**

*820 North Addison Avenue ⬥ Elmhurst, IL 60126 ⬥ PH 630-833-1110 FX 630-833-7512 www.cmfp.com*

**Application for Employment**

**Personal Information**

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

**Desired Employment**

|  |  |  |
| --- | --- | --- |
| Position or Type of Work  Applied For? | Date Available  to Start | Desired Salary  $ |
| Have you ever worked for CMFP?  Yes  No | If so, what Department | |
| Are you currently employed?  Yes  No | If so, may we contact your current supervisor?  Yes  No | |
| Are you able to meet the attendance requirements? Yes  No  Are you able and willing to work overtime if required?Yes  No | Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No | |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education 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?  Yes  No | Name / Title | | Phone # | |
|  | |  |  | |
| 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?  Yes  No | Name / Title | Phone # | |
|  |  |  | |
| 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?  Yes  No | Name / Title | Phone # | |
| Description of Work | | | |
|  | | | |
| Reason for Leaving | | | |

**References**

**List three (3) persons you are not related to, whom you have known for at least one year.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** | ***Address*** | ***Business*** | ***Years Acquainted*** | ***Phone #*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Service Record**

|  |  |
| --- | --- |
| Branch of Service | Discharge Date & Rank |
| Driving Record - provide 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?  Yes  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 Date

**\*\* CMFP USE ONLY \*\***

**DO NOT WRITE ON THIS PAGE**

|  |  |
| --- | --- |
| Interviewed By: | Date: |
| Comments: | |
|  | |
|  | |
|  | |

|  |  |
| --- | --- |
| Interviewed By: | Date: |
| Comments: | |
|  | |
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|  |  |
| --- | --- |
| Interviewed By: | Date: |
| Comments: | |
|  | |
|  | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hire Date: | | Department: | Position: | |
| Salary Wages:  $       Hr. $       Yr. | | | Start Date: | |
| Approved By:  Department Manager |  | | | Date: |
| Approved By:  General Manager |  | | | Date: |

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This position requires that you have good communication skills and be competent in basic mathematical functions. Please complete this page to the best of your ability and return it when finished, along with your application.

**Applicant Spelling Test**

Some of the words listed below are spelled incorrectly. Indicate the correctly spelled words by placing an “X” beside them in the first column. Any misspelled words should be corrected in the second column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Correct “X”** | **Proper Spelling** |  | **Correct “X”** | **Proper Spelling** |
| RECIEVE |  |  | BUSSINESS |  |  |
| GUAGE |  |  | PRESBETERIAN |  |  |
| ESTINGUISHER |  |  | HIDROULIC |  |  |
| RECEIPT |  |  | PRESSURIZE |  |  |
| COMMISSION |  |  | SYPHON TUBE |  |  |
| ALLUMINUM |  |  | CILYNDER |  |  |
| CONSOLLIDATE |  |  | AXCEPT |  |  |
| CARBUN DIOXIDE |  |  | EXCPET |  |  |
| MONSENIOR |  |  | BOOKEEPER |  |  |
| LUTHRAN |  |  | DICTIONERY |  |  |
| RELIEVE |  |  | SECRETERY |  |  |
| LEEKING |  |  | ESCAVATING |  |  |
| SERVICE |  |  | SURVAY |  |  |
| RECHARGEING |  |  | TECHNICIAN |  |  |

**Basic Math Test**

(You may use a calculator – request one if you need one)

|  |  |
| --- | --- |
| 150 x 162 = | 7% of 200 = |
| 20 is what percent of 120? | 1260 ÷ 6 = |
| 126 + 352 + 789 = | 53,453 – 3,879 = |
| If a 35% discount was given off a bill of $395  what would be the final amount of the bill? $ | |

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**Authorization to Obtain Consumer Report**

Consumer reports may be obtained as part of the Chicago Metropolitan Fire Prevention Company’s evaluation of my job application/employment. The reports may be procured by Assurance Agency, Ltd., or ADP, LLC and may include my driving record, an assessment of my insurability under the Company’s insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize Assurance Agency, Ltd. Or ADP,LLC to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

I understand that under no circumstances can Assurance Agency, Ltd. Or ADP, LLC provide a copy or specific details of these reports to the driver or Chicago Metropolitan Fire Prevention Company. A copy of the report can be obtained through the Department of Motor Vehicles.

***Driver Information:***

Name of Driver:

Street Address:

City, State, Zip:

Date of Birth:

Driver’s License #:

State of Issuance:

***Employer Information:***

Chicago Metropolitan Fire Prevention Company

820 N. Addison Avenue

Elmhurst, IL 60126

Applicant/Employee Signature Date

Print Full Name