

# WINFIELD FIRE PROTECTION DISTRICT FIREFIGHTER/EMT-P EMPLOYMENT OPPORTUNITY

The Winfield Fire Protection District is conducting an **orientation** and **written** examination to establish an eligibility list for firefighter/paramedics on **Saturday, October 15, at 9:00 a.m.** at West Chicago Regional Firefighter Training Academy, 320 Kress Road, West Chicago, IL 60185. **Entrance doors will be locked at 9:00 a.m. and there will be no provision for late arrivals.** Attendance at the orientation is mandatory and check-in will begin at **8:00 a.m.** Applicants must meet all requirements of the fire department on the date of application.

#### Applicant Requirements:

- At least 21 years of age and not older than 35 at the time of hire, except as provided by state law
- U.S. citizen or meet requirements of Illinois Human Rights Act for citizenship status
- Valid driver's license
- Licensed EMT-P through the Illinois Department of Public Health at the time of hire
- Valid CPAT Certification Card and Ladder Climb Certification at the time of hire.

***Firefighter II/Basic Fire Operations certification is not required in order to be selected for hire. Upon hire, non-certified candidates will be sent to the fire academy, to obtain their certification prior to the end of probation.***

Applicants must pass a written test and pass an oral interview to make the eligibility list. Candidates selected for hire will also be subject to a medical examination, polygraph test, background investigation, and drug test.

**Starting salary is \$62,266.10**

**Application Deadline:** All applications with required documentation must be notarized and must be postmarked or returned by **Friday, September 30, 2022 by 4:00 p.m.** to the Winfield Fire Protection District, 27W530 Highlake Road, Winfield, Illinois, 60190.

<b>Event</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>
Application Deadline	September 30, 2022	4:00 p.m.	Winfield FPD, Stat. 31 27W530 Highlake Rd. Winfield, IL 60190
Orientation/Written Test	October 15, 2022	9:00 a.m.	West Chicago Regional Firefighter Training Academy 320 Kress Road West Chicago, IL 60185
Oral Interviews	TBA	TBA	TBA

FORM B

WINFIELD FIRE PROTECTION DISTRICT – STATE OF ILLINOIS  
FIREFIGHTER/PARAMEDIC APPLICANT PERSONAL DATA QUESTIONNAIRE AND  
AUTHORIZATION FORM

- 
1. Name \_\_\_\_\_  
last first middle
2. List any other names you have used or been known by (*include maiden name*): \_\_\_\_\_  
\_\_\_\_\_
3. Address: \_\_\_\_\_  
Number & Street City State Zip
4. Home Phone No. (\_\_\_\_\_) \_\_\_\_\_
5. Business Phone No. (\_\_\_\_\_) \_\_\_\_\_
6. Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_
7. E-mail Address \_\_\_\_\_
8. Driver's License State \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_
9. Social Security No. \_\_\_\_\_
10. U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, are you an alien with evidence of intention to become a U.S. Citizen?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. How did you find out about this testing process? \_\_\_\_\_
- 

LIST ALL FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

12. Address \_\_\_\_\_  
Number & Street City State Zip
13. Address \_\_\_\_\_  
Number & Street City State Zip
14. Address \_\_\_\_\_  
Number & Street City State Zip
15. Address \_\_\_\_\_  
Number & Street City State Zip
16. Address \_\_\_\_\_  
Number & Street City State Zip

**EDUCATION**

17. **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE                      HIGH SCHOOL                      COLLEGE 1 2 3 4  
GRADUATE SCHOOL                      M.A.                      Ph.D.      OTHER

	<b>Name and Address of School (include City and State)</b>	<b>Date(s) Attended</b>	<b>Graduate ? Yes No</b>
18.	High School _____		
19.	Undergraduate Education _____		
20.	Graduate Education _____		
21.	Trade Schools _____		
22.	What college degrees have you attained? _____		
23.	List course work relevant to position for which you have applied: _____ _____ _____		

**MILITARY**

24. Are you now or have you ever been in the military service? Yes \_\_\_\_ No \_\_\_\_
25. Branch of service \_\_\_\_\_
26. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- Rank \_\_\_\_\_
27. Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**CONVICTION HISTORY**

28. Have you ever been convicted of a crime other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

29. List all traffic convictions and accidents you have had in the last four (4) years. (If more room is needed, please type on a separate page and attach).

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

**EMPLOYMENT HISTORY**

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

30. **Present employer's name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to Present  
month-year

31. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

32. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

33. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year



40. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

41. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

42. List organizations of which you are a member that relate to the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Explain your reasons for wanting to become a firefighter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Person(s) to be notified in case of emergency.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## SUBMISSION OF DOCUMENTATION AND CREDENTIALS

45. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.
46. I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as Firefighter III, Hazardous Materials I or II, may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

### DOCUMENTATION

### TIME OF SUBMISSION

Winfield Fire Protection District Authorization Form	With this application
Firefighter II Certification, if applicable	With this application, if obtained
EMT – Paramedic Certification Licensed from State of Illinois, if applicable	With this application, if obtained
Copy of High School or GED diploma (Do not send college certificates as substitutes)	With this application
Valid driver's license	With this application
Cover Letter and Resume	With this application
One of the following:	With this application
- Birth certificate issued by the State Department, Form FS-545	
- Birth certificate issued abroad by the State Department, Form DS-1350	
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal	
- Native American tribal documents	
- U.S. citizen identification card, INS Form 1-197	
- Identification card for use of a resident citizen in the U.S., INS Form 1-179	

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE WINFIELD FIRE PROTECTION DISTRICT.

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature in Full \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.** This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially and will be used only to help assure the best use of your abilities if you are employed with us.

**WINFIELD FIRE PROTECTION DISTRICT  
AUTHORIZATION FORM**

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I, \_\_\_\_\_, hereby authorize the WINFIELD FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and to use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for employment made to the WINFIELD FIRE PROTECTION DISTRICT. I also consent to the release to the WINFIELD FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the WINFIELD FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I understand that I will undergo a job task test as part of the application process and that such job task test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the WINFIELD FIRE PROTECTION DISTRICT CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST form prior to participating in the job task test.

I also agree to indemnify and hold harmless the WINFIELD FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the WINFIELD FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the WINFIELD FIRE PROTECTION DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the WINFIELD FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the WINFIELD FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois driver's license, of the class required to operate all vehicles of the WINFIELD FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain, and maintain at all times a valid State of Illinois Firefighter II certification. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

Signature \_\_\_\_\_

SUBSCRIBED and SWORN to  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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