



## **Village of Arlington Heights Fire Department**

Thank you for your interest in the Village of Arlington Heights Fire Department.

Please read this **20** - page document carefully, paying particular attention to deadlines and required documents.

### **Applicant Instructions:**

- 1) Visit [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com) to complete the online application for the position of Firefighter. Your online application must be completed and confirmed by **Friday, April 2, 2010 at 12 noon**. You will receive a confirmation number when you have completed the online portion. Save this number for your records.
- 2) Return signed release forms and requested documents to Public Safety Recruitment by **12 noon on Friday, April 2, 2010**. Documents received after the deadline will not be accepted. Documents (See CHECKLIST and attached RELEASE DOCUMENTS pages 1 through 17) must be delivered to Public Safety Recruitment, ATTN: AHFD, 1127 S. Mannheim Road, Suite 203, Westchester, IL 60154. Delivering documents by hand during business hours OR sending documents via traceable courier is highly suggested to ensure timely delivery. Faxed release forms will not be accepted. **Call 1.800.343.HIRE with any questions.**
- 3) **Attend Mandatory Written Exam on Saturday, May 8, 2010 at Forest View Educational Center, 2121 S. Goebbert, Arlington Heights, IL.** Arrive by 9:00 a.m. with a Valid Driver's License, State ID, or traffic ticket and photo identification to sign in. Testing will immediately follow at 10 a.m.
- 4) **Applicants who possess a valid Candidate Physical Ability Test (CPAT) card from a licensed agency\* with an issue date of at least January 1, 2010, must submit a copy of the CPAT card by the application deadline (4/2/10).** A CPAT card issued **before** January 1, 2010 will **NOT** be considered valid. **Those candidates who do NOT obtain a CPAT certification may be allowed to participate in a Village sponsored CPAT process at a later date.** The results of the village-sponsored PAT will **ONLY** be valid for the Village of Arlington Heights.

**\*\*NOTE:** Candidates will be contacted by the Village to participate in the sponsored CPAT based on rank order of the written exam. If you are contacted by the Village to participate in the sponsored CPAT and you received your CPAT card after the application deadline, a copy will be requested. **The Village-sponsored CPAT will take place on August 7, 2010.** Candidates who acquire a valid CPAT card will **NOT** be required to take the Village sponsored CPAT test. Those candidates who are invited by the Village of Arlington Heights will have the opportunity to attend an orientation and two (2) practice runs before the August 7<sup>th</sup> test.

June 12, 2010 – First Orientation for CPAT testing

July 9, 2010 – Two (2) practice runs

August 7, 2010 – Village sponsored CPAT test

**Candidates who participate in the Village sponsored CPAT must have both the Physical Ability Test Release Form (page 16) and the Physical Fitness Certificate (page 17, MD/DO signature required) completed before they can attend the first orientation on June 12, 2010.** Additional information will be given at the time the candidate is contacted to participate in the Village sponsored CPAT.

### **Firefighter Minimum Requirements:**

- \$15.00 non-refundable application fee
- No felony convictions
- U.S. Citizenship
- High School Diploma or Equivalent
- Valid Driver's License
- Applicants must submit proof of a valid **Candidate Physical Ability Test (CPAT) card from a licensed agency\* with an issue date of at least Jan. 1, 2010.** A CPAT card issued **BEFORE** Jan. 1, 2010 will **NOT** be considered valid. Candidates who do **NOT** submit a valid CPAT card by the application deadline **MAY** be required to participate in a Village sponsored CPAT test at a later date.
- 21 to under 35 years of age by Saturday, May 8, 2010 (date of written exam) or as otherwise exempt from age limitation by statute
- Vision correctable to 20/20 in both eyes and free from color blindness

\*Licensed CPAT testing agencies:

NIPSTA, Glenview, IL - [www.NIPSTA.org](http://www.NIPSTA.org), (847) 998-8090

Southwest United Fire Districts, Darien, IL – [www.SUFD.org](http://www.SUFD.org), (630) 910-2216

All portions of the testing process are mandatory.

Failure to attend and complete any portion of the process will result in elimination from employment consideration.

**If you have any questions, please contact Public Safety Recruitment 1-800-343-HIRE ~ e-mail: [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com)**

Regular business hours: 9a-5p Mon.-Thurs.; 9a-3p Fri.

