

FORM 2C

LISLE-WOODRIDGE FIRE DISTRICT  
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT  
(SPRING 2016 TEST)

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If you wish to claim preference points for the final eligibility list for hire with the Lisle Woodridge Fire District, please complete the following form and submit with the required attachments within ten (10) days after the posting of the Initial Eligibility Register. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

1. **Veterans Preference Points (70 ILCS 705/16.06b(h)(5))**

Please state the following information regarding your military service and attach Form DD-214 (long form) and proof of honorable discharge:

Branch of Service: \_\_\_\_\_

Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

Date of Service (Month/Date/Year): \_\_\_\_\_ to \_\_\_\_\_

Date of Honorable Discharge: \_\_\_\_\_

2. **Educational Preference Points (70 ILCS 705/16.06b(h)(3))**

Please state the following information regarding your educational background and attach copies of diplomas as proof of the attainment of a degree:

College Attended: \_\_\_\_\_

Dates of Attendance (Month/Date/Year): \_\_\_\_\_ to \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

College attended (if applicable): \_\_\_\_\_

Dates of Attendance (Month/Date/Year): \_\_\_\_\_ to \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

**3. Residency Preference Points (70 ILCS 705/16.06b(h)(6))**

Please provide your primary resident address and attach at least two documents that indicate proof of your residence within the boundaries of the Lisle-Woodridge Fire Protection District:

Home Address: \_\_\_\_\_

Length of Residence at this Address: \_\_\_\_\_

**4. Experience Preference Points (70 ILCS 705/16.06b (h)(5))**

Please state the relevant dates of successful service in the following capacities and attach OSFM Certified Firefighter II/Basic Operations Firefighter, OSFM Certified Firefighter III/Advanced Technician Firefighter and/or IDPH Paramedic Licenses. Do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

***Full-time Firefighter and/or Paramedic***

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Service (Month/Date/Year): \_\_\_\_\_ to \_\_\_\_\_

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Service (Month/Date/Year): \_\_\_\_\_ to \_\_\_\_\_