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FORM A

WINFIELD FIRE PROTECTION DISTRICT
BOARD OF FIRE COMMISSIONERS
ANNUAL REPORT OF ACTIVITIES AND
BUDGET REQUEST

(Date)

President _____
Board of Trustees
Winfield Fire Protection District
27W530 High Lake Road
Winfield, Illinois 60190

Re: Annual Report of Activities and Budget Request of the Board of Fire Commissioners

Dear _____:

Enclosed please find the Winfield Fire Protection District Board of Fire Commissioners' annual report of activities, as well as budget request, in accordance with Section 16.14 of the Fire Protection District Act (70 ILCS 705/16.14). Also enclosed is a copy of the Commission's current rules.

We look forward to your response to our suggestions within sixty (60) days of receipt, setting forth your acceptance or rejection of such suggestions, with specific reasons for either, as required by Section 16.14 of the Act. If you have any questions, please feel free to contact us.

Respectfully submitted,

**Board of Fire Commissioners
Winfield Fire Protection District**

Chairperson: _____

Member: _____

Member: _____

Enclosures

EDUCATION

15. **CIRCLE HIGHEST GRADE COMPLETED**

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

| | Name and Address of School (include City and State) | Date(s) Attended | Graduate ? Yes No |
|-----|---|-------------------------|------------------------------|
| 16. | High School _____ | | |
| 17. | Undergraduate Education _____ | | |
| 18. | Graduate Education _____ | | |
| 19. | Trade Schools _____ | | |
| 20. | What college degrees have you attained? _____ | | |
| 21. | List course work relevant to position for which you have applied: _____ _____ _____ | | |

MILITARY

22. Are you now or have you ever been in the military service? Yes ____ No ____
23. Branch of service _____
24. 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 _____
25. Unit _____ From _____ To _____

CONVICTION HISTORY

26. 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 |
|------|---------------|---------|---------------------|
| | | | |
| | | | |
| | | | |

27. 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.

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

_____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to Present **Salary** _____ **Per** _____
month-year

29. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

30. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

31. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____ **Salary** _____ **Per** _____
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 _____ Salary _____ Per _____
month-year month-year

33. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes ___ No ___ If yes, please explain:

34. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

35. Have you ever taken a firefighter examination or any other civil service examination?
Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

36. Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate position applied for, status on list, and expiration date of each: _____

REFERENCES

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

37. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

38. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

39. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

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

41. Explain your reasons for wanting to become a firefighter: _____

42. 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

43. 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.
44. 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 | With this application |
| EMT – Paramedic Certification Licensed from State of Illinois | With this application |
| Winfield Fire Protection District Physician's Certification of Safe Participation in the Job Task Test | With this application |
| Copy of High School or GED diploma (Do not send college certificates as substitutes) | With this application |
| Valid driver's license | 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**

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

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.

FORM B-10

WINFIELD FIRE PROTECTION DISTRICT
CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST

APPLICANT'S NAME: _____
Print full name, including middle initial

ADDRESS: _____

DATE OF PHYSICIAN'S EXAMINATION: _____

As part of the Winfield Fire Protection District firefighter application process, applicants must participate in a job task test. The job task test will subject the applicants to vigorous physical exercise. The Winfield Fire Protection District does not assume any responsibility for any medical consequences that may arise from participating in the applicant selection process.

Prior to taking the test, the applicants are required to submit this Certification of Physical Condition signed by a physician. Attached please find a copy of the applicant information package which outlines the components of the job task test to assist you in completing this certification.

PLEASE CHECK AND COMPLETE ONE OF THE FOLLOWING PARAGRAPHS:

_____ I have examined _____ according to currently accepted medical standards, in light of the Winfield Fire Protection District's job task test components, and have determined that he or she is in appropriate physical condition to participate in the Winfield Fire Protection District job task test.

_____ I have examined _____ according to currently accepted medical standards, in light of the Winfield Fire Protection District's job task test components, and have determined that he or she is not in appropriate physical condition to participate in the Winfield Fire Protection District job task test.

