



CHICAGO FIRE DEPARTMENT
Bureau of Fire Prevention

Application for Fire Guard License

License # _____
Official Use Only

2
PHOTOS
attach here

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.

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. Telephone Number
7. How long have you resided at your present address?
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. Have you ever had a fire guard license revoked
14. List fire education/training background

15. Presently Employed: Company Name Address

Applicant's Signature: Date:

DEPARTMENT USE ONLY

Police Department Report

No Record - Name Check Only
Chicago Police Department Records and Communications
Date Per

Record Attached - Name Check Only
Chicago Police Department Records and Communications
Date Per

Fire Instruction Report

The applicant has completed the test for Fire Guard and has been found qualified.

Date of Issue: Examiner