

ALGONQUIN - LAKE IN THE HILLS FPD FIREFIGHTER/PARAMEDIC APPLICANT INSTRUCTIONS

To apply:

- 1) Visit www.publicsafetyrecruitment.com to complete the Online Application for the position of Firefighter/Paramedic. Your online application must be confirmed no later than 12 noon on July 29, 2011. You will receive a confirmation number when you complete your online application. Save this number for your records.
- 2) Return the signed Release Forms and Other Required Documents (See CHECKLIST) to Public Safety Recruitment (1127 S. Mannheim Rd., #203 Westchester, IL 60154 Attn.: ALITH) no later than 12 noon on Friday, July 29, 2011. Applications received after the deadline will NOT be accepted. Faxed and/or postmarked release forms will NOT be accepted. Sending release forms and other required documents via traceable carrier is suggested to ensure timely delivery. Documents may also be delivered by hand to Public Safety Recruitment during business hours (Mon-Thurs 9a-5p; Fri 9a-3p; Closed Holidays and Weekends). Call 800.343.HIRE or email info@publicsafetyrecruitment.com with questions BEFORE the application deadline.

Minimum Requirements at time of application are:

- At least 21 years of age and under 35 years of age as of July 29, 2011, unless the individual falls under one of the exceptions to the statutory maximum hiring age detailed in 70 ILCS 705/16.06 or 65 ILCS 2/10-2.1-6. Proof of date of birth is required;
- No Felony Convictions;
- Must provide copy of high school diploma or evidence of GED equivalence diploma;
- A U.S. citizen at time of filing formal application or must meet requirements of Illinois Human Rights Act for citizenship status;
- Valid Driver's License;
- Must provide proof of successful completion of the Candidate Physical Ability Test (CPAT) conducted by a licensed agency within 12 months prior to application deadline (7/29/2011);*
- Submission of Online Application and requested documentation (see CHECKLIST) by noon on July 29, 2011;
- Must be of sound mental and physical health and meet all established standards;
- Must be able to pass a written test**, medical examination and drug testing, polygraph examination, background investigation, psychological examination, and oral interviews;
- \$20 non-refundable application fee.***

Additional minimum requirements at time of conditional offer of employment are:

- Must provide proof of successful completion of the Candidate Physical Ability Test (CPAT) conducted by a licensed agency within 12 months of conditional offer of employment.*
- At least one of the following certifications:
 - Firefighter II certification as issued by the Illinois Office of the State Fire Marshal; or
 - Current Illinois or National Registry EMT-B; or
 - Current Illinois or National Registry EMT-P (Paramedic)

* Licensed CPAT testing agencies: NIPSTA, Glenview, IL <http://www.nipsta.com/CPAT/CandidateInformation.aspx> ~ 847.998.8090
Southwest United Fire Districts, Darien, IL – www.SUFD.org ~ 630.910.2087

** Written Exam: Please visit www.ergometricsonline.com/ftt/ for information on format of the written exam and available practice tests.

*** The application fee can be waived for candidates experiencing financial hardship. For details, call 800.343.HIRE or send an email to info@publicsafetyrecruitment.com.

Orientation and Written Exam:

The mandatory orientation and written exam will be held on Saturday, August 13, 2011. Arrive with your valid driver's license or state ID to sign-in. **Candidates will be notified via email at a later date regarding arrival and start times for test day.**

University Business Center, Siegel Auditorium, Elgin Community College
1700 Spartan Drive, Elgin, IL 60123

(847) 697-1000 <http://www.elgin.edu/facilities2index.asp?id=1030&ilvl=5>

Salary:

First year salary range is \$51,477.44 - \$53,021.77; plus 4% of base pay Holiday stipend and, if applicable, 6% of base additional paramedic pay.

If you do not attend or do not complete any portion of the testing process, you will not be eligible for employment.

