



CHICAGO FIRE DEPARTMENT
Bureau of Fire Prevention
APPLICATION for FIRE GUARD LICENSE

License # _____

Official Use Only

This form must be correctly filled in and all questions must be answered. Answers must be in ink. 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: _____			
	Street	City	State	Zip Code
6.	Telephone Number: _____		7. Email: _____	
8.	How long have you resided at your present address? _____			
9.	Are you addicted to the use of intoxicating beverages or narcotics?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Have you any defect of sight, hearing, speech or limb?			<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Were you ever convicted of a felony?			<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Have you a Letter of Verification of Employment for the past two years? If yes, attach same.			<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Length of employment in these previous positions: _____			
14.	Have you ever had a fire guard license revoked?			<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	List fire education/training background: _____			

B DEPARTMENT USE ONLY									
Police Department Report									
No Record – Name Check Only Chicago Police Department Records and Communications				No Record – Name Check Only Chicago Police Department Records and Communications					
Date		Per		Date		Per			
Fire Instruction Report									
The applicant has completed the test for Fire Guard and has been found qualified.									
Date of Issue:					Examiner:				