:

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

CATEGORY  Explain  To whom was action granted

CATEGORY  Explain  To whom was action granted

CATEGORY  Explain  To whom was action granted

Alimony?  If Yes, explain:

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

Name/Address

Name/Address

Name/Address

List every child born to you, adopted and stepchildren:

Name  Date of birth  Whom does the child live with:

Name  Date of birth  Whom does the child live with:

Name  Date of birth  Whom does the child live with:

Name  Date of birth  Whom does the child live with:

Name  Date of birth  Whom does the child live with:

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

If NO, explain

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

If Yes, explain

Are you paying child support:  Yes  No

If Yes, explain

List the various schools you have attended:

Grammar School  Graduated:  Yes  No Date completed

Grammar School  Graduated:  Yes  No Date completed

High School  Graduated:  Yes  No Date completed

High School  Graduated:  Yes  No Date completed

College/University

Date Completed  Graduated:  Yes  No Degree Earned

College/University

Date Completed  Graduated:  Yes  No Degree Earned

Business College

Date Completed  Graduated:  Yes  No Degree Earned

Other Courses:

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

Other formal education:

List any professional licenses or certificates you have or have held

Can you operate an automobile?  Yes  No Do you possess a valid operator's license in Illinois?  Yes  No Other U.S. State

If Yes, Driver's License No.  Expiration

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

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

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

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

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

From (M/Y)  To (M/Y)  Address

Do you own or are you buying a home?  Yes  No Do you own or are you buying other real estate?  Yes  No

If Yes, give location

Have you ever served any military organization of the U.S.?  YES  No If Yes, What Branch

What was your service serial number  Highest rank held

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)

Were you ever convicted at a court martial?  Yes  No If yes, explain

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

If Yes,  Active  Inactive Branch  Unit  Rank  Dates

Are you a member, or 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 National Guard or Reserve Unit?  Yes  No

If Yes, explain

List all traffic citations you have received:

Location (City)  Apprx. Date  Nature  Disposition

Location (City)  Apprx. Date  Nature  Disposition

Location (City)  Apprx. Date  Nature  Disposition

Location (City)  Apprx. Date  Nature  Disposition

Location (City)  Apprx. 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

Date  Police Agency  Charges

Disposition

Date  Police Agency  Charges

Disposition

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 If Yes, explain

Have you ever been the victim of a crime? Was the crime reported to the police?  Yes  No  Yes  No If Yes, explain

Have you ever been fingerprinted by a police agency other than for an arrest?  Yes  No If Yes, explain

Have you ever taken a civil exam?  Yes  No If Yes, explain

Agency  Date  Pos. on List  Status

Agency  Date  Pos. on List  Status

Agency  Date  Pos. on List  Status

Were 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 Date

Have you ever been a firefighter, EMT or held a similar position?  Yes  No If Yes, position

Date from  Date to  Location/Agency

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.

Employer	<input type="text"/>	Address	<input type="text"/>		
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>		
From (date)	<input type="text"/>	To (Date)	<input type="text"/>	Exact Position/Title	<input type="text"/>
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>	Reason for Leaving	<input type="text"/>

Employer	<input type="text"/>	Address	<input type="text"/>		
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>		
From (date)	<input type="text"/>	To (Date)	<input type="text"/>	Exact Position/Title	<input type="text"/>
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>	Reason for Leaving	<input type="text"/>

Employer	<input type="text"/>	Address	<input type="text"/>		
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>		
From (date)	<input type="text"/>	To (Date)	<input type="text"/>	Exact Position/Title	<input type="text"/>
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>	Reason for Leaving	<input type="text"/>

Employer	<input type="text"/>	Address	<input type="text"/>		
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>		
From (date)	<input type="text"/>	To (Date)	<input type="text"/>	Exact Position/Title	<input type="text"/>
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>	Reason for Leaving	<input type="text"/>

Employer	<input type="text"/>	Address	<input type="text"/>		
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>		
From (date)	<input type="text"/>	To (Date)	<input type="text"/>	Exact Position/Title	<input type="text"/>
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>	Reason for Leaving	<input type="text"/>

Indicate which employer whom you do not wish us to contact

Why?

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.

Name  Address  Phone

Occupation/Location  Capacity of relationship

Name  Address  Phone

Occupation/Location  Capacity of relationship

Name  Address  Phone

Occupation/Location  Capacity of relationship

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.

Name  Address  Phone

Occupation/Address  Business Phone  Years

Name  Address  Phone

Occupation/Address  Business Phone  Years

Name  Address  Phone

Occupation/Address  Business Phone  Years

Name  Address  Phone

Occupation/Address  Business Phone  Years

Name  Address  Phone

Occupation/Address  Business Phone  Years

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.

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.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature in full



BLANK PAGE FOR ADDITIONAL SPACE