



**EMPLOYMENT APPLICATION
CITY OF PEORIA**

PEORIA FIRE DEPARTMENT
505 NE Monroe Street
Peoria, IL 61603
Phone (309) 494-8700

APPLICANT INFORMATION -- PLEASE PRINT

Job Title Applying For: Fire Department Apprenticeship Program

Print Name: _____
(FIRST) (MIDDLE) (LAST)

Present Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Telephone #: (_____) _____ Alternate Phone #: (_____) _____
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER)

Email: _____

What

EDUCATION

What school do you attend: _____ What is your current grade level: _____

Graduation/GED Date: _____

PLEASE READ AND SIGN

READ CAREFULLY BEFORE SIGNING THIS STATEMENT

I certify that the information given on this application and on any appended materials is true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in rejection of my application or, if employed, in termination of employment.

SIGNATURE (DO NOT PRINT)

____/____/____
DATE

APPLICANT CHARACTERISTIC SURVEY

EQUAL OPPORTUNITY EMPLOYMENT POLICY

It is the policy of the City of Peoria to hire well-qualified people to perform the tasks necessary to provide high quality service to the citizens of Peoria. An integral part of this policy is to provide equal employment opportunity for all persons without discrimination on the basis of race, sex, color, religion, national origin, physical or mental impairment, or age. To help us monitor the progress of the City’s Affirmative Action Program, we request your cooperation in providing the following information.

This survey will be detached from your application prior to any review and will be kept confidential in accordance with applicable laws. Your answers will not affect your consideration for employment with the City of Peoria. Applicants who prefer not to answer the questions in this survey will not be subject to adverse treatment. Thank you for your cooperation.

(PLEASE PRINT)

Date of Birth: _____

Position Applied For: Peoria Fire Department Apprenticeship Program

Phone () _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
STREET CITY STATE ZIP

INSTRUCTIONS: Place your response (number or letter) in the box in the far-right column. Respond to all questions marking only one answer for each.

I. SEX MALE: _____ FEMALE: _____

II. Ethnicity:

Are you Hispanic or Latino?

_____ No, I am **not Hispanic or Latino**.

_____ Yes, I am **Hispanic or Latino (S)**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT – Only complete this section if you checked “no, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select ONE of the following categories(s):

_____ **White (W)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Black (B)** – A person having origins in any of the Black racial groups of Africa.

_____ **American Indian / Alaskan Native (I)** – A person having origins in any of the original peoples of North America and South America (including Central America), who maintains the tribal affiliation or community attachment.

_____ **Asian (A)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Native Hawaiian or Other Pacific Islander (H)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Two or More Races (O)** – All persons who identify with more than one of the above five **rac**es. **Please check the races that you identify with from above.**

III. DISABILITY

NOTE: For definition purposes as used herein, an individual who is disabled is any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities or who is regarded as having such impairment. (Major life activities which might be substantially limited by such impairment include walking, talking, self care, transportation, and others.)

Do you consider yourself to be disabled? Yes _____ No _____