# **Village of Arlington Heights Firefighter/Paramedic Recruitment Overview**

**The Community:** The Village of Arlington Heights is located 25 miles northwest of the City of Chicago. It was incorporated in 1887, has a current population of approximately 76,943 and encompasses an area of almost 16.6 square miles. According to census data, Arlington Heights is the largest suburb in Cook County, fifth largest suburb in the Chicago metropolitan area and tenth largest community in the State of Illinois. 2004 Census figures place the population of Arlington Heights at 76,943, which represents a .76% increase from the 1990 population. Total housing units increased 31% during the same time period. Arlington Heights is a very livable community with excellent schools, an excellent park system, dependable Village services, reasonably priced housing and easy access to the major expressways and O'Hare International Airport. Most of the housing stock is single-family but there are approximately 7,000 apartment units and considerable high-rise and multi-family residential development around the downtown area.

**The Government:** The Village has a council-manager form of government. The Village President oversees the Village Manager in his administration of the roughly 451 full time employees. There are eight Village Trustees that also comprise the Village Board.

The Village of Arlington Heights holds memberships in a wide variety of regional planning organizations, and the Village continues to be a leader in the northwest suburbs with regard to regional planning and development, economic development, and the like.

**The Department:** Built on a strong tradition and dedicated to professionalism, the Arlington Heights Fire Department continues to be a progressive leader in providing quality service to the community. The efforts have earned the Department an ISO Class I insurance rating making it one of the top Fire Departments in the nation.

Founded in 1894, the Department is currently comprised of one Fire Chief, two Deputy Chiefs, five Commanders, 16 Lieutenants, 51 Paramedics, 12 Engineers, 24 Firefighters, and a support staff of 2. The Department responds to approximately 10,000 calls annually covering 16.6 square miles from four fire stations. Specialty teams and services include hazardous materials, urban search and rescue, dive, fire investigation, and public education.

The Department founded and continues to operate the Arlington Heights Fire Academy for more than 20 years. Additionally, the Department was a founding member of M.A.B.A.S. or the Mutual Aid Box Alarm System, as well as a pioneer in the use of paramedics within the fire service in the State of Illinois.

## **SALARY**

<b>Firefighter I</b>	<b>\$52,427/\$77,285</b> (top pay of \$77,825 attained in 4.5 years)
<b>Engineer</b>	<b>\$60,647/\$81,149</b>
<b>Paramedic</b>	<b>\$62,091/\$83,081</b>

## **SCHEDULE**

**24 Hours On/48 Hours Off**

## **BENEFITS**

**Include 13 Hanson Days, Superior Fringe Benefits Package, and Pension Plan**

## CHECK LIST: ARLINGTON HEIGHTS FIRE DEPARTMENT

### **Application:**

**DEADLINE: April 2, 2010 at NOON**

- Confirmed online (The confirmation page immediately follows the references section of the online application)

### **Release Forms:** **DEADLINE: April 2, 2010 at NOON**

- Consumer Reports\* (p.1-2)
- Alcohol, Drug and Substance Abuse Screening\* (p. 3)
- Criminal History Information/ Fingerprint\* (p. 4)
- Driving Record\* (p. 5)
- Employment Past and Present\* (p. 6)
- High School or General Education Diploma (GED)\* (p. 7)
- Personal Information Release to Municipality\* (p. 8)

- Written Examination\* (p. 9)
- Drug/Narcotic Questionnaire\* (p. 10)
- Military Service Questionnaire\* (p. 11)
- Credit Release\* (p. 12)
- Candidate Interest Questionnaire\* (must be completed in candidate's own handwriting) (p. 13-14)
- Background Authorization\* (p. 15)

**\*No photocopies or fax copies will be accepted. You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include *adult* family members and friends.**

### **Other required documents:**

**DEADLINE: April 2, 2010 at NOON**

- COPY High School Diploma or equivalent** (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable. College or University Transcripts/Diploma NOT ACCEPTED)
- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)
- COPY Birth Record**

READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document. ONE OF THE FOLLOWING IS ACCEPTABLE AND REQUIRED:

- Copy of US Birth Certificate

Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories Hospital copy not accepted.