Signature of Physician

Name of Physician _____

Registration Number _____

Address _____

Telephone Number _____

Fax Number _____

FORM C-1

**WINFIELD FIRE PROTECTION DISTRICT
PRE-PLACEMENT MEDICAL EXAMINATION AUTHORIZATION**

Candidate's Name: _____

Address: _____

Authorization is hereby given to perform the following procedures for a pre-placement medical examination on the above named candidate for the position of firefighter with the Winfield Fire Protection District as described in the NFPA 1582 "Medical Requirements for Firefighters," current edition:

1. Drug Screen – Rapid 5 Panel
2. Examination, Physical – Comprehensive
3. CBC with Differential
4. Chemistry Lipid Profile
5. Rubella Titer
6. Rubeola IGG
7. Varicella Titer
8. Vision Screen/Titmus
9. Audiometry
10. Spirometry
11. CXR 2 view
12. Treadmill
13. Fitness Assessment without submax treadmill
14. Job Specific Screen Type 5
15. TB Intradermal
16. Urinalysis Complete
17. Hepatitis B Antibody Titer

Please complete and return to the Board of Fire Commissioners your report on this candidate, along with Form C-2, "Physician's Summary Form." The report, along with the invoice for services, should be sent to:

Winfield Fire Protection District
Attention: Board of Fire Commissioners
27W530 Highlake Road
Winfield, IL 60190

Authorized Signature

Date

FORM C-2

WINFIELD FIRE PROTECTION DISTRICT
PHYSICIAN'S SUMMARY FORM

Candidate's Name: _____
Print full name, including middle initial

Address: _____

Date of Physician's Examination: _____

PLEASE CHECK AND COMPLETE ONE OF THE FOLLOWING PARAGRAPHS:

_____ I have examined _____ according to currently accepted medical standards, in light of the National Fire Protection Association's Standards on "Medical Requirements for Firefighters," current edition, and have determined that he or she is **in appropriate physical condition** to perform the duties of a firefighter.

_____ I have examined _____ according to currently accepted medical standards, in light of the National Fire Protection Association's Standards on "Medical Requirements for Firefighters," current edition, and have determined that he or she is **not in appropriate physical condition** to perform the duties of a firefighter.

_____ I have examined _____ according to currently accepted medical standards, in light of the National Fire Protection Association's Standards on "Medical Requirements for Firefighters," current edition, and have determined that he or she is **qualified with accommodations** to perform the duties of a firefighter.

(Please attach a list of said accommodations to this form.)

Signature of Physician

Name of Physician: _____

Registration Number: _____

Address: _____

Telephone Number: _____

Fax Number: _____

FORM D

**WINFIELD FIRE PROTECTION DISTRICT
PREFERENCE POINTS FOR FIREFIGHTER CANDIDATES**

After the Initial Eligibility Register is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form. This claim must be made within ten (10) days after the posting of the Initial Eligibility Register or the points will be deemed waived. Applicants may claim up to three (3) types of preference points:

1. **Experience Preference Points (maximum 5 points)**

Any applicant who has been a paid-on-call certified firefighter II, firefighter III, EMT-B, EMT-I or EMT-P for the Winfield Fire Protection District shall be awarded one-half point for each year of successful service, up to a maximum of five (5) points at the time of the posting of the initial eligibility register.

Any applicants from outside the Winfield Fire Protection District who were employed as full-time certified firefighters or paramedics for at least two (2) years at another fire protection district or municipality shall be awarded one (1) point for each year up to a maximum of five (5) points. No experience preference points will be awarded to applicants for service with a private employer who had a contract for fire or ambulance service with another fire protection district or municipality.

Proof of such service must include submission of copies of applicable certificates and a sworn affidavit signed by the applicant (see attached **Form E**). Note that proof of paid-on-call or full-time service may be verified by the District. Also note that an applicant may not receive experience preference points for a certificate if the amount of points awarded would place the applicant before a veteran on the eligibility register. Finally, no person shall be awarded more than the maximum of five (5) points for experience.

2. **Veteran's Preference Points (maximum 5 points)**

Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) points. Proof of prior service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge, and a sworn affidavit signed by the applicant.(see attached **Form E**) Proof of current inactive or reserve service must include the applicant's most recent Leave and Earnings Statement (LES).

3. **Educational Preference Points (maximum 5 points)**

Applicants who have successfully obtained an associate's degree in the field of fire service or emergency medical services, or a bachelor's degree from an accredited college or university shall receive five (5) points. A certified transcript must be included with the request for preference points as proof of the attainment of degree.

FORM E

WINFIELD FIRE PROTECTION DISTRICT
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT

If you wish to claim preference points for the Final Eligibility Register for hire with the Winfield Fire Protection District, please complete the following form and submit it with any 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.

