



**CARBONDALE OF CARBONDALE
ENTRY-LEVEL FIREFIGHTER APPLICATION**

200 South Illinois Ave.
Carbondale, IL 62901
(618) 549-5302

PLEASE READ CAREFULLY

Thank you for your interest in becoming a City of Carbondale Firefighter! The purpose of this application is to assist the City of Carbondale in selecting the best qualified persons available to serve the community as Firefighters in the Fire Department. It also serves as an aid to the Fire Chief to avoid employing anyone who does not have the specific qualities that are a necessity in fulfilling the rigorous responsibility of the public safety profession in the Fire Department.

You may complete and submit this application through the City of Carbondale’s website.

If you choose to complete this PDF application please return it and the following documents to the City Clerk’s office located in Carbondale City Hall, 200 South Illinois Avenue, Carbondale, IL 62901

1. Completed Entry-Level Firefighter Application
2. A copy of your marriage license, if applicable. If you are divorced you do not need to submit your marriage license.
3. If divorced, a copy of the court decree.
4. A copy of your military discharge form DD-214, if applicable
5. **CERTIFIED COPY** of transcripts from the colleges and/or universities which you attended
6. A copy of your birth certificate AND your children’s birth certificates, if applicable.
7. 3 letters of recommendation
8. Photograph. Any clear color photograph will suffice. **A copy of a driver’s license or an ID card IS NOT ACCEPTABLE.**

**If you have any questions, comments, or concerns please contact the
City Clerk’s office at (618) 457-3281.**



CARBONDALE
All Ways Open

The City of Carbondale is an Equal Opportunity Employer



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- Print legibly in black ink or type.
• Answer each question completely and accurately. Each question must be answered. If the question is inapplicable, write "N/A" in the appropriate space. If there is insufficient space on the form to provide an answer or explanation, use the continuation section or add additional sheets. Before each explanation, write the reference number of the item.
• You must be complete and truthful in all your answers. All answers that you give in this questionnaire are subject to verification. Any failure to report completely or any untruthful answer may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

1. Name: _____
(Last) (First) (Middle)

(SSN) (Phone)

2. Address: _____

(City) (State) (Zip) (County)

3. Email Address: _____
Please provide a valid email address. Most correspondence will be sent by email.
Notify the City Clerk's office if any of your contact information changes.

4. List any other names, nicknames, or aliases you have used or been known by. Include prior married name(s) and maiden name and any legal name changes _____

5. Are you at least 21 years of age, but NOT OVER 35 years of age? _____ YES _____ NO

6. Date of Birth: _____ 7. Place of Birth: _____

8. Sex: _____ 9. Age: _____ 10. Height: _____ 11. Weight: _____

12. Eye Color: _____ 13. Hair Color: _____

14. List scars, birthmarks, blemishes, tattoos, deformities, etc.:



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15. Driver's License No. / Expiration Date: _____

16. Passport No.: _____

17. Have you ever been employed by the City of Carbondale? _____ YES _____ NO

If yes, please list position and dates:

18. Do you have relatives employed by the City of Carbondale? _____ YES _____ NO

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

If yes, please list employee name and department:

19. List Father, Mother, Brothers, and Sisters

FULL NAME (Give Maiden/Married Names, if applicable)	RELATIONSHIP	DATE OF BIRTH



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20. Marriages: Give the following information regarding status:

_____ Married _____ Single _____ Separated _____ Divorced _____ Widowed

DATE MARRIED	WHERE MARRIED	NAME OF SPOUSE (Maiden Name If Wife)	IF DISSOLVED, WHERE	DATE DISSOLVED

21. Military Service: Have you ever served in any military organization of the U.S.?

_____ YES _____ NO If Yes, which branch: _____

22. Did you receive an Honorable Discharge? _____ YES _____ NO

If no, specify type & explain: _____

23. Have you ever been discharged or asked to resign for absenteeism, tardiness, insubordination or dishonesty? _____ YES _____ NO If Yes, explain: _____

24. Were you ever court marshalled, tried on charges, or were you the subject of a Summary Court Captains Mast, or Company Punishment or any other disciplinary action while in the Armed Forces?

_____ YES _____ NO If Yes, explain: _____

25. Have you ever been accepted or rejected for a Civil Service position? _____ YES _____ NO

If yes, explain: _____



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26. Residences: List your addresses starting with present address.

FROM (Month/Year)	TO (Month/Year)	STREET NO. & NAME	CITY & STATE

27. Education: Circle the highest grade completed and list school attended.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other: _____

School: _____

Elementary School:

NAME OF SCHOOL CITY & STATE	SUBJECTS TAKEN MAJOR & MINOR	FROM MO/YR	TO MO/YR	GRADUATE		CREDIT HOURS	DEGREE OR AVG.GRADE
				YES	NO		

High School:

NAME OF SCHOOL CITY & STATE	SUBJECTS TAKEN MAJOR & MINOR	FROM MO/YR	TO MO/YR	GRADUATE		CREDIT HOURS	DEGREE OR AVG.GRADE
				YES	NO		

Junior College:

NAME OF SCHOOL CITY & STATE	SUBJECTS TAKEN MAJOR & MINOR	FROM MO/YR	TO MO/YR	GRADUATE		CREDIT HOURS	DEGREE OR AVG.GRADE
				YES	NO		



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College or University:

NAME OF SCHOOL CITY & STATE	SUBJECTS TAKEN MAJOR & MINOR	FROM MO/YR	TO MO/YR	GRADUATE		CREDIT HOURS	DEGREE OR AVG.GRADE
				YES	NO		

GED: Name and Address of organization/agency where obtained: _____

If you attended more than one of the above schools, list reason for change: _____

28. List any foreign languages that you speak and/or comprehend: _____

Check the appropriate skill level

Speak

- Fluent
- Good
- Fair

Comprehend

- Fluent
- Good
- Fair

29. References: Fill in below the name of three adults not related to you and not former employers, who have known you for a period, preferably more than five years. All people to whom you refer will be asked to evaluate your character, ability, experience, personality, and other qualities.

