



820 N. Addison Avenue
 Elmhurst, IL 60126
 630-833-1110
 630-833-7512 (fax)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last)	(First)	(MI)	Social Security #
Present Address	Apt. #	City	State Zip
Permanent Address	Apt. #	City	State Zip
Phone # () <input type="checkbox"/> Home or <input type="checkbox"/> Cell	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred? <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other _____		

DESIRED EMPLOYMENT

Position or Type of Work Applied For?	Date You Can Start	Salary Desired \$
Have you ever worked for CMFP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what Department	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to meet the attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able and willing to work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

School Level	Name & Location of School	# of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

GENERAL

Subjects of Special Study / Training
Computer Skills
Special Skills in Life Safety Field

EMPLOYMENT HISTORY (PLEASE COMPLETE EVEN IF RESUME IS ATTACHED)
LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May we Contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name / Title	Phone #	
Starting Salary \$ _____ Hr. \$ _____ Yr.		Ending Salary \$ _____ Hr. \$ _____ Yr.	
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May we Contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name / Title	Phone #	
Starting Salary \$ _____ Hr. \$ _____ Yr.		Ending Salary \$ _____ Hr. \$ _____ Yr.	
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May we Contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name / Title	Phone #	
Starting Salary \$ _____ Hr. \$ _____ Yr.		Ending Salary \$ _____ Hr. \$ _____ Yr.	
Description of Work			
Reason for Leaving			

REFERENCES**LIST THREE (3) PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

Name	Address	Business	Years Acquainted	Phone #

SERVICE RECORD

Branch of Service	Discharge Date & Rank
Driving Record (give brief description of driving history for the past five (5) years)	
Have you ever been convicted of a felony within the last seven (7) years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain. (will not necessarily exclude you from consideration)	

AUTHORIZATION

We are an equal opportunity employer and do not unlawfully discriminate in employment decisions. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of Chicago Metropolitan Fire Prevention Company (hereafter referred to as "CMFP").

I hereby authorize CMFP to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. In addition, I authorize CMFP or its representatives to obtain a credit report and/or my driving record. I also hereby release from liability CMFP and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for rejecting this application, or, if I am already employed by CMFP, immediate termination of employment when the misrepresentation or omission is discovered.

If I become employed by CMFP, I acknowledge that I will be an employee at will. Accordingly, either I or CMFP can terminate the employment relationship with or without cause and with or without notice. However, in order to assure a smooth transition, CMFP requests that its employees give two (2) weeks notice.

If I become employed by CMFP, I will be required to provide satisfactory proof of identity and legal work authorization no later than my first day of work. Failure to submit such proof on the first day of employment may result in immediate termination of employment.

If I am a qualified individual with a disability and I require reasonable accommodation for that disability, I agree to participate in an interactive process with the representatives of CMFP to determine if a reasonable accommodation exists.

I represent and warrant that I have read, fully understand, and agree with this Authorization, that all statements on my employment application are true.

 Applicant Signature

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 Date

Rev. 07/07