

# VILLAGE OF LYONS APPLICATION FOR EMPLOYMENT

FIREFIGHTER/PARAMEDIC AND POLICE OFFICER PERSONNEL

FOR  
OFFICE USE

1. NAME	2. SOCIAL SECURITY NUMBER								
(LAST) (FIRST) (MIDDLE)	<table border="1" style="width:100%"> <tr> <td style="width:15%"> </td> <td style="width:15%"> </td> <td style="width:15%"> </td> <td style="width:15%"> </td> <td style="width:15%"> </td> <td style="width:15%"> </td> <td style="width:15%"> </td> <td style="width:15%"> </td> </tr> </table>								

3. ADDRESS			
NUMBER AND STREET	CITY	STATE	ZIP CODE

4. TYPE OF WORK OR EXACT TITLE OF JOB YOU ARE SEEKING:	5. TELEPHONE NUMBER
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6. DATE OF BIRTH*	7. HAVE YOU RECEIVED YOUR P.S.A.T. (PUBLIC SAFETY ASSESSMENT TRANSCRIPT)?	8. DATE P.S.A.T. RECEIVED _____
MONTH DATE YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. IF YOU HAVE EVER WORKED UNDER ANOTHER NAME, WHAT WAS THAT NAME?

10. LIST VALID DRIVERS LICENSE AND STATE OF ISSUE	11. ARE YOU PRESENTLY EMPLOYED?	12. DO YOU KNOW HOW TO SWIM? (FIRE ONLY)
NUMBER CLASS STATE ISSUED	YES _____ NO _____	YES _____ NO _____
IDENTIFY EXPERIENCE DRIVING TRUCKS:	IF YES, MAY WE CONTACT YOUR EMPLOYER?	13. WHAT EXPERIENCE HAVE YOU HAD WITH FIREARMS? (POLICE ONLY)
	YES _____ NO _____	

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" OR "NO"	YES	NO	ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" OR "NO"	YES	NO
14. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? PROOF OF "CITIZENSHIP STATUS" AS DEFINED BY THE STATE OF ILLINOIS HUMAN RIGHTS ACT WILL BE REQUIRED.			16. ARE YOU PRESENTLY WORKING FOR THE VILLAGE?		
			POSITION _____		
15. HAVE YOU BEEN CONVICTED OF ANY VIOLATIONS OF THE LAW SINCE YOUR 16TH BIRTHDAY THAT MAY BE RELATED TO THE TYPE OF WORK FOR WHICH YOU HAVE APPLIED? (DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$50 OR LESS, OR FORFEITED COLLATERAL OF \$50 OR LESS.)			17. HAVE YOU PREVIOUSLY WORKED FOR THE VILLAGE?		
CONVICTIONS NOT REPORTED MAY BE USED AS GROUNDS FOR DISMISSAL.			FROM _____ MO./YR.		
IF ANSWER IS "YES", LIST ALL SUCH CASES ON THIRD PAGE OF THIS APPLICATION. IN EACH CASE GIVE: (1) DATE, COURT AND LOCATION; (2) NATURE OF THE OFFENSE OR VIOLATION; (3) THE PENALTY IMPOSED, IF ANY, OR OTHER DISPOSITION OF THE CASE.			POSITION _____ TO _____ MO./YR.		
CONVICTION OF A VIOLATION OF THE LAW IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS INDIVIDUAL MERITS.			18. IF HIRED, HOW SOON CAN YOU BEGIN WORK?		
			DATE _____		
			19. HAVE YOU PREVIOUSLY FILED AN APPLICATION OR TAKEN AN EXAMINATION FOR A JOB WITH THE VILLAGE?		
			WHEN APPLIED _____ MO./YR.		
			20. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB?		
			IF YES, GIVE THE NAME OF THE EMPLOYER, DATE AND REASON IN EACH CASE ON THIRD PAGE OF THIS APPLICATION.		

21. MILITARY SERVICE: BRANCH (ARMY, NAVY, ETC.)	FROM		TO		WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, MEDICAL, DISHONORABLE, HONORABLE CONDITIONS ETC.)?	BE EXACT
	MO.	YEAR	MO.	YEAR		

IDENTIFY JOB RELATED DUTIES

22. EDUCATION AND TRAINING	NAME AND LOCATION OF HIGH SCHOOL	DID YOU GRADUATE?	G.E.D.	YEAR DIPLOMA WAS GRANTED
CIRCLE THE HIGHEST GRADE COMPLETED IN SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES _____ NO _____	
1 2 3 4 5 6 7 8 9 10 11 12				

TRAINING BEYOND HIGH SCHOOL - LIST COLLEGES OR UNIVERSITIES, NURSING, BUSINESS COLLEGE, SPECIALIZED TRAINING COURSES, APPRENTICESHIPS OR OTHER CLASSES YOU HAVE ATTENDED OR TRAINING YOU HAVE TAKEN. CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY. GIVE DETAILED INFORMATION AND LOCATION OF SCHOOLS OR TRAINING SESSION, DATES ATTENDED, CREDITS EARNED, MAJOR AREAS OF STUDY AND DEGREES OR CERTIFICATES RECEIVED.