A. Experience Preference Points (70 ILCS 705/16.06b(h)(5)) (Max. 5 points)

Please state the relevant dates of successful service in the following capacities and attach Firefighter II, Firefighter III and/or EMT Certificates; do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

1. **Winfield Fire Protection District
Paid-On-Call Firefighter and/or EMT**

Date of Service (month/date/year): _____ to _____

OSFM Certification Dates (month/date/year):

FF II: _____ FF III: _____

EMT-B: _____ EMT-I: _____

EMT-P: _____

2. **Full-time Firefighter and/or Paramedic-Another Fire Department**

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

B. Veteran's Preference Points (70 ILCS 705/ 16.06b(h)(1)) (Max. 5 points)

Please state the following information regarding your military service and attach form DD-214 (long form) and proof of honorable discharge, or most recent Leave and Earnings Statement (LES) if you are still serving and have no DD-214:

Branch of Service: _____

Unit: _____

Rank: _____

Date of Service (month/date/year): _____ to _____

Date of Honorable Discharge: _____

C. Educational Preference Points (70 ILCS 705/16.06b(h)(3))(Max. 5 points)

Please state the following information regarding your educational background and attach copies of certified transcripts 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: _____

STATE OF ILLINOIS
COUNTY OF _____

)
) SS
)

CANDIDATE'S AFFIDAVIT

I, _____, being first duly sworn on oath, state
Name of Candidate
that the information set forth in my Winfield Fire Protection District Preference Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the District, removal from the hiring list, and/or dismissal from the District.

Candidate's Signature

Subscribed and Sworn to
before me this _____ day
of _____, 20____
Notary Public

For District Use Only

Date Preliminary Eligibility List was posted: _____

Date of Submission of Claim Form: _____

Received by: _____

FORM F

WINFIELD FIRE PROTECTION DISTRICT
BOARD OF FIRE COMMISSIONERS
SUMMARY OF CANDIDATE'S PREFERENCE POINTS

(For internal use only)

Name of Candidate: _____

Number of Points

A. Experience Preference Points

Winfield Fire Protection District
Paid-on-Call Firefighter and/or EMT _____

Full-time Firefighter II _____

Full-time Firefighter III _____

TOTAL _____

Does the award of experience preference points place the candidate above a veteran on the eligibility list?

Yes _____

No _____

B. Veteran's Preference Points

Has the candidate engaged in military or naval service for a period of at least one (1) year and received an honorable discharge from service or is he or she still engaged in military service?

Yes _____

No _____

C. Educational Preference Points

Has the candidate successfully obtained an associate's degree in a related field or a bachelor's degree from an accredited college or university in any field?

Yes _____

No _____

TOTAL PREFERENCE POINTS AWARDED TO CANDIDATE (max. 10): _____

FORM G

WINFIELD FIRE PROTECTION DISTRICT
VERIFICATION OF EMPLOYMENT DATA FORM

To the Employer:

_____ has requested preference points pursuant to Section 16.06(b)(h) of the Fire (Applicant) Protection District Act, for the final eligibility list for hire with the Winfield Fire Protection District. Before the Commission 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 use the date that the applicant obtained certification as the beginning date unless he or she had the certification prior to employment.

If you are unable to return this form by _____, please contact _____

Thank you very much,

Board of Fire Commissioners
Winfield Fire Protection District

I, the undersigned, on behalf of _____, (hereinafter the "Department")
(Fire Protection District or Municipality)

(Address)

hereby certify that _____ was/has been employed with the Department in
(Applicant)

the following capacities:

1. **Full-time Firefighter II and/or Paramedic**

Dates of service (month/date/year): _____ to _____.

2. **Full-time Firefighter III**

Date of Service (month/date/year): _____ to _____.

Signed this _____ day of _____, _____.

Signature

Print Name

Title

13. List additional seminars you have attended and training you have received since you became a firefighter: _____

MILITARY

14. Are you now or have you ever been in the military service? Yes _____ No _____

15. Branch of service _____

16. 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 _____

17. Unit _____ From _____ To _____

EMPLOYMENT HISTORY

List all position(s) in the firefighting and/or paramedic field you have held.