OR

- Copy of US Passport

OR

- Copy of Naturalization Papers

- COPY of Valid CPAT card (if applicable)** (CPAT card must be issued by a licensed agency. **CPAT must be dated January 1, 2010 or LATER.** Candidates who do **NOT** have a valid CPAT card by the application deadline may be required to participate in a Village sponsored CPAT at a later date. Results of the Village sponsored CPAT will **NOT** be valid with agencies other than the Village of Arlington Heights.)

**The following documents MUST be on file with the Village of Arlington Heights HR Department if invited to participate in the Village-sponsored CPAT:**

- Physical Ability Test\* (p. 16)
- Physical Fitness Certificate\* (MD/DO's signature required) (p. 17)

**\* Candidates will be contacted at a later date with additional information regarding the sponsored CPAT.**

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and will be eliminated from employment consideration. I/O Solutions d.b.a. Public Safety Recruitment is not responsible for late, misdirected or incomplete application submissions. You must submit all required documents and have successfully CONFIRMED your online application by the deadline in order to be eligible to attend any portion of testing. You may drop your application documents off in person or by mail; however, all documents including your online application are due by the deadline as indicated. CALL 1.800.343.HIRE with questions.

**DO NOT SUBMIT REQUIRED DOCUMENTS TO THE VILLAGE OF ARLINGTON HEIGHTS.  
PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:**

**PUBLIC SAFETY RECRUITMENT ATTN: AHFD  
1127 S. MANNHEIM RD., SUITE 203  
WESTCHESTER, IL 60154**

**IMPORTANT NOTICE TO APPLICANT: PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST**

**NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

This form, which you should read carefully, has been provided to you because I/O Solutions, Inc. (hereinafter referred to as "the Company") or the Department(s) to whom you request the Company to forward your application (hereinafter referred to as "the Department(s)") may request consumer reports or investigative consumer reports. Any requests for consumer reports or investigative consumer reports from the Company will be made on behalf of any or all of the Department(s). The consumer reports or investigative consumer reports may then be reviewed by any or all of the Department(s).

For the benefit of the Department(s), the Company may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Company, in whole or in part, at the Company's discretion. The Department(s) may also perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Department(s), in whole or in part, at the discretion of the Department(s).

The Company's and Department(s)' background checks may also include the use of consumer reporting agencies to gather and report information in the form of consumer or investigative consumer reports regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. Federal law defines a "consumer reporting agency" as any person (or entity) which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing reports to third parties. The Company is not a consumer reporting agency nor are the Department(s).

The types of reports that may be requested from consumer reporting agencies under this policy, include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration by the Department(s) in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Any information contained in such reports may be used for other purposes required by law or ethical business practices.

If the Company or Department(s) request(s) an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive such a notice if the investigation is performed by the Company or a person or entity other than a consumer reporting agency.

If any adverse decision is made with regard to your application for employment or subsequent employment by a Department(s), based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, the Department(s) are required to notify you and give you a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, the Department(s) may not base an employment decision solely on this information.

Your consent is required by law before the Company or the Department(s) may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your submission of an application for employment with a Department. Your signature below indicates that you have carefully read and understand that the Company and the Department(s) may request and review a consumer report or investigative consumer report regarding you, consistent with this policy, in connection with your application for employment and that you consent to the release of such consumer reports or investigative consumer reports to the Company and the Department(s) for employment purposes, including any future decisions concerning your employment, promotion, reassignment or retention. You also consent to release of this information to the Company and the Department(s) for other purposes required by law or ethical business practices. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing, as described below.

Refusal to consent to a consumer report or investigative consumer report as required by this notice may result in rejection of an application, or withdrawal of an offer of employment.

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**REQUIRED RELEASE DOCUMENT: PAGE 1 of 17**

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 4/2/2010 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com) WITH QUESTIONS.

## CONSENT STATEMENT

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Village of Arlington Heights or I/O Solutions, Inc. (hereinafter referred to as "the Company") (and thereby to the departments to whom I have requested the Company to forward my application (hereinafter referred to as "the Department(s)"). I further understand that this consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so by either signing the Refusal or Revocation of Consent Statement below and returning it to the Company, at 1127 S Mannheim Rd, Suite 203, Westchester, IL 60154, or sending a signed letter or statement to the Company at the same address, indicating that I revoke my consent to the Company's obtaining consumer reports or investigative reports about me for employment purposes. I further understand that any and all information contained in my job application or otherwise disclosed to the Village of Arlington Heights or to the Company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company and confirm that all such information is true and correct.