Application/Testing Timeline: Career Firefighter/Paramedic

The Algonquin – Lake in the Hills Fire Protection District is accepting applications for the purpose of establishing an eligibility list for the position of **Full-time Firefighter/Paramedic**. Applications will only be available from April 20, 2011 through 12 noon on July 29, 2011 on the Public Safety Recruitment website: www.publicsafetyrecruitment.com. Deadline for submitting completed applications and all required documents is 12:00 p.m. CST, July 29, 2011. Applications include a \$20.00 non-refundable processing fee. Prior to submitting the processing fee, applicants may preview a sample of the online application and view the testing process requirements and required documents.

<p>April 20, 2011</p>	<p><u>FIRST DAY APPLICATIONS AVAILABLE</u> <i>Applications are ONLY available online at www.publicsafetyrecruitment.com</i> For more information, contact Public Safety Recruitment 1127 South Mannheim Road, Suite 203 Westchester, IL 60154-2562 Phone: 800.343.HIRE</p>
<p>July 29, 2011</p>	<p><u>APPLICATION SUBMITTAL DEADLINE</u> <i>Applications must be complete and have all supporting documentation turned in by 12:00 noon on specified deadline.</i> For more information, contact Public Safety Recruitment 1127 South Mannheim Road, Suite 203 Westchester, IL 60154-2562 Phone: 800.343.HIRE ~ Email: info@publicsafetyrecruitment.com</p>
<p>August 13, 2011</p>	<p><u>Orientation & Written test</u> Candidates will be notified at a later date <u>via email</u> regarding arrival and start time for test day. Fox Valley University & Business Center (UBC) Seigle Auditorium Elgin Community College 1700 Spartan Drive, Elgin, IL 60123 847-697-1000 http://www.elgin.edu/aboutus.aspx?id=256 <i>Written Exam: Please visit www.ergometricsonline.com/ftt/ for information on format of the written exam and available practice tests.</i></p>
<p>May 7, 2011 June 11, 2011 July 8, 2011 April 26, 2011 June 2, 2011 (See web site for practice dates)</p>	<p><u>Candidate Physical Ability Test (CPAT)</u> Northeastern Illinois Public Safety Training Academy (NIPSTA) 2300 Patriot Boulevard, Glenview, IL 60026 www.nipsta.com/CPAT/CandidateInformation.aspx Southwest United Fire Districts (SUFDF) Chicagoland Roofers Apprenticeship Training Center Indian Head Park, IL 60525 http://www.sufdf.org/cpat.php <i>Must provide proof of successful completion of the Candidate Physical Ability Test (CPAT) conducted by a licensed agency within 12 months <u>prior</u> to the last date that applications are accepted for testing (07/29/2011).</i></p>
<p>September</p>	<p><u>Group Oral Interviews</u> Dates, times, and location to be determined. The top sixty (60) candidates that achieve a score of 70% or higher as established by the ALFPD Fire Commission, shall advance to the group oral interviews. If in the event that the 60th place is a tie score, all candidates that achieve a 60th place tie score will advance to the oral interview. The ALFPD Fire Commission may consider the remainder of candidates that have achieved a passing score on the written examination as a “reserve list” of candidate that may be called, based upon their ranking score on the written examination, for an additional round of oral interviews.</p>

CHECKLIST

ALGONQUIN-LAKE IN THE HILLS FIRE PROTECTION DISTRICT

Online Application

Deadline: Noon on JULY 29, 2011

CONFIRMED at www.publicsafetyrecruitment.com.

WRITE YOUR CONFIRMATION NUMBER HERE: _____

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

Release Forms (see pages 1-13)

Deadline: Noon on JULY 29, 2011

***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.**

Consumer Reports*

Alcohol, Drug and Substance Abuse Screening*

Behavior Profile*

Credit History*

Criminal History Information/ Fingerprint*

Driving Record*

Employment Past & Present*

High School, College, University Diploma*

Medical Records*

Personal Information Release to Municipality*

Written Examination*

Physical Ability Test*

Other Required Documents

Deadline: Noon on JULY 29, 2011

COPY CPAT Identification Card

(MUST REFLECT SUCCESSFUL COMPLETION OF THE CPAT BY A LICENSED AGENCY WITHIN 12 MONTHS PRIOR TO JULY 29, 2011)

COPY High School Diploma or GED (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead stating graduation date is acceptable, COLLEGE DIPLOMA/TRANSCRIPTS NOT ACCEPTABLE)

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 TO FULFILL THE BIRTH RECORD REQUIREMENT:

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 (i.e.: State or County issued birth certificate). Hospital copy NOT accepted.

