

## Marseilles Fire Protection District Application

Please **PRINT** all information in block capital letters.

(Applicant Section)		Personal Information	
Last Name:	First Name:	Middle Name:	
Current Address (No P.O. Box):		Sex:	
Home Phone: ( )	Work Phone: ( )	Driver License No.:	Driver License Class:
Date of Birth (MM-DD-YYYY)	Place of Birth		Social Security Number
/ /			-- --
E-Mail :			
<b>Military Service and Employment History</b>			
Military Service: From:		To:	Branch of Service:
Type of Discharge:			
Present Employer:	Supervisors Name:		Supervisor's Phone:
Work Address:			Position Held:
How Long with Present Employer:			
If less than five (5) years with present employer, list previous employer(s). List most recent first.			
Employer Name:	Address:	Phone: ( )	Reason for Leaving:
Employer Name:	Address:	Phone: ( )	Reason for Leaving:
Employer Name:	Address:	Phone: ( )	Reason for Leaving:
Employer Name:	Address:	Phone: ( )	Reason for Leaving:
Work Schedule:		Shift Length: Example: 8 Hour Shift	



**(Applicant Section)**

**Firefighting Experience and Training**

Have you previously been a member of one (1) or more Fire Departments or Fire Brigades?  Yes  No

Fire Department/Company Name	Address	Member	
		From	Until

Have you attended any fire fighting schools previously?  Yes  No  
If yes, include copies of any certificates you have received with this application.

**References**

Have you applied to the Marseilles Fire Protection District previously?  Yes  No

Are you now a member of another fire department or brigade?  Yes  No

List any firefighters with the Marseilles Fire Protection District with whom you are acquainted.


List three (3) references, other than relatives and any named above:

Name	Address(Street, City, State, Zip)	Phone
		( )
		( )
		( )

Emergency Contact Information	Relationship
( )	
( )	
( )	

**(Applicant Section)**

Why do you want to be a firefighter?

**Essay**

**Statement of Veracity**

**Review your answers carefully and read the statement below before signing:**

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.

I understand that failure to answer all questions completely and sincerely will subject me to dismissal as a firefighter with the Marseilles Fire Protection District.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please refer any questions you may have to Chief Michael Garrison at 815-795-5535 or 815-530-8913.

Deliver to or mail this application to the address below:

Marseilles Fire Protection District, 205 Lincoln Street, Marseilles, Illinois 61341

Re: Application

# Marseilles Fire Protection District

205 Lincoln Street • P.O. Box 4  
MARSEILLES, ILLINOIS 61341  
Telephone (815) 795-5535

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the Marseilles Fire Protection District, and the Marseilles Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of records of law enforcement agencies, financial institutions, medical and psychiatric treatment and/or consultations, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability for appointment as a firefighter of the Marseilles Fire Protection District fire department. I also certify that any person(s) who may furnish such information shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of such information. I further release the Marseilles Fire Protection District fire department, and the Marseilles Police Department, and all of its agents and/or employees from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information". I also understand that all information obtained will be kept confidential within my personnel file.

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**MFPD**