\_\_\_\_\_  
Name of applicant (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**REFUSAL OR REVOCATION OF CONSENT STATEMENT** (DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT TO THE VILLAGE OF ARLINGTON HEIGHTS OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES. )

I do not consent to the Village of Arlington Heights or I/O Solutions, Inc. (hereinafter referred to as "the Company") obtaining consumer reports or investigative reports about me in connection with my employment or any other purposes. If I have previously granted my consent, I hereby revoke it and understand that such revocation will take effect immediately after the Company receives this written revocation and has actual knowledge of it sufficient to communicate the revocation to those employees or agents of the Company who typically request consumer reports for the Company.

\_\_\_\_\_  
Name of applicant (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

## **CONSENT**

I hereby consent for the Village of Arlington Heights or I/O Solutions, Inc., or either of its authorized representatives to collect blood, urine or saliva samples from me and to conduct other necessary medical tests to determine the presence in my body or use by me of alcohol, drugs or controlled substances.

I understand that the presence of certain medications in my blood and/or urine may affect test results. To aid in the analysis of the test results I would like to inform the Village of Arlington Heights, I/O Solutions, Inc., and either of its authorized representatives that I have taken the following medications in the last seven (7) days:

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## **RELEASE**

I understand that release of my medical records by this written authorization will result in disclosure of these test results.

I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to:	_____	Date	_____
	Applicant Name, printed		
	_____	Date	_____
	Applicant Signature		
	_____	Date	_____
	Witness Name, printed		
	_____	Date	_____
	Witness Signature		

## CRIMINAL HISTORY INFORMATION / FINGERPRINT

### **DISCLOSURE**

This is to inform you that in processing your application an investigation will be made whereby information is obtained from State and local law enforcement agencies for any reportable criminal history information concerning you using your fingerprints. This information can include a record of any convictions, which are required by statute to be collected and maintained by government agencies.

### **RELEASE**

I agree to be fingerprinted by the Village of Arlington Heights and acknowledge that these fingerprints will be used to investigate my criminal history and conviction record. I agree to and understand the release of the results of the investigation, to determine my criminal history information, will result in the disclosure of information concerning whatever criminal history exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history will be released to authorized representatives of the Village of Arlington Heights or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and the disclosure of any of that information.

Agreed to:	Applicant Name, printed	Date	
	Applicant Signature	Date	
	Witness Name, printed	Date	
	Witness Signature	Date	

## DRIVING RECORD

### **DISCLOSURE**

This is to inform you that in processing your application an investigation will be made whereby information is obtained from the Secretary of State regarding your driving record. This information can include a record of your current driver's license issuance information (exclusive of information on judicial driving permits); convictions and orders entered revoking, suspending, or canceling your driver's license or privilege.

### **RELEASE**

I hereby acknowledge the results of the investigation of my driving record will be released to authorized representatives of the Village of Arlington Heights or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc. its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into and the disclosure of my driving record.

Agreed to:		Date	
	Applicant Name, printed		
		Date	
	Applicant Signature		
		Date	
	Witness Name, printed		
		Date	
	Witness Signature		

**EMPLOYMENT: PAST AND PRESENT**

**CONSENT**

I hereby consent to a thorough investigation of my past and present employment activities and agree to cooperate in such investigation. I hereby authorize my past and present employers to release the requested information and to comment on my work record.

**RELEASE**

I understand that by this written authorization my past and present employment records will be disclosed to third parties. I hereby consent to the release of the results of the investigation into my past and present employment and other relevant information to authorized representatives of the Village of Arlington Heights and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name, printed

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Witness Name, printed

\_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature

## HIGH SCHOOL OR GENERAL EDUCATION DIPLOMA (GED)

### CONSENT

I hereby consent to an investigation to determine the authenticity of my high school or General Education Diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity of my high school (or its equivalent) diploma to representatives of the Village of Arlington Heights or I/O Solutions, Inc.

### RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of my diploma or its equivalent will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent to authorized representatives of the Village of Arlington Heights or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent) diploma and the disclosure of the results of that investigation as authorized herein by me.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

## PERSONAL INFORMATION RELEASE TO MUNICIPALITY

### **DISCLOSURE**

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

### **RELEASE**

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the Village of Arlington Heights or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

## WRITTEN EXAMINATION

### RELEASE

By this written authorization I understand that release of the results of my Written Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Written Examination for dissemination to the Village of Arlington Heights and to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Firefighter Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

**DRUG/NARCOTIC USE**

Have you ever used or experimented with any non-prescribed controlled substances or illegal drugs?       Yes       No

Name of Drug/Narcotic	Date First Used	Date Last Used

**(Optional)**

If you wish to clarify any of the above responses, please provide complete details below.


Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service?  Yes  No  
 If yes, explain \_\_\_\_\_

Do you have relatives working for the Village of Arlington Heights?  Yes  No  
**(If you have a relative working for the Fire Department, you may be disqualified)**  
 If Yes, please list name/department/relationship: \_\_\_\_\_

**MILITARY SERVICE QUESTIONNAIRE**

**Veteran's Status:**  Veteran (DD214 attached)  Non-Veteran  
**(Applications that do NOT have the required forms or materials attached at the time of filing will be considered incomplete and will NOT be eligible to receive Military Preference Points. DD214 MUST indicate honorable discharge and no less than 12 months of Net Active Service)**

Have you ever served in any military organization of the U.S.?  Yes  No  
 If "Yes" what branch? \_\_\_\_\_

What is your Serial Number	Highest Rank	Rank at Discharge
Give date and location of entrance to active duty (City & State)		List Periods of Active Duty From (Date) To (Date)
Give date and location of discharge (City & State)		
Type of discharge received (circle one) Honorable / Medical / Dishonorable / Honorable Conditions		
Were you ever convicted at a Court Marshall? Yes No If "Yes" please explain:		
List any disciplinary action taken against you in any military organization:		
Are you now or were you ever a member of the U.S. Air/Army Reserve Forces? Yes No If "Yes": Active Inactive		
Branch	Unit	Unit
Address	From	To
Are you now or were you ever a member of the U.S. Air/Army National Guard? Yes No		
If "Yes", what state	Regiment/Squadron	Unit
Rank	Type of Discharge	From _____ To _____
List any disciplinary action taken against you in the military:		



## AUTHORIZATION FOR CREDIT REPORT

\_\_\_\_\_(“Applicant”) hereby authorizes the Village of Arlington Heights to obtain a consumer credit report as part of its pre-employment background investigation from the following credit reporting agency:

Western Cook

\_\_\_\_\_  
(Name of agency)

5481 N. Milwaukee Avenue

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

Chicago, IL 60630

\_\_\_\_\_  
(312) 792-0023

\_\_\_\_\_  
(Telephone Number)

The Applicant has the right under federal law, on request and after providing proper identification, to obtain from the above-named consumer reporting agency the following information:

1. The nature and substance of all the Applicant's information in its files (except medical information) at the time of the request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished, and the Applicant may be accompanied by one other person when visiting the agency. If the Applicant is accompanied by another person, he or she must furnish reasonable identification, and the agency may require the Applicant to furnish a written statement granting permission to the agency's personnel to discuss the Applicant's file in the other person's presence.

The Applicant can obtain information from the consumer reporting agency by the following methods:

1. The Applicant can appear in person at the agency during normal business hours, with reasonable notice to the agency, and with reasonable identification.
2. The Applicant can receive the information by telephone provided the Applicant has first made written request of the agency to obtain disclosures by this means. The Applicant must pay any toll charges involved, and may be required to provide proper identification.

The Village will not use the information from the credit report in violation of any applicable Federal or State Equal Opportunity law or regulation. Before the Village takes any adverse action, based in whole or in part upon information contained within the credit report, the Village will provide a copy of the credit report to the Applicant along with a description of the Applicant's rights under the Federal Credit Reporting Act, 15 USCS 1681(g)(3).

The undersigned consents to the release of this information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

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

\_\_\_\_\_  
(Telephone Number)







## PRE-EMPLOYMENT BACKGROUND AUTHORIZATION

I authorize and empower; the Village of Arlington Heights and its representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends, or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I am aware and understand that my fingerprints and/or personal identities will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation if one is made.