18. **Present Position with the Winfield Fire Protection District** _____

Prior position with the Winfield Fire Protection District _____

Employed _____ to Present
month-year

19. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Reason for leaving _____

Employed _____ to _____
month-year month-year

20. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Reason for leaving _____

Employed _____ to _____
month-year month-year

21. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Reason for leaving _____

Employed _____ to _____
month-year month-year

22. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? If yes, please explain: _____

23. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____
If yes, explain: _____

24. Have you ever taken a civil service exam? Yes _____ No _____
Agency _____ Date _____ Position on List _____
Status _____

25. Are you currently on any eligibility list(s)? Yes _____ No _____
If yes, indicate position applied for, status on list, and expiration date of each: _____

REFERENCES

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

26. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

27. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

28. Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

MISCELLANEOUS

29. List organizations of which you are a member that relate to the officer position for which you are applying:

30. Explain your reasons for wanting to become an officer with the Winfield Fire Protection District: _____

31. Please review the job description for the officer's position for which you are applying, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes _____ No _____

32. If accommodation is needed, please explain: _____

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, OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT WITH THE WINFIELD FIRE PROTECTION DISTRICT. I FURTHER UNDERSTAND AND AGREE THAT MY PERSONNEL FILE MAY BE REVIEWED BY THE COMMISSIONERS AND CHIEF OR CHIEF'S DESIGNEE.

Dated at _____ Illinois, this _____ day of _____, 20_____.

Signature _____

Address _____

Telephone Number _____

Fax Number _____

**WINFIELD FIRE PROTECTION DISTRICT
AUTHORIZATION FORM**

I, _____, hereby authorize the WINFIELD FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and 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 promotion 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 promotion 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-promotional investigation.

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 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 continued 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 promotion or just cause for my dismissal from employment with the District. I understand that the Board of Fire Commissioners has provided recommended, but not required, certification/coursework for the position for which I have applied.

Signature _____

SUBSCRIBED and SWORN to

before me this _____ day of
_____, 20_____.

Notary Public

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.

FORM I

**WINFIELD FIRE PROTECTION DISTRICT
WAIVER OF PUBLICATION OF EXAMINATION NOTICE**

Pursuant to Section 10-2.1-13 of the Illinois Municipal Code (65 ILCS 5/10-2.1-13), I hereby waive the requirement that notice of this promotional examination for which I am eligible be published in one or more newspapers published in the District.

Signature: _____

Print Name: _____

Date: _____

FORM J

WINFIELD FIRE PROTECTION DISTRICT
PREFERENCE POINTS FOR OFFICER CANDIDATES

After the initial eligibility list is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form. This claim must be made within ten (10) days after the date of posting of the initial eligibility list or the points will be deemed waived.

Veteran's Preference Points

Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall receive 7/10 of one point for each six (6) months or fraction thereof of military or naval service not exceeding thirty (30) months, or no more than 3.5 points. Proof of such service must include a copy of Military Form DD-214 as proof of active service, evidence of the honorable discharge, and a sworn affidavit signed by the applicant. After completion of the promotional testing process, the Board will prepare an initial eligibility list.

Applicants who are eligible for and elect to utilize their military preference credit must make a claim for such credit in writing to the Board of Fire Commissioners on its standard form within ten (10) days after the posting of the initial eligibility list or such claims shall be deemed waived. The Board shall award veteran's preference points to those eligible veterans timely claiming the credit in accordance with 70 ILCS 705/16.08a; 65 ILCS 5/10-2.1-10, 10-2.1-11, and 10-2.1-12.

No person shall receive veteran's preference for a promotional appointment after receiving one (1) promotion from an eligibility list on which he or she was allowed military preference.

FORM L

WINFIELD FIRE PROTECTION DISTRICT
SUMMARY OF PROMOTIONAL CANDIDATE'S PREFERENCE POINTS

(For internal use only)

Name of Candidate: _____

Veteran's Preference Points

Number of Points Claimed: _____

Total Points Awarded: _____

FORM M

**WINFIELD FIRE PROTECTION DISTRICT
INITIAL EMPLOYMENT AGREEMENT**

This Agreement is made and entered on the date set forth next to the signature of each party hereto, by and between _____ (the "Employee") and the Winfield Fire Protection District (the "District"), DuPage County, Illinois and is authorized by an ordinance adopted by the Board of Trustees (the "Board") at a lawful meeting held on the ___ day of _____, 20____, and as found in the minutes of that meeting.

IT IS HEREBY AGREED:

TERMS AND CONDITIONS

1. Upon execution of this Initial Employment Agreement (the "Agreement"), the Employee is hereby authorized to be offered a Certificate of Appointment by the Board of Fire Commissioners as a probationary employee as long as the Employee is qualified. This offer of a Certificate of Appointment is contingent upon the Employee passing the employment medical examination, psychological examination, polygraph test, and the background check. Such probationary period extends for one (1) year from the first day of actual work on the job.
2. During this probationary period, the Employee is an "at will" employee and may be dismissed at any time for any reason by the Board upon recommendation of the Chief of the District.
3. Compensation and fringe benefits during this probationary period are as set forth in the District's policies and procedures.
4. Employee shall be assigned to training and duties pursuant to the ordinances, resolutions, rules and regulations, and practices of the District.

