**NOTICE**

NOTICE TO ALL FIRE AND POLICE APPLICANTS:

THE CITY OF DU QUOIN IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO THE POLICY OF EQUAL EMPLOYMENT OPPORTUNITY IN HIRING, CAREER ADVANCEMENT AND ALL OTHER PERSONNEL PRACTICES.

ALL FIRE AND POLICE POSITIONS ARE FILLED IN ACCORDANCE WITH PROCEDURES ADMINISTERED BY THE FIRE AND POLICE MERIT BOARD. TESTS ARE CONDUCTED PERIODICALLY IN ORDER TO MAINTAIN ELIGIBLE LISTS FROM WHICH POSITIONS ARE FILLED. AN ADVANCE NOTICE IS PUBLISHED IN THE DU QUOIN NEWSPAPER WHEN SUCH TESTS ARE TO BE GIVEN. ALL APPLICATIONS MUST BE DELIVERED TO THE CITY'S MUNICIPAL OFFICE BY THE DEADLINE ESTABLISHED FOR EACH TEST.

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY AND WILL BE USED ONLY TO HELP ASSURE THE BEST USE OF THE CAPABILITIES OF THE APPLICANT.

PLEASE COMPLETE THE ATTACHED APPLICATION IN YOUR OWN HAND­WRITING IN INK. DO NOT TYPE. APPLICANTS WILL BE NOTIFIED WHEN AND WHERE THE WRITTEN EXAMINATION IS TO BE HELD. INTERVIEWS WILL BE CONDUCTED LATER. AN APPLICANT MUST PASS A PHYSICAL AGILITY TEST BEFORE ORAL INTERVIEW IS CONDUCTED.

POSITION APPLIED FOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SOCIAL

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECURITY NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST INITIAL

PERMANENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NUMBER STREET

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY STATE ZIP

CURRENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NUMBER STREET

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY STATE ZIP

AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*ATTACH BIRTH CERTIFICATE

U.S. CITIZEN? YES\_\_\_\_\_ NO\_\_\_\_\_ IF NO, INDICATE VISA TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPLAIN ANY CHRONIC ILLNESS OR PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM

EDUCATION:

SCHOOLS ATTENDED\* FROM YEARS GRAD

BEGIN WITH HIGH SCHOOL -TO LOCATION COMPL DATE DEGREE MAJOR MINOR

\*ATTACH SCHOOL TRANSCRIPT FOR HIGHEST LEVEL OF EDUCATION

LIST ANY SPECIAL DEGREES, TRAINING CERTIFICATES, SPECIALIZED WORK EXPERIENCES, OR OTHER FACTORS YOU THINK SHOULD BE TAKEN INTO CONSIDERTAION IN PLACING YOU IN A PARTICULAR JOB.

MILITARY:

HAVE YOU EVER SERVED IN THE U.S. MILITARY? YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH OF SERVICE\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF ACTIVE DUTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RANK ATTAINED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*ATTACH MILITARY DISCHARGE PAPERS TO RECEIVE MILITARY CREDIT

WORK HISTORY:

PLEASE COMPLETE WORK HISTORY BEGINNING WITH YOUR PRESENT EMPLOYER, LIST SUMMER AND/OR PART TIME POSITIONS.

LAST OR PRESENT EMPLOYER

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM- MONTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_\_\_\_\_\_ TO- MONTH\_\_\_\_\_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STARTING POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START $\_\_\_\_\_\_\_\_\_\_\_ END $ \_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND TITLE OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WORK HISTORY CONTINUED:

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM – MONTH \_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STARTING POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START $\_\_\_\_\_\_\_ END$\_\_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF DUTIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME AND TITLE OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM – MONTH \_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STARTING POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START $\_\_\_\_\_\_\_ END$\_\_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF DUTIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME AND TITLE OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM – MONTH \_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STARTING POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START $\_\_\_\_\_\_\_ END$\_\_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME AND TITLE OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REFERENCES:

PLEASE DO NOT LIST RELATIVES. COLLEGE STUDENTS INCLUDE FACULTY REFERENCE.

NAME ADDRESS PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE YOU EVER WORKED FOR ANOTHER MUNICIPALITY? YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_

IF SO, WHERE HAVE YOU WORKED, WHAT WAS YOUR POSITION, AND ON WHAT DATES DID YOU START AND TERMINATE?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I AUTHORIZE RELEASE OF THIS AND OTHER INFORMATION COVERING JOB RELATED FACTORS FOR PURPOSES OF VERIFICATION AND DETERMINATION OF SUITABILITY FOR EMPLOYMENT. I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WRITTEN SIGNATURE DATE

PLEASE RETURN TO : CITY OF DU QUOIN

 FIRE AND POLICE MERIT BOARD

 3O2 EAST POPLAR STREET

 P O BOX 466

 DU QUOIN, IL 62832

DOCUMENTS WHICH SHOULD BE ATTACHED: ( COPIES ONLY! WILL NOT BE RETURNED TO YOU)

1. BIRTH CERTIFICATE
2. SCHOOL TRANSCRIPT
3. MILITARY DISCHARGE PAPER, IF APPLICABLE