I release the Village from any liability for damages resulting from conducting the background investigation.

I certify that I have read this authorization form and understand its meaning and purpose.

_____ Signature	_____ Date
_____ Print Name	_____ Maiden name, if applicable
_____ Address	_____ *Date of birth
_____ City, State, Zip	_____ *Gender/*Race
_____ Driver's License Number/State of Issuance	_____ Social Security Number

\*Sex, Race and Date of Birth are personal identifiers that will not be used in an employment decision.

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**REQUIRED RELEASE DOCUMENT: PAGE 15 of 17**  
PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 4/2/2010 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com) WITH QUESTIONS.

## PHYSICAL ABILITY TEST

### RELEASE

I understand that as part of the examination process I must submit to a Physical Ability Test. I acknowledge that the Physical Ability Test is strenuous and there are risks of injury or death associated with participation in the Physical Ability Test and I voluntarily assume these risks.

I certify that I am now in good health and know of no limitations that I have which would prevent me from performing the Physical Ability Test or which if communicated to the officers, servants, agents, and employees of I/O Solutions, Inc. would cause them to refuse to permit me to take the Physical Ability Test.

I understand that by this written authorization I am consenting to the release of the results of my Physical Ability Test and that release will result in disclosure of those test results to third parties.

I hereby consent to the release of my Physical Ability Test results and other relevant information to authorized representatives of the Village of Arlington Heights and to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment. By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of my participation in the Physical Ability Tests (including but expressly not limited to: any and all injuries, losses, damage to my person or my death, which shall have been caused by, or contributed to by or resulted from my physical and/or medical condition) and/or by reason of the disclosure of the results of those tests as authorized herein by me. I further agree that I will not assign any right to which I may have to a cause of action against any of the foregoing persons or entities, to any person or legal entity.

In the event that I have a disability which will affect my ability to take any examination, I will so inform I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation. This release is binding on myself, my heirs, assigns, executors and administrators.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

**TO BE COMPLETED ONLY IF PARTICIPATING IN  
VILLAGE-SPONSORED CPAT ON AUGUST 7, 2010.**  
If contacted to participate in Village-sponsored CPAT, this form **MUST** be submitted to the  
Village HR Department.

**PHYSICAL FITNESS CERTIFICATE**

**\*\*\* COMPLETE ALL BLANK FIELDS ON THIS FORM \*\*\***

THIS CERTIFICATE SIGNED BY A PA, RN or LPN WILL NOT BE ACCEPTED AND WILL RENDER YOU INELIGIBLE TO TEST. THIS MUST BE SIGNED BY AN M.D. or D.O.

I, the undersigned doctor, certify that I am a **medical physician**, licensed to practice in the state of \_\_\_\_\_, and that I have examined

\_\_\_\_\_ ("Applicant") and have found that s/he is physically capable of participating in the Physical Ability Examination consisting of various strenuous exercises.

\*ATTACH DOCTOR'S BUSINESS CARD HERE\*  
  
\*ADDRESS STAMP ACCEPTABLE IF CARD NOT AVAILABLE\*

**DOCTOR'S CERTIFICATION:**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
*DOCTOR'S SIGNATURE (M.D. OR D.O.)*

INK signature required; STAMP signature NOT accepted; PA, LPN, RN, etc. **NOT** accepted

\_\_\_\_\_  
*Doctor's Name, printed SPECIFY M.D. or D.O.*

\_\_\_\_\_  
Street Address, printed

\_\_\_\_\_  
City, State, Zip Code, printed

\_\_\_\_\_  
*Telephone Number (for Verification)*

\_\_\_\_\_  
*FAX Number (for Verification)*

**APPLICANT'S VERIFICATION:**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
**APPLICANT SIGNATURE** INK signature required

\_\_\_\_\_  
*Applicant Name, printed*

\_\_\_\_\_  
Street Address, printed

\_\_\_\_\_  
City, State, Zip Code, printed

\_\_\_\_\_  
*Telephone Number*

**TO BE COMPLETED ONLY IF PARTICIPATING IN VILLAGE-SPONSORED CPAT ON AUGUST 7, 2010.**  
**If contacted to participate in Village-sponsored CPAT, this form MUST be submitted to the Village HR Department.**