

BOARD OF FIRE & POLICE COMMISSION

An Equal Opportunity Employer 212 3rd Avenue Sterling, IL 61081

Phone: 815-632-6600 www.sterling-il.gov



Application Period: Ending 01/03/2022 FIREFIGHTER APPLICATION

The Sterling Fire Department ("Department") and Sterling Fire & Fire Commission ("Commission") accepts for employment and promotes without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, order of protection status, physical or mental disability unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law. The Department and Commission base its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The Department and Commission comply with the American with Disabilities Act (ADA).

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Sterling Fire Department. Read each question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statement on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Sterling Fire Department.

This form is part of the examination process and must be completed in its entirety and required documents must be attached upon submission. Submission of an application does not obligate the Department or Commission to engage in further review of the application for employment. Any questions concerning the employment process should be directed to the Board of Fire and Police Commission, Attention: Police Administration, 212 3rd Avenue, Sterling, IL 61081; 815-632-6600, firepolicehiring@sterling-il.gov.

COMPLETE & RETURN THE FOLLOWING PAGES. ATTACH ALL REQUIRED FORMS & DOCUMENTS. RETURN TO: Board of Fire & Police Commission, 212 3rd Avenue, Sterling, IL 61081 in person or by mail.

No faxed or emailed applications accepted.

Name
Address, City, State, Zip
Best Phone # to Contact You
Email Address (required for correspondence)
U.S. Citizen or Naturalized Citizen as of the date of this application? \Box Yes \Box No
Do you have a valid driver's license? (attach copy of driver's license) \Box Yes \Box No
EDUCATION
High School (Name, City, State) Diploma or GED certificate
College/University Education School Name, City, State
Major Curriculum
Credit Hours Completed or Degree Earned
School Name, City, State
Major Curriculum
List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:

	PERSONAL HISTO	RY INFORMATION			
You are not required to disclose	juvenile records or criminal his	story records that have been sed	led, impounded, or expunged.		
List all names or alias you ha	ave used, or have been know	n by			
Date of Birth		•			
List below your parents, sisters, and brothers who are still living.					
Name	Relationship	Address	Phone Number		
Driver's License Number		State E>	cpiration Date		
			•		
List all states where you hav	en suspended or revoked?	□Yes □No			
•	·				
Have you ever been placed	•	□Yes □No	NI.		
·		er of protection? \Box Yes \Box			
EXPLANATION OF TES TEST	onses or additional details (attach additional sheet if neo	essary):		
Have you ever been involved	d in any type of domestic dis	pute where the police were	 called? □Ves □No		
•		eone with whom you were in			
		ther individual (outside of au	•		
duties) in the last 5 years?	□Yes □No	tilet individual (odisias o. s.s.	111011204 1447 011101 00111011		
•		attach additional sheet if neo	ressarv):		
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Have vou ever been convictor	ed of a misdemeanor in any	iurisdiction? □Yes □No			
•	ed of a felony in any jurisdict				
Have you ever been convictor					
·					
If "YES" – provide the follow	ving information for all convi	ctions:			
Date of Offense	Jurisdiction	Type of Offense	Disposition of Case		

List all traffic citations received and accidents you have been involved in during the last seven (7) years:

