



East Dundee Fire Protection District



Fire Commissioner Application

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.

Personal Information

Name _____
Last First Middle

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

Address: _____
Number & Street City State Zip

Home Phone No. _____ Cell Phone No. _____ DOB _____

Drivers License Info. _____
State License No. Class

Have you ever been convicted of a felony? YES NO

Do you belong to a political party? YES NO

If you answered yes, which one? _____

Person(s) to be notified in case of emergency

Contact #1 _____ Name Relationship Phone Address _____ Number & Street City State Zip
Contact #2 _____ Name Relationship Phone Address _____ Number & Street City State Zip



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REFERENCES

Please list two (2) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Reference #1 _____				
	Name	Occupation	Phone	
Address _____				
	Number & Street	City	State	Zip
Relationship _____ How long have you known this person? _____				
Reference #2 _____				
	Name	Occupation	Phone	
Address _____				
	Number & Street	City	State	Zip
Relationship _____ How long have you known this person? _____				

List organizations of which you are a member that relates to the position for which you are applying:

Explain your reasons for wanting to become a Fire Commissioner:



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BACKGROUND INVESTIGATION AUTHORIZATION FORM

I, _____, hereby authorize the EAST DUNDEE FIRE PROTECTION DISTRICT and its agents, employees, or representatives to obtain and use all information relating to my previous and current employment, education, criminal background check, personal characteristics, and all other information that may bear favorably or unfavorably upon my application for employment made to the EAST DUNDEE FIRE PROTECTION DISTRICT. I also consent to the release to the EAST DUNDEE FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the EAST DUNDEE 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.

Signature of Applicant

Date