

5. REFERENCES

Give three references, not relatives, whom are responsible adults of reputable standing in their communities, such as house holders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

1. _____

Complete Name	Complete Address	Home Telephone Number
Number Years Known	Occupation	Business Telephone Number

2. _____

Complete Name	Complete Address	Home Telephone Number
Number Years Known	Occupation	Business Telephone Number

3. _____

Complete Name	Complete Address	Home Telephone Number
Number Years Known	Occupation	Business Telephone Number

6. AUTOMOBILE INSURANCE / ACCIDENTS

1. Have you ever had your driver's license suspended? _____ Yes _____ No If yes, explain: _____

2. Automobile insurance company, local agent, address, and phone number? If none, explain: _____

3. List vehicle accidents in which you have been involved in as a driver.

	DATE	REPORTING POLICE DEPARTMENT	WHAT HAPPENED?
1.			
2.			
3.			
4.			

7. EMPLOYMENT

List chronologically all employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, please indicate so and record dates of unemployment.

1.	Name of Employer		Complete Address			Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.	
Non-Medical Reason for Leaving							
2.	Name of Employer		Complete Address			Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.	
Non-Medical Reason for Leaving							
3.	Name of Employer		Complete Address			Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.	
Non-Medical Reason for Leaving							
4.	Name of Employer		Complete Address			Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.	
Non-Medical Reason for Leaving							

E. May we contact your present employer? Yes No If no, explain: _____

F. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? No Yes _____
 Reason: _____
Employer's Name Complete Address

G. Do you have any sources of income other than your present salary? Yes No
 Please specify each source with amount: _____

8. MILITARY RECORD

- A. Are you registered for Selective Service? Yes No
Selective Service Number: _____
- B. Have you ever served on active duty in the Armed Forces of the United States? Yes No
Highest rank attained in military service: _____
- C. What is your current military classification? _____
- D. Branch of Military Service: _____
- E. Serial Number: _____
- F. Dates of active duty: _____
- G. Type of Discharge (If Non-Medical): _____ Separation Location: _____
- H. Member of Reserves? Yes No If yes: Ready Standby
Service Branch: _____
- I. Were you ever court marshaled or charged with any violation of the Uniform Code of Military Justice?
 Yes No If yes: Date: _____ Place: _____
Nature of Offense: _____
Action Taken: _____

9. FOREIGN TRAVEL (MILITARY SERVICE, RESIDENCE, VISIT)

- A. Have you ever visited or resided in any foreign country (including travel in the Armed forces of the United States)?
 Yes No If yes, _____

	Date Passport Issued	Passport Number	Place Issued
1. _____	_____	_____	_____
Foreign Country	Date From	To	Reason for Travel
2. _____	_____	_____	_____
Foreign Country	Date From	To	Reason for Travel
- B. Have you ever served in the Armed Forces of a foreign country? Yes No
If yes, please specify countries, and dates: _____

10. CREDIT RECORD

A. Has your credit record (including spouse) ever been considered unsatisfactory, or have you ever been refused credit?
_____ Yes _____ No If yes, give dates, places, and names of creditors and circumstances: _____

B. Please list all debts that are past due. Indicate number of payments that are past due, account number, and amount of each payment:

C. List three credit references. Include full name, address, account numbers, and type of credit.

1. _____
2. _____
3. _____

11. COURT RECORD

A. Have you ever been arrested or charged with any violations? _____ Yes _____ No

Please list all such matters even if not formally charged or no court appearance, or found not guilty, or matter was settled by payment of fines or forfeiture of collateral. Include all civil matters also.

Date	Place	Agency	Charge	Final Disposition	Details
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

B. List all traffic citations but not parking tickets. If none, state so.

Date	Place	Agency	Charge	Final Disposition	Details
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

C. Have you or your spouse ever been a plaintiff or defendant in a court action including divorce actions? _____ Yes _____ No

Date	Place	Court	Name of Parties	Nature of Action	Final Disposition
_____	_____	_____	_____	_____	_____

D. Have you or your spouse ever been the subject, to your knowledge, of a criminal investigation?

_____ Yes _____ No If yes, please explain in detail: _____

12. ORGANIZATION MEMBERSHIP

A. Please list all clubs and societies of which you are or have been a member.

1.	_____	_____	_____	_____	_____	_____
	Name	Complete Address	Telephone Number	Former	Present	Position Held
2.	_____	_____	_____	_____	_____	_____
	Name	Complete Address	Telephone Number	Former	Present	Position Held
3.	_____	_____	_____	_____	_____	_____
	Name	Complete Address	Telephone Number	Former	Present	Position Held

B. Have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which speaks to alter the form of the government of the United States by unconstitutional means?

_____ Yes _____ No If yes, please explain in detail: _____

13. RELATIVES

A. If you have been married more than once, give the requested information concerning each former spouse. Even if a relative is deceased, please give all information requested and indicate last residence and year of death. Include brothers/sisters. Along with information concerning your parents, please provide information if you have stepparents, legal guardians or others who have raised you instead of your parents.

