



# CHICAGO FIRE DEPARTMENT

## Bureau of Fire Prevention

License # \_\_\_\_\_

*Official Use Only*

### APPLICATION for CERTIFICATE OF FITNESS HOTEL DESK CLERK

This form must be correctly filled in and all questions must be answered. Answers must be in ink, and affidavit on the application (Part C) must be sworn to correctly.

False affidavit means denial or revocation of license.

**Applicants shall not be less than legal age (18 years).**

NOTE: Serious physical handicaps which would prevent an applicant from properly performing the duties required by the municipal code will be considered by the Department and may be cause for denial and/or revocation of license.

#### **A** STATEMENT OF APPLICANT

1. Name in Full: \_\_\_\_\_
2. DL or State ID: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_
5. Present address: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. How long have you been a resident of Chicago? \_\_\_\_\_
8. Are you a citizen of the United States of America?  YES  NO
9. Are you addicted to the use of intoxicating beverages or narcotics?  YES  NO
10. Have you any defect of sight, hearing, speech or limb?  YES  NO
11. Were you ever convicted of a felony?  YES  NO
12. Have you a Letter of Verification of Employment for the past two years? If yes, attach same.  YES  NO
13. Length of employment in these previous positions: \_\_\_\_\_
14. Are you familiar with the provisions of the law and regulations governing fire safety in hotels?  YES  NO
15. Do you know how to call the Fire Department?  YES  NO
16. Do you know how to operate emergency fire equipment?  YES  NO
17. Are you familiar with the duties and responsibilities?  YES  NO
18. State your experience: \_\_\_\_\_

<b>B</b>	I hereby request that _____	be issued a certificate of fitness to serve as a desk clerk at:
	Name of Hotel _____	Address _____
	Name of Manager _____	Managers Signature _____
	Manager Email _____	

<b>C</b>		being first duly sworn, states that the foregoing questions and answers thereto are in his/her own handwriting; that he/she fully understands the questions; and that the answers thereto are correctly stated and are true in all respects.
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Subscribed and sworn to before me, this		day
of _____	A.D. 20_____	

NOTARY PUBLIC

SIGNATURE OF APPLICANT