	Jurisdiction	Type of Offense		Disposition of Case	
List any/all contact with any properties of the contact with a properties of the contact	•	other reason(s). D	O NOT LIST IT	EMS ALREADY INDICATED	
Date of Contact	Jurisdiction	Jurisdiction		Reason for Contact	
Dates when wages were garn Have you ever been or are yo		any daht?			
EXPLANATION of any "YES" re				necessary):	
	esponses or additional det				
How many times per week do	esponses or additional det	ails (attach additio	onal sheet if i	per week	
How many times per week do	esponses or additional det	ails (attach addition	onal sheet if i	per week per week	
How many times per week do How many alcoholic drinks do How many times have you be	esponses or additional det o you consume alcohol? o you consume per week o een intoxicated in the last 2	ails (attach addition	onal sheet if i	per week	
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How many times per week do How many alcoholic drinks do How many times have you be When was the last time you v How many times in your lifet Have you consumed alcohol v Have you ever used marijuan Have you ever sniffed, inhale	esponses or additional detection of you consume alcohol? o you consume per week of een intoxicated in the last 2 were intoxicated? ime have you driven a vehing while working? I yes a or any other illegal drug of or huffed any type of inh	ails (attach addition on average? 24 months? icle while intoxica No ? (list drugs used i	# times p # times p # times in ted beyond t	per week per week n last 24 months he legal limit?	
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How many times per week do How many alcoholic drinks do How many times have you be When was the last time you v How many times in your lifet Have you consumed alcohol v Have you ever used marijuan Have you ever sniffed, inhale purpose of getting an effect?	esponses or additional detection of you consume alcohol? o you consume per week of een intoxicated in the last 2 were intoxicated? ime have you driven a vehille working? or any other illegal drug; d or huffed any type of inh	ails (attach addition an average? 24 months? icle while intoxical No ? (list drugs used integrated)	# times p # times p # times in ted beyond to n explanation e, computer of	per week per week n last 24 months he legal limit? n below) □Yes □No	

Have you ever used, misused or abused prescription drugs? ☐Yes ☐No
Have you ever used prescription drugs not prescribed to you? (list in explanation below) When was the last time you used prescription drugs not prescribed to you?
Have you ever been involved with the illegal sale and/or distribution of prescription drugs? \Box Yes \Box No EXPLANATION of any "YES" responses or additional details (attach additional sheet if necessary):
Have you had any past or present affiliations with any gang, mafia or organized crime group? \Box Yes \Box No Have you ever had any past or present affiliations with any terrorist, supremacist, or other subversive organization? \Box Yes \Box No
EXPLANATION of any "YES" responses or additional details (attach additional sheet if necessary):
The City of Sterling has specific appearance policies for its employees, including but not limited to policies related to tattoos, body art, branding, and body piercing or body alteration/mutilation. Candidates considering employment are to be aware that responses to the questions below in relation to department policies may have a direct impact on eligibility for hiring. Additional personal grooming and uniform standards apply upon hiring.
Do you have any tattoo, body art, or brand that would be visible if wearing a department uniform? ☐Yes ☐No If yes, please describe:
Do you have any body piercings or alterations that would be visible if wearing a department uniform? □Yes □No If yes, please describe:
Optional – if you wish to clarify the above responses, please provide details below:

MILITARY SERVICE
Are you a current member of the U.S. military service, including reserve forces or National Guard? Yes No
If YES, in what branch of service do you serve?
Are you a Veteran of the U.S. military service, including reserve forces or National Guard?
If YES, what branch of service did you serve?
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If NO, explain in detail
Were you ever convicted at a court-martial? □Yes □No
•
If YES, explain in detail
LIST ALL ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)
Street Address
City, State, Zip
Date of Residence (From Month/Year, To Month/Year)

EMPLOYMENT HISTORY

List all employment you have had for the last ten (10) years in chronological order. Include military service, unpaid employment (internship/training), volunteer work and periods of unemployment/layoff. Attach additional sheet if necessary.

CURRENT/MOST RECENT:
Employer/Company Name
Address – City – State – Zip
Job Title/Duties
From (Month/Year) – To (Month/Year)
Supervisors Name/Title
Phone #/Email
Reason for leaving
Employer/Company Name
Address – City – State – 7in
Address – City – State – Zip
From (Month/Year) – To (Month/Year)
Supervisors Name/Title
Phone #/Email
Reason for leaving
Employer/Company Name
Address – City – State – Zip
Job Title/Duties
From (Month/Year) – To (Month/Year)
Supervisors Name/Title
Phone #/Email
Reason for leaving
Employer/Company Name
Address – City – State – Zip
Job Title/Duties
From (Month/Year) – To (Month/Year)
Supervisors Name/Title
Phone #/Email
Reason for leaving
=

EXPLAIN RESPONSES IN SPACE PROVIDED BELOW Have you ever received discipline during any employment, job position, or volunteer/unpaid position such as oral reprimand, written reprimand, or suspension? \Box Yes \Box No Have you been discharged or forced to resign from any employment or volunteer/unpaid position (not including layoff)? □Yes □No Are you eligible for rehire by all your former employers (assuming there is a job available)? \square Yes \square No *EXPLANATIONS (attach additional sheet if necessary)

INTEREST STATEMENT Please indicate your interest in the Sterling Fire Department and why you feel you are qualified to join the Sterling Fire Department (attach additional sheet if necessary):

REFERENCES

Please list five (5) adults not related to you whom you have known for at least five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The City of Sterling or its representatives reserve the right to contact the reference at any time.

