



CHICAGO FIRE DEPARTMENT
Bureau of Fire Prevention

2
PHOTOS
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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.

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. Social Security No.
3. Date of birth
4. Place of birth
5. Present address
6. How long have you been a resident of Chicago?
7. Are you a citizen of the U.S.A.?
8. Are you addicted to the use of intoxicating beverages or narcotics?
9. Have you any defect of sight, hearing, speech or limb?
10. Were you ever convicted of a felony?
11. Have you a Letter of Verification of Employment for the last two years?
12. Length of employment in these previous positions
13. Are you familiar with the provisions for the law and regulations governing fire safety in hotels?
14. Do you know how to call the Fire Department?
15. Do you know how to operate emergency fire equipment?
16. Are you familiar with the duties and responsibilities?
17. State your experience

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 Manager's Signature

C, 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.

Subscribed and sworn to before me, this day of A.D. 20 Signature of Applicant

Notary Public