

FORM 2

NORTH AURORA FIRE PROTECTION DISTRICT - STATE OF ILLINOIS
FIREFIGHTER APPLICANT PERSONAL DATA QUESTIONNAIRE

PAID-ON-CALL FIREFIGHTER APPLICATION
(Paid-on-call boundary map included)

1. Name _____
last first middle

2. List any other names you have used or been known by (include maiden name): _____

3. Address: _____
Number & Street City State Zip

4. Home Phone No. (_____) Email: _____

5. Cellular Phone No. (_____) _____

6. Driver's License State _____

7. Driver's License No. _____ Class _____

7. U.S. Citizen? Yes _____ No _____
If no, are you an alien with evidence of intention to become a U.S. Citizen?
Yes _____ No _____

LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN CHRONOLOGICAL ORDER

8. Address _____
Number & Street City State Zip

9. Address _____
Number & Street City State Zip

10. Address _____
Number & Street City State Zip

11. Address _____
Number & Street City State Zip

12. Address _____
Number & Street City State Zip

EDUCATION

13. **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4
GRADUATE SCHOOL M.A. Ph.D. OTHER

	Name and Address of School (include City and State)	Date(s) Attended	Graduate ? Yes No
14.	High School _____		
15.	Undergraduate Education _____		
16.	Graduate Education _____		
17.	Trade Schools _____		
18.	What college degrees have you attained? _____		
19.	List course work relevant to position for which you have applied: _____ _____ _____		

MILITARY

20. Are you now or have you ever been in the military service? Yes ____ No ____
21. Branch of service _____
22. 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 _____
23. Unit _____ From _____ To _____

CONVICTION HISTORY

24. Have you ever been convicted of a crime other than minor traffic violations?
Yes _____ No _____

EMPLOYMENT HISTORY

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

26. **Present employer's name:**

_____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to Present
month-year

27. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

28. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

29. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

30. **Employer's name** _____ **Phone** _____
Address _____
Number & Street _____ City _____ State _____ Zip _____
Job Description _____
Do you object to our contacting them? _____
Employed _____ to _____
month-year _____ month-year _____

32. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes _____ No _____ If yes, please explain:

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

34. Have you ever taken a civil service exam? Yes _____ No _____
Agency _____ Date _____ Position on List _____
Status _____

35. 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 three 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.

36. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

41. Considering the position for which you are applying, do you feel you can perform the essential job functions with or without reasonable accommodation.

Yes _____ No _____

42. If accommodation is needed, please explain: _____

43. Person(s) to be notified in case of emergency.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO 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 MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH NORTH AURORA FIRE PROTECTION DISTRICT.

Dated at _____ Illinois, this _____ day of _____, 20____.

Signature in Full _____

**NORTH AURORA FIRE PROTECTION DISTRICT
AUTHORIZATION FORM**

I, _____, hereby authorize the NORTH AURORA 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 NORTH AURORA FIRE PROTECTION DISTRICT. I also consent to the release to the NORTH AURORA FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the NORTH AURORA 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 understand that I will undergo a job task test as part of the hiring process and that such job task test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test.

I also agree to indemnify and hold harmless the NORTH AURORA FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the NORTH AURORA 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 job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the NORTH AURORA FIRE PROTECTION DISTRICT, the 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 NORTH AURORA 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 NORTH AURORA FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the NORTH AURORA FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said drivers license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II certification. 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 District.

Signature _____

SUBSCRIBED and SWORN to
before me this _____ day of
_____, 20__.

Notary Public

WE ARE 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.

**NORTH AURORA FIRE PROTECTION DISTRICT
 OPERATIONS MANUAL
 BOOK 1 - ORGANIZATION
 STANDARD OPERATING PROCEDURES**

SECTION: V – Personnel Policies and Procedures		NUMBER: 28
SUBJECT: Residency Policy		
EFFECTIVE: 09/16/2021	REVISION# 4	REVISION DATE: 09/16/2021

28.01 PURPOSE

- A. To establish the department policy and inform all members of the department’s residency policy and boundaries.
- B. To establish the means for keeping the department informed as to its members phone numbers and addresses.

28.02 RESPONSIBILITY

- A. It is the responsibility of the member to reside within the residency boundaries as established by the North Aurora Fire Protection District and its Board of Trustees.
- B. The member is responsible to notify the department immediately in the event of a change of address or phone number.

28.03 POLICY

- A. The department shall be kept informed of each member’s current address and phone number. Any changes in address and/or phone number shall be reported to the department within twenty-four (24) hours.
- B. The departments residency boundaries for paid on call firefighters are as follows:
 - a. The current boundaries are Interstate 90 to the North, Route 23 to the West, Interstate 80 to the South and Interstate 355 to the East. Reference the residency map for more specific boundaries.
- C. The departments residency boundaries for fulltime firefighters are as follows:
 - a. Refer to Fulltime Employee Benefit Package