1.	_____	_____	_____	_____	
	Name (Include Maiden Name)	Mother	Complete Address	Phone Number	
	_____	_____	_____	_____	
	Date of Birth	Place of Birth	Occupation	Complete Address	Phone Number
2.	_____	_____	_____	_____	
	Name	Father	Complete Address	Phone Number	
	_____	_____	_____	_____	
	Date of Birth	Place of Birth	Occupation	Complete Address	Phone Number
3.	_____	_____	_____	_____	
	Name (Include Maiden Name)	Spouse/Ex-Spouse	Complete Address	Phone Number	
	_____	_____	_____	_____	
	Date of Birth	Place of Birth	Occupation	Complete Address	Phone Number
4.	_____	_____	_____	_____	
	Name (Include Maiden Name)	Spouse/Ex-Spouse	Complete Address	Phone Number	
	_____	_____	_____	_____	
	Date of Birth	Place of Birth	Occupation	Complete Address	Phone Number

5.	_____	_____	_____	_____
	Name (Include Maiden Name)	Brother/Sister	Complete Address	Phone Number
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
6.	_____	_____	_____	_____
	Name (Include Maiden Name)	Brother/Sister	Complete Address	Phone Number
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
7.	_____	_____	_____	_____
	Name (Include Maiden Name)	Step-Parent	Complete Address	Phone Number
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
8.	_____	_____	_____	_____
	Name (Include Maiden Name)	Step-Parent	Complete Address	Phone Number
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address
	_____	_____	_____	_____
	Date of Birth	Place of Birth	Occupation	Complete Address

14. ADDITIONAL INFORMATION

A. Please describe any specialized training, apprenticeship, skills and extra-curricular activities.

B. List any previous law enforcement experience.

_____	_____	_____
Agency	State of Certification	Dates Served
_____	_____	_____
Agency	State of Certification	Dates Served



Lynwood Fire Department

LaShaun Alston
Fire Chief

3107 E. Glenwood-Dyer Rd
LYNWOOD, IL 60411
PHONE: (708)758-6102

AUTHORIZATION FOR RELEASE OF INFORMATION

To whom it may concern: I am an applicant for a position with the Village of Lynwood Fire Department ("Department"). The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. This authorization is intended to provide full and free access to any and all information or documents in your possession relating to me, for specific purpose of allowing the Lynwood Police Department to conduct a background investigation so that the Lynwood Fire Department can determine my suitability for employment.

I give my consent for full and complete disclosure to the Department of any and all public and private information, including files or records which are deemed to be confidential, and/or sealed, that you may have concerning me. I authorize any representative of the Lynwood Police Department bearing this authorization, or a copy thereof, to obtain any and all such information in your files pertaining to me, specifically including, but not limited to:

- Employment records
- Military service records
- Medical and psychiatric/psychological records
- Education records
- Financial and consumer credit records
- Criminal history record, including any arrest and conviction records
- Any information contained in investigatory files, internal affairs investigation files, and disciplinary records.
- Any efficiency ratings, complaints or grievances filed by or against me.
- Attendance records
- Polygraph examinations

I direct every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of records, having control of any documents, records and other information pertaining to me, to release such information upon request of the Lynwood Police Department.

I release every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of records, including its officers, employees or agents, both individually and collectively, from any and all liability for damages of whatever kind, including an liability or damages pursuant to any state or federal laws, which may result at any time to

me, my heirs, my family or associates, because of compliance with this Authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the Lynwood Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Lynwood Fire Department's acceptance and processing of my application for employment and additional consideration consisting of the agreement to maintain all information received under the Authorization confidentially, as provided for below in this paragraph, and for other valuable consideration, the sufficiency of which is acknowledged, I agree to release, indemnify and hold harmless the Village of Lynwood, its officials, agents, and employees, the Lynwood Police Department, its agents, Lynwood Fire Department, and the Lynwood Board of Police and Fire Commissioners ("Board"), its commissioners, agents, and employees, from any and all claims and liability for damages associated, directly or indirectly, with my application for employment of in any way connected with the collection of information pursuant to this Authorization. I understand that the information obtained by the Department under this Authorization shall remain confidential, except for its use by the Department in examining my qualifications to hold or retain the position applied for and such information may be released or destroyed only as required by law, or as approved by the applicant and the Department.

I understand my rights under *Title 5, United States Code, Section 552a, the Privacy Act of 1974*, with regard to access and to disclosures of records, and I waive those rights with the understanding that information furnished will be used by the Lynwood Fire Department, and/or the Board of Police and Fire Commissioners in conjunction with employment procedures.

I have also been advised that I have the right, under *Section 1681(d)* of the Fair Credit Reporting Act to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of any credit check investigation.

A photocopy or facsimile copy of this Authorization form shall be valid as an original thereof, even though the said photocopy or facsimile copy does not contain any original writing of my signature.

I agree to pay any and all charges or fees concerning the Authorization and can be billed for such charges at the address listed on this Authorization form.

Address: _____

City: _____ State: _____

Telephone: _____ Driver's License Number: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____