

FORM 4

LISLE-WOODRIDGE FIRE DISTRICT  
VERIFICATION OF EMPLOYMENT DATA FORM

To the Employer

\_\_\_\_\_ has requested preference points pursuant to 70 ILCS

705/16.07 for the final eligibility list for hire with the Lisle-Woodridge Fire District. Before the Board of Fire Commissioners awards these points, we ask that you complete the following form which we will use to verify information supplied to us by the applicant.

Please return this form by \_\_\_\_\_. If you have any questions please contact Deputy Chief Keith Krestan at (630) 353-3051.

Thank you very much,

Board of Fire Commissioners  
Lisle Woodridge Fire District

\_\_\_\_\_  
I, the undersigned on behalf of

\_\_\_\_\_ (hereinafter the "Department")  
(Fire District or Municipality)

\_\_\_\_\_  
(Address)

hereby certify that \_\_\_\_\_ was/has been employed with the  
(applicant)  
Department in the following capacities:

1. Full-time Firefighter II/Basic Operations Firefighter and/or Paramedic  
Dates of Service (Month/Date/Year) \_\_\_\_\_ to \_\_\_\_\_
2. Full-time Firefighter III/Advanced Technician Firefighter and/or Paramedic  
Dates of Service (Month/Date/Year) \_\_\_\_\_ to \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title