



### **NOTICE for LATERAL TRANSFERS**

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 HAND-WRITING IN INK. DO NOT TYPE. APPLICANTS WILL BE NOTIFIED WHEN AND WHERE THE WRITTEN EXAMINATION IS TO BE HELD. INTERVIEWS WILL BE CONDUCTED LATER.

POSITION APPLIED FOR: \_\_\_\_\_ Lateral Transfer: Yes

NAME \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_  
LAST FIRST INITIAL

PERMANENT ADDRESS \_\_\_\_\_  
NUMBER STREET  
CITY STATE ZIP TELEPHONE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
NUMBER STREET  
CITY STATE ZIP TELEPHONE \_\_\_\_\_

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

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

REASON FOR LEAVING \_\_\_\_\_  
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EMPLOYER: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

REFERENCES:

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

NAME

ADDRESS

PHONE

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

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? (List two most recent; Use a separate sheet for additional positions)

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

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  
  302 EAST POPLAR STREET  
  P O BOX 466  
  DU QUOIN, IL 62832

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

- A resume
- Professional License
- Training Certifications
- Documents confirming work experience
- A birth certificates
- A high school diploma/GED Certificate
- Higher Education Transcripts
- Military Service Records/Discharge paperwork
- A release for records from previous employers
- Any other employment related materials as requested or required