NAME AND LOCATION	DATES ATTENDED		CREDITS EARNED	COURSES OR AREAS OF STUDY	DEGREES EARNED
	FROM MO./YR.	TO MO./YR.			

\* ILLINOIS STATE STATUTES PROVIDE THAT AN APPLICANT FOR A FIREFIGHTER AND/OR POLICE OFFICER POSITION MUST BE A MINIMUM OF 21 YEARS OF AGE IN ORDER TO BE APPOINTED TO EITHER POSITION.

DATE APPLIED \_\_\_\_\_  
 ATH \_\_\_\_\_  
 BC \_\_\_\_\_  
 EYE \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Begin with your present employment and work back in time, accounting for all time worked during the past ten years. IN ADDITION, LIST ANY OTHER JOB RELATED WORK EXPERIENCE THAT MAY QUALIFY YOU FOR THIS POSITION. Attach additional pages if necessary.

<b>PRESENT OR LAST POSITION</b>	EMPLOYER _____	FROM _____ MO. YEAR
	ADDRESS _____	TO _____ MO. YEAR
	SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS
	YOUR TITLE _____	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HRS. PER WK. _____
YOUR DUTIES _____	LAST SALARY _____	
	REASONS FOR LEAVING _____	
EMPLOYER _____	FROM _____ MO. YEAR	
ADDRESS _____	TO _____ MO. YEAR	
SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS	
YOUR TITLE _____	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HRS. PER WK. _____	
YOUR DUTIES _____	LAST SALARY _____	
	REASONS FOR LEAVING _____	
EMPLOYER _____	FROM _____ MO. YEAR	
ADDRESS _____	TO _____ MO. YEAR	
SUPERVISOR'S NAME AND TITLE _____	TOTAL _____ YEARS MONTHS	
YOUR TITLE _____	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HRS. PER WK. _____	
YOUR DUTIES _____	LAST SALARY _____	
	REASONS FOR LEAVING _____	

PLEASE USE THE SPACE BELOW, AND ADDITIONAL SHEETS IF NECESSARY, TO LIST ANY SPECIAL QUALIFICATIONS, TRAINING OR EXPERIENCE WHICH YOU HAVE AND YOU FEEL SHOULD BE CONSIDERED IN REVIEWING YOUR APPLICATION:

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I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN MY APPLICATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE THE VILLAGE OF LYONS TO CHECK ON ANY OF THIS INFORMATION INCLUDING THE FURNISHING BY THE LYONS POLICE DEPARTMENT OF ALL INFORMATION REGARDING ANY CONVICTIONS LISTED UNDER MY NAME WHICH MIGHT BE ON FILE AND RELEASE THEM FROM ALL LIABILITY FOR DAMAGES WHATSOEVER FOR FURNISHING ANY INFORMATION CONCERNING ME. I ALSO UNDERSTAND THAT IF ANY OF THE MATERIAL FACTS STATED IN THIS APPLICATION ARE UNTRUE, I MAY LOSE ALL MY RIGHTS TO ANY JOB WITH THE VILLAGE OF LYONS. I ALSO UNDERSTAND (1) I MUST NOTIFY THE VILLAGE OF MY CHANGE IN MY NAME, ADDRESS OR PHONE NUMBER, (2) THIS APPLICATION WILL BE KEPT ON FILE FOR SIX MONTHS AND THEN BE INACTIVATED (UNLESS YOUR NAME HAS BEEN PLACED ON AN ELIGIBILITY LIST FOR AN EXAMINED POSITION).



APPLICANT: DO NOT FILL OUT THIS PAGE

PREVIOUS EMPLOYER REFERENCE CHECK

NAME	POSITION APPLIED FOR	
REFERENCES CHECKED BY	DATE CHECKED	DATE OF EXAMINATION
<p>1. REFERENCES CALLED NAME _____ PREVIOUS EMPLOYER _____ PERSONAL REFERENCE</p> <p>COMMENTS:</p>		
<p>2. REFERENCES CALLED NAME _____ PREVIOUS EMPLOYER _____ PERSONAL REFERENCE</p> <p>COMMENTS:</p>		
<p>3. REFERENCES CALLED NAME _____ PREVIOUS EMPLOYER _____ PERSONAL REFERENCE</p> <p>COMMENTS:</p>		

POLICE CHECK — CONVICTIONS ONLY

\_\_\_\_\_ THE LYONS POLICE DEPARTMENT HAS NO RECORD OF ANY CONVICTIONS ON THIS APPLICANT.

\_\_\_\_\_ THE LYONS POLICE DEPARTMENT DOES HAVE A RECORD OF CONVICTIONS ON THIS APPLICANT AND A COPY OF THE RECORD IS ATTACHED.