



EMERGENCY MANAGEMENT AGENCY
CITY OF OAK FOREST



15440 South Central Avenue
Oak Forest, Illinois 60452
708-687-4050

OPERATIONS CENTER
5301 West 157th Street
708-687-0113
Fax 708-687-7606

Thank you for your interest in Oak Forest's Emergency Management Agency.

The organization has been an active part of the City of Oak Forest since 1962. We provide equipment and volunteer manpower for emergency situations.

All applicants must be in good physical condition, at least 21 years of age, be a US citizen, and reside within a reasonable distance from Oak Forest. Individuals shall be free from the influence of drugs and alcohol. All applicants must have a valid Illinois Drivers license for at least three years. Applicants must be able to perform tasks normally assigned to Emergency Management.

All applicants must pass the Oak Forest Police Department reference check, State of Illinois drivers license check, the Department of Defense, the Federal Bureau of Investigation and any other checks as determined by the Chief of Police and the Chief of Emergency Management.

Completed applications and the oath (as required by Illinois State Law) can be returned to City Hall, Clerks Office, 15540 South Central Avenue, marked Attention "Emergency Management".

Please feel free to visit us during our meetings on most Wednesday evenings at 7:30 PM at 5301 West 157th Street.

I will contact you for a personal interview after your application is reviewed.

Thanks again for your interest.

Robert Small
Chief, Coordinator/Director

INSTRUCTIONS

FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY.

If your application is made out properly, it may increase your chances of appointment. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from appointment. Use an additional sheet of paper if writing space provided is inadequate and attach the sheet(s) to the application.



EMERGENCY MANAGEMENT AGENCY
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Oak Forest, Illinois 60452-2195
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Fax: 708-687-7606

APPLICATION

PERSONAL INFORMATION				Date	
Please print and attach a copy of your Social Security Card & Driver License.		Social Security Number			
		Drivers License Number			
NAME					
PRESENT ADDRESS			City		State
PERMANENT ADDRESS			City		State
HOME PHONE		CELL PHONE		WORK PHONE	
E-MAIL ADDRESS					
DATE OF BIRTH (M, D, Y)		PLACE OF Birth (City, State, Zip)			SEX
HEIGHT (ft) (in)		WEIGHT	AGE	COLOR OF EYES	COLOR OF HAIR
ARE YOU A U.S. CITIZEN?		YES	NO	IF "YES" WERE YOU: NATIVE BORN NATURALIZED	
IF "NATURALIZED" GIVE PARTICULARS:					
LIST ANY OTHER NAMES OR ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME IF APPLICABLE)					
ARE YOU: SINGLE MARRIED SEPARATED WIDOWED DIVORCED					
ARE YOU LIVING WITH YOUR SPOUSE?		YES	NO	IF "NO" EXPLAIN	
REFERRED BY:					

EDUCATION

List the various schools you've attended & other information requested.

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE, & ZIP CODE)	NO. OF YEARS COMPLETED	DATES ATTENDED	GRADUATE		AVERAGE GRADE
GRAMMAR SCHOOL			YES	NO	
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					
JUNIOR COLLEGE, COLLEGE, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	
WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES NO	IF "YES" EXPLAIN				
LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU HAVE, INCLUDING SPECIAL TRAINING COURSES.					
LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD					

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED? YES NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGE	DISPOSITION OF CASE

HAVE YOU EVER BEEN PLACED ON PROBATION? YES NO	IF "YES" EXPLAIN
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HAVE YOU EVER BEEN REQUIRED TO PAY A FINE OVER \$25.00? YES NO	IF "YES" EXPLAIN
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HAVE YOU EVER BEEN A VICTIM OF A CRIME? YES NO	WAS THIS CRIME REPORTED TO THE POLICE? YES NO
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IF YOU WERE A "VICTIM" EXPLAIN

HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? YES NO	IF "YES" EXPLAIN DETAILS. INCLUDE JURIDICITION, DATES, & OUTCOME
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HAVE YOU EVER BEEN FINGERPRINTED BY POLICE AGENCY OTHER THAN FOR AN ARREST? YES NO	AGENCY	DATE	PURPOSE

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

ARE THERE ANY WARRANTS, TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? YES NO
--

IF "YES" EXPLAIN:

EMPLOYMENT HISTORY

LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE, AND TEMPORARY OR PART-TIME JOBS IN PROPER TIME SEQUENCE..

EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
NAME & TITLE OF SUPERVISOR	FROM (DATE) TO (DATE)	YOUR EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
NAME & TITLE OF SUPERVISOR	FROM (DATE) TO (DATE)	YOUR EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
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EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
NAME & TITLE OF SUPERVISOR	FROM (DATE) TO (DATE)	YOUR EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING

USE ANOTHER SHEET OF PAPER TO LIST ADDITIONAL EMPLOYMENT HISTORY.

ACQUAINTANCES

FILL IN BELOW, THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	WORK PHONE HOW DO YOU KNOW THIS PERSON
2. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	WORK PHONE HOW DO YOU KNOW THIS PERSON
3. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	WORK PHONE HOW DO YOU KNOW THIS PERSON

REFERENCES

FILL IN BELOW, THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLE MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES

1. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	YEARS KNOWN
2. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	YEARS KNOWN
3. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	YEARS KNOWN
4. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	YEARS KNOWN
5. NAME	ADDRESS	HOME PHONE
BUSINESS ADDRESS	OCCUPATION OR PROFESSION	YEARS KNOWN

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

NAME	ADDRESS	HOME PHONE
NAME	ADDRESS	HOME PHONE

I authorize investigation of all statements contained in this application. I understand that misrepresentations or omission of facts called for is cause for dismissal. Further, I understand and agree that my association with the City Of Oak Forest, Emergency Management Agency is for no definite period and may be terminated at any time without any previous notice.

Signature _____ **Date** _____

Authorization For Release Of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the City of Oak Forest, Emergency Management Agency, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administrations; employment and pre-employment records, including background report, and efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility to be associated with the City of Oak Forest. I also certify that any person(s) who may furnish such information concerning me shall no be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature: (Including Maiden Name) _____

Address _____

Date of Birth _____ Social Security Number _____

Phone _____

Witness _____ Date _____

Are you now, or have you ever been, a member of any subversive organization?	YES	NO
Have you ever been affiliated or connected in any manner with or attended meetings of any subversive organization?	YES	NO
Have you ever been paid, collected, or solicited any money, dues, or insurance contribution to, for, or on behalf of, any subversive organization?	YES	NO
Have you ever been a member of, or attended any school, camp, class or forum sponsored by any subversive organization?	YES	NO
Have you ever signed, or solicited others to sign, any petition or card, sponsored or issued by any subversive organization, or any petition which as its purpose is the aiding of any person, cause or program connected with any subversive organization?	YES	NO
Have you ever, by word of mouth or in writing, advocated, advised or taught that the government of the United States of America, or any state or political subdivision thereof, should be overthrown by force, violence or any other means?	YES	NO
Has any member of your family been affiliated with any subversive organization, in any capacity, either as an active member or sympathizer?	YES	NO
Do you have any knowledge of any fact or circumstance, whether mentioned or not in the preceding questions, which might end to disqualify you from the above position sought?	YES	NO
You must explain fully if the answer to any of the above questions resulted in a YES answer.		
I hereby certify that there is no willful misrepresentation, omissions, or falsifications in this questionnaire and all my answers are true and correct, to the best of my knowledge and belief.		
Signature of Applicant _____ Date _____		

**EMERGENCY MANAGEMENT AGENCY
CITY OF OAK FOREST**

OATH

I, _____, do solemnly swear that I will support and defend and bear true faith and allegiance to the constitution of the State of Illinois, and the territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation of purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this state by force or violence; and that during such time as I am affiliated with the City of Oak Forest, Emergency Management Agency, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of the state by force or violence.

Signature of Applicant _____

Date _____

WITNESS:

Signature of Witness _____

Date _____