



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 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. AN APPLICANT MUST PASS A PHYSICAL AGILITY TEST BEFORE ORAL INTERVIEW IS CONDUCTED.

POSITION APPLIED FOR: _____

NAME _____ DRIVER'S 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? _____

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 _____

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 most recent; include additional municipalities on a separate sheet)

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

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

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