LIQUIDATED DAMAGES

5. Employee hereby recognizes the cost to the District of hiring and training, and in consideration of this Agreement, hereby agrees to reimburse the District for the costs of the Employee's hiring and training pursuant to the provisions of this Agreement.
6. In the event that the Employee passes the background check, and the medical, psychological, and polygraph examinations, yet fails to accept a Certificate of Appointment, Employee agrees to pay the District its costs of hiring Employee in the amount of \$ _____ which shall be considered liquidated damages.
7. If the Employee does not pass the background check, or the medical, psychological, or polygraph examinations, the Employee may not receive a Certificate of Appointment and will not be liable for any costs of hiring or training.
8. In the event that the Employee accepts his or her Certificate of Appointment yet fails to complete his or her probationary period due to any cause other than "termination" as defined below, Employee agrees to pay the District its costs of hiring and training Employee in the amount of \$ _____ which shall constitute liquidated damages.
9. The term "termination" as used in this Agreement shall mean any discontinuance of the Employee's employment initiated by the District, and shall also include discontinuance of

employment due to injury or illness resulting in the Employee's permanent inability to perform the normal duties of the position held by the Employee at the time of commencement of such injury or illness.

10. Complete payment of the liquidated damages shall be made within twelve (12) months of cessation of employment in equal monthly installments of no less than one-twelfth (1/12) of the total liquidated damages, commencing on the first day of the month following the month during which cessation of employment occurs, and payable on or before the first day of each month thereafter. The District may subtract any liquidated damages from any sums due to the Employee from the District as wages or vacation pay at the time said Employee's payment of liquidated damages first becomes due and owing. The Employee agrees that in the event of his/her failure to make any payment required pursuant to this Agreement in a timely manner, the total amount of the liquidated damages obligation then remaining unpaid, shall immediately become due and payable. The Employee further agrees that in the event the District incurs legal fees or other costs of collection in an effort to collect any delinquent sums owing pursuant to this Agreement, the Employee will pay such expenses in addition to the portion of the liquidated damages then due.

11. Except in the case of a probationary firefighter taking a position with another fire department, the Board may waive any of the terms in paragraphs 6, 8, and 10, including the amount of liquidated damages.

MISCELLANEOUS

12. Employee understands that he/she has the right to have this document examined by an attorney prior to execution.

13. If any paragraph or portion of a paragraph is found to be unlawful by a court, the remaining portion of the paragraph or remaining paragraphs shall still constitute a valid enforceable Agreement.

Dated this _____ day of _____, _____.

President, Board of Trustees
Winfield Fire Protection District

Employee

ATTEST:

Secretary, Board of Trustees
Winfield Fire Protection District

**WINFIELD FIRE PROTECTION DISTRICT
ELIGIBILITY REQUIREMENTS FOR PROMOTIONS**

Updated August 16, 2005

LIEUTENANT

1. Provisional Fire Officer I Certification.
2. At least one year full-time Firefighter experience with the Winfield Fire Protection District.
3. Certified EMT.
4. Fire Responder Hazardous Material I Certification.
5. Successful completion of at least 30 hours of college level education.

CAPTAIN

1. Provisional Fire Officer II Certification.
2. 5 years of full-time firefighting experience with the Winfield Fire Protection District.
3. Associates Degree.
4. Fire Prevention Officer I Certification.
5. Fire Investigator Certification.

**WINFIELD FIRE PROTECTION DISTRICT
ASCERTAINED MERIT FOR PROMOTIONS**

Updated August 16, 2005

Candidates eligible for promotion to **Lieutenant** shall be awarded merit points for the following:

- Associate's Degree
- Certified Fire Investigator
- Confined Space/Trench Rescue Specialist
- Hazardous Material Technician
- Fire Prevention Officer I
- Fire Officer II

Candidates eligible for promotion to **Captain** shall be awarded merit points for the following:

- Bachelor's Degree
- Fire Officer III Provisional
- Fire Prevention Officer II

ADDENDUM G211

**WINFIELD FIRE PROTECTION DISTRICT
CERTIFICATION/COURSEWORK
FOR PROMOTIONAL TESTING FOR OFFICER RANKS**

Lieutenant

- Graduation from college level courses in modern firefighting techniques and fire department administration
- State of Illinois Certified Fire Officer I

Captain

- State of Illinois Certified Fire Officer II
- State of Illinois Fire Prevention Principles
- State of Illinois Certified Fire Investigator