Copy of VALID US Passport

Copy of Naturalization Papers

Copy of Permanent Resident Card or other approved Legal Alien Status documentation

(Contact Public Safety Recruitment with questions BEFORE application deadline)

The application fee can be waived for candidates experiencing financial hardship. For details, call 800.343.HIRE or send an email to info@publicsafetyrecruitment.com

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.

CALL 800.343.HIRE WITH QUESTIONS

YOU MUST SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

PUBLIC SAFETY RECRUITMENT

ATTN: ALITH

1127 S. MANNHEIM RD., SUITE 203

WESTCHESTER, IL 60154

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE ALGONQUIN – LAKE IN THE HILLS FIRE PROTECTION DISTRICT.

PRINT:

LAST NAME FIRST NAME SSN

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. (d.b.a. "Public Safety Recruitment") (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.

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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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 ALGONQUIN - LAKE IN THE HILLS FIRE PROTECTION DISTRICT OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES.

I do not consent to the Algonquin - Lake in the Hills Fire Protection District 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)

Applicant Signature

Date

DO NOT SIGN ABOVE UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District, I/O Solutions, Inc., and either of its authorized representatives that I have taken the following medications in the last seven (7) days:

_____.

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 Algonquin - Lake in the Hills Fire Protection District, 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

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

BEHAVIORAL PROFILE

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from you which will be used for a Behavioral Profile. The tests, survey and interviews are designed to: measure your attitudes regarding drugs and alcohol, trustworthiness, and work; to predict your interpersonal skills, personality traits and motivations; and to predict your on the job mental abilities.

CONSENT FOR BEHAVIORAL PROFILE

I hereby grant my consent for the I/O Solutions, Inc., or its authorized representative to conduct the necessary interviews and administer the necessary examinations to determine my Behavioral Profile.

RELEASE

I understand that release of the results of my Behavioral Profile by this written authorization will result in disclosure of those test and survey results.

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of 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 Algonquin - Lake in the Hills Fire Protection District 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 Behavioral Profile 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	

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CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from private credit reporting agencies as to your credit history. This investigative consumer report includes, if applicable, information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

CONSENT AND AUTHORIZATION TO INVESTIGATE CREDIT HISTORY

I hereby authorize and consent to a thorough investigation of my past and present credit history and disclosure of the results of that investigation to third parties. I understand that release of my past and present credit records by this written authorization will result in the disclosure of those records. I understand that this investigative consumer report can include, if applicable, information as to my character, general reputation, personal characteristics, and mode of living.

RELEASE

I hereby consent to the release of the results of the investigation of my credit history and other relevant information to authorized representatives of the Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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 credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

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 Federal, 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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District, 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

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

HIGH SCHOOL, COLLEGE, UNIVERSITY DIPLOMA

CONSENT

I hereby consent to an investigation to determine the authenticity of my high school or General Education Diploma, college, or University diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity of my high school (or its equivalent), college, or university diploma to representatives of the Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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), college, or university 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

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

MEDICAL RECORDS

CONSENT

I hereby consent for I/O Solutions, Inc., or its authorized representative to obtain my medical records from my primary physician for the period of time that my name appears on the Algonquin Lake in the Hill Fire Protection District's Final Eligibility List.

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records. I hereby consent to the release of my medical records to authorized representatives of the Algonquin - Lake in the Hills Fire Protection District or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Police/Fire departments 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 Algonquin - Lake in the Hills Fire Protection District 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 disclosure of my medical records as authorized herein by me.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

PERSONAL INFORMATION RELEASE TO MUNICIPALITY

DISCLOSURE

This is to inform you that in processing your application an investigation will be 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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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 Police Officer 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

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District 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 Algonquin - Lake in the Hills Fire Protection District prior to the administration of the examinations so that a reasonable accommodation can be made. Algonquin - Lake in the Hills Fire Protection District 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		

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.