1. Name	Home Address (city, state, zip code)	Home Phone
2. Name	Home Address (city, state, zip code)	Home Phone
3. Name	Home Address (city, state, zip code)	Home Phone



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30. Emergencies: List name(s) of person(s) to be notified in case of emergency.

1. Name	Home Address (city, state, zip code)	Home Phone
Relationship	Business Address	Business Phone
2. Name	Home Address (city, state, zip code)	Home Phone
Relationship	Business Address	Business Phone
3. Name	Home Address (city, state, zip code)	Home Phone
Relationship	Business Address	Business Phone

31. Employment: List in proper time sequence all full time, temporary, and part time jobs you have held in the past 10 years. Put your present or most recent job first.

1. Employer's Name (Most Recent)	Phone No.	Mo.	Yr.	Mo.	Yr.
Address (city, state, zip code)	Type of Business	Your Title/Position			
Reason For Leaving	Immediate Supervisor	Explain Your Duties			
2. Employer's Name (Most Recent)	Phone No.	Mo.	Yr.	Mo.	Yr.
Address (city, state, zip code)	Type of Business	Your Title/Position			
Reason For Leaving	Immediate Supervisor	Explain Your Duties			



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3. Employer's Name (Most Recent)	Phone No.	Mo.	Yr.	Mo.	Yr.
Address (city, state, zip code)	Type of Business	Your Title/Position			
Reason For Leaving	Immediate Supervisor	Explain Your Duties			
4. Employer's Name (Most Recent)	Phone No.	Mo.	Yr.	Mo.	Yr.
Address (city, state, zip code)	Type of Business	Your Title/Position			
Reason For Leaving	Immediate Supervisor	Explain Your Duties			
5. Employer's Name (Most Recent)	Phone No.	Mo.	Yr.	Mo.	Yr.
Address (city, state, zip code)	Type of Business	Your Title/Position			
Reason For Leaving	Immediate Supervisor	Explain Your Duties			



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32. May we contact your present employer? _____ YES _____ NO

33. Have you ever previously submitted an application to any other Fire Department?
_____ YES _____ NO

Position applied for	Name & address of agency	Date
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Position applied for	Name & address of agency	Date
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34. Have you ever been a Firefighter or held a similar position? _____ YES _____ NO

Position Held	Name & address of agency	Date
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Position Held	Name & address of agency	Date
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35. Have you ever been convicted of driving while under the influence of alcohol or drugs, or reckless driving?
_____ YES _____ NO

Has your Driver's License ever been suspended or revoked? _____ YES _____ NO

If yes on either, explain: _____

36. Have you ever been convicted of any ordinance violation, misdemeanor, or felony other than a traffic offense? _____ YES _____ NO

If yes, explain: _____



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NOTICE TO ALL APPLICANTS

Residency Requirements:

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 1-7 must establish residency within the City Residency Boundary within a six (6) month period following the date of hire and remain residents within the Residency Boundary as a condition of continued employment.

The Residency Boundary includes all of Carbondale, Murphysboro, DeSoto and Makanda Townships and portions of Somerset and Pomona Townships in Jackson County, and portions of Grassy, Carterville and Blairsville Townships in Williamson County.

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 8 and 9 must establish residency within Carbondale’s corporate limits within six (6) month period following the date of their hire and remain residents within Carbondale’s corporate limits as a condition of continued employment.

For further information, contact the Human Resource’s Office.

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Carbondale representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Carbondale. I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above, are knowing, intelligent, and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to the City of Carbondale.

I hereby authorize the Carbondale Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the Human Resources Division of the City of Carbondale. I agree to release all parties from liability for any damages that may result from furnishing the same to the Human Resources Division of the City of Carbondale. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Human Resources Division of the City of Carbondale.

I am willing and understand employment with the City of Carbondale is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Carbondale.

I understand that as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Please note: No applicant is obligated to disclose any expunged records, adjudication or arrest while they were a juvenile pursuant to Illinois Public Act 100-0285, including any ordinance violations. Furthermore, any information obtained through this application process regarding any expunged juvenile record is confidential and WILL NOT be disclosed in any manner by the City of Carbondale.

Signature in Full: _____

Date: _____



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CONTINUATION SECTION

If there is insufficient space in the application to provide an answer or explanation, use this section or add additional sheets. Indicate in the left hand column the number of the question you are answering then complete your answer in the space provided.

Question #	Continuation of Answer



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VOLUNTARY SURVEY

The City of Carbondale prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, ancestry, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completing of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your Application for employment or personal file.

Your cooperation is voluntary. Inclusion or exclusion of any date will not affect any employment decision.

Job applying for FIREFIGHTER				Date			
Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is VOLUNTARY.							
Male		Female		Nonbinary		Gender Identity	
Date of Birth				Ethnic Origin			
CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE							
Vietnam Era Veteran				Disabled Veteran			
				Handicapped Individual			