Name
Address – City – State – Zip
Occupation
Contact Phone and Email
Relationship
Number of Years acquainted
Name
Address – City – State – Zip
Occupation
Contact Phone and Email
Relationship
Number of Years acquainted
Name
Address – City – State – Zip
Occupation
Contact Phone and Email
Relationship
Number of Years acquainted
Name
Address – City – State – Zip
Occupation
Contact Phone and Email
Relationship
Number of Years acquainted
Name
Address – City – State – Zip
Occupation
Contact Phone and Email
Relationship
Number of Years acquainted

ACKNOWLEDGMENT

Read the following carefully before signing.

Acknowledgment: I, the undersigned, certify that I have read and fully comprehend this application for employment with the City of Sterling ("City") in its entirety. I certify that the information provided on this application for employment and other submitted application materials is true and complete. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment or other submitted application materials, whenever or however discovered, will be sufficient reason not to hire and may result in discharge is hired. In submitting this application, I further understand that it becomes the property of the City and will not be returned to me.

I understand that submission of an application for employment does not obligate the City to engage in further review of my application for employment. I understand that nothing in this document constitutes an offer of employment or employment contract and establishes no obligation on the part of the City to employ me or for me to accept employment with the City. I understand that any offer of employment, either verbal or written, is conditional upon successful completion of psychological exam, drug screen and physical exam.

I authorize investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith and permit the City of Sterling or its representatives (including but not limited to officials, employees, appointees, contractors or agents) to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the City. I agree to cooperate in such an investigation. I release the City and its representatives from all liability for any damage that may result.

I authorized my current and/or previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to the City or its representatives. Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the City and its representatives from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information.

I authorize any employee or representative of the City to search to obtain information regarding my qualifications and fitness to serve as a Firefighter.

I understand it is the policy of the City that the results of any examination or other inquiries made as part of any testing, background and/or screening process are the property of the City, and, as such, the City is under no obligation to share the results of any examination or other inquiries with me, unless specifically required to do so by state or federal law. I further acknowledge that I have fully read this document and am aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release. A duplicate of this form shall carry the same force as the original. This document is effective for two (2) years from date signed.

Printed Name	,
Signed Name _	

The City of Sterling collects the following information to evaluate its recruitment process. Disclosure of information is on a voluntary basis. The information disclosed is confidential and will be maintained separately from your employment application. Submission or non-submission of this form shall not be used as a factor concerning eligibility for employment.

Position applied for: <u>FIREFIGHTER</u>
Name:
Gender: Male Female
Ethnicity and Race
Hispanic or Latino
Non-Hispanic or Latino:
American Indian/Native Alaskan
Asian
Native Hawaiian or Pacific Islander
Black or African American
White
Two or More Races (non-Hispanic or Latino)
How did you FIRST learn of this opportunity?
The Blue Line website
City of Sterling posting (website, Facebook)
Informed by a current City of Sterling employee
Informed by co-worker in another department/municipality
Informed by a friend or a relative
Other referral – please indicate

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Sterling Board of Fire & Police Commission any and all information that you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the City of Sterling.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on accour	nt of
furnishing the information requested above.	

Signature		
Date		
Address		
Address		
City, State, Zip		

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

- 1. I consent to any medical examination required by the city at any time to determine my ability to perform the duties of my job or other jobs with the city and I understand that my employment may be conditional upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment.
- 2. I certify that the information contained in this application is correct to the best of my knowledge and understand that the deliberate falsification of this information is grounds for dismissal in accordance with the City of Sterling policy.
- 3. I understand that no representative of the City of Sterling has the authority to enter into any agreement for employment for any specific period of time.

Signature		
Date		