

## **City of Crystal Lake Fire Rescue Department**

### **Requirements and Instructions for the positions of**

### **Full-Time FIREFIGHTER/PARAMEDIC and/or Paid-On-Premise FIREFIGHTER/PARAMEDIC**

#### **Firefighter/Paramedic Minimum Requirements:**

- \$25.00 non-refundable application fee
- U.S. Citizenship
- No Felony Convictions
- High School Diploma or equivalent (GED)
- Valid Driver's License
- Illinois Department of Public Health (IDPH) EMT-Basic
- **Full-Time applicants required to be IDPH EMT-Paramedic Certified by date of hire**
- Applicant must be 21 years of age at time of application, and UNDER 35 years of age at time of application and at such time as the initial eligibility list is established, except as otherwise determined by State Statute.
- Upon completion of the 12 month probationary period, residency required within one of the following Illinois counties: McHenry, Boone, Lake, Cook, DuPage, Kane, DeKalb and must be north of Route 38.
- Meet Visual Acuity Standard of 20/100 in each eye uncorrected, correctable to less than 20/40 and able to meet vision standards (NFPA 1582).
- Full-time and part-time Crystal Lake Firefighter/Paramedics may be prohibited by our CBA from serving as a Firefighter/Paramedic with another jurisdiction (some special circumstances may apply).

**You MUST meet the above minimum requirements, complete the online application AND confirm its contents by the application deadline, Friday, June 18, 2010 at 12 noon. You must also have all required documents (see check list) and the release forms signed, witnessed, dated and submitted to Public Safety Recruitment before the deadline, Friday, June 18, 2010 at 12 noon. All portions of the testing process are mandatory. Failure to attend and successfully complete any portion of the process will result in elimination from employment consideration.**

#### **Salary:**

<b>Full-Time Position:</b>	\$55,373.21 annually
<b>Paid-on-Premise Position:</b>	Training Rate: \$8.00/hr; Regular Rate: \$15.50-17.00/hr., depending on certifications.

#### **Application Instructions:**

- 1) Visit [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com) to complete the online application\* for the position of Firefighter/Paramedic. Online applications must be confirmed by 12 noon on Friday, June 18, 2010. You will receive a confirmation number once your application is complete; save this number for your records.  
**\*NOTE: You will have the option to complete an online application for the:**
  - Full-Time Firefighter/Paramedic Position
  - Paid-On-Premise Firefighter/Paramedic Position
  - BOTH Full-Time and Paid-On-Premise Firefighter/Paramedic Positions**COMPLETE THE ONE APPLICATION THAT APPLIES TO YOUR EMPLOYMENT INTEREST.**
- 2) Return signed Release Forms (attached) and other Required Documents (see Check List) to Public Safety Recruitment before noon on Friday, June 18, 2010. Documents received after the deadline will NOT be accepted. Postmarks or faxes will NOT be accepted. Traceable carrier is highly suggested for timely delivery. You may deliver documents by hand to Public Safety Recruitment during business hours (M-Th 9a-5p; F 9a-3p; CLOSED ON HOLIDAYS AND WEEKENDS).
- 3) Attend Orientation, Written Exam, and Physical Ability Testing on Saturday, July 10, 2010 at McHenry County College, 8900 US Highway 14, Crystal Lake, IL 60012. Arrive by 8:30 a.m. with your driver's license. Mandatory Orientation will start promptly at 9:00 a.m. and the Written Examination and Physical Ability Test will immediately follow (see attached guide for details). A study guide for the written exam (NFSI) is available by calling (708)410-0100 or by visiting [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com). CANDIDATES WHO SUBMIT A COPY OF THEIR VALID\* CPAT CERTIFICATION WITH THEIR APPLICATION DOCUMENTS WILL NOT BE REQUIRED TO PARTICIPATE IN THE PHYSICAL ABILITY TESTING PORTION ON TEST DAY, BUT WILL BE REQUIRED TO ATTEND ORIENTATION AND THE WRITTEN EXAM. \*CPAT cards considered valid between July 10, 2009 and July 10, 2010. For more information regarding the CPAT, visit [www.nipsta.org](http://www.nipsta.org) or [www.sufd.org](http://www.sufd.org).

Those passing both the physical ability test and written exam will be eligible to participate in an oral interview. Notification letters will be sent out the week of July 12, 2010 via email and postal mail. The date and time of your interview will be included.

# CHECK LIST: City of Crystal Lake Fire Rescue Department

## Application:

Deadline: June 18, 2010 at noon

**Confirmed** online at [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com).

WRITE YOUR CONFIRMATION NUMBER HERE: \_\_\_\_\_

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

## Release Forms: (Attached) READ CAREFULLY

Deadline: June 18, 2010 at noon

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. Physical Fitness Certificate requires the ORIGINAL signature of a Medical Doctor.

**Consumer Reports**

**Alcohol, Drug and Substance Abuse Screening**

**Criminal History Information/ Fingerprint**

**Driving Record**

**Employment Past and Present**

**High School, College, University Diploma**

**Medical Records**

**Personal Information Release to Municipality**

**Written Examination**

**Physical Ability Test**

**Physical Fitness Certificate**

DOCTOR'S SIGNATURE REQUIRED UNLESS YOU HAVE SUBMITTED YOUR VALID\* CPAT CERTIFICATION

**EEO Questionnaire (Optional)**

## Other Required Documents:

Deadline: June 18, 2010 at noon

**COPY IDPH EMT-Basic License (Paramedic License required by date of hire for FT applicants)**

**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 diploma/transcripts are NOT acceptable.)

**COPY 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 FOR 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 **Hospital copy not accepted.**)

**OR**

**Copy of Valid US Passport**

**OR**

**Copy of Naturalization Papers**

**COPY of Military Discharge Certificate DD-214** (if applicable)

**COPY of your VALID\* CPAT CERTIFICATION** (if applicable)

\*CPAT cards considered valid if issued between July 10, 2009 and July 10, 2010.

**NOTE: OFFICIAL College or University Transcripts will be required to qualify for preference points. They will be requested at establishment of eligibility list.**

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 you 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 or email [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com) with questions.**

**DO NOT SUBMIT REQUIRED DOCUMENTS TO THE CITY OF CRYSTAL LAKE.**

**SUBMIT ALL RELEASE FORMS AND OTHER REQUIRED DOCUMENTS TO:**

**PUBLIC SAFETY RECRUITMENT ATTN: CL FIRE**

**1127 S. MANNHEIM ROAD, SUITE 203**

**WESTCHESTER, IL 60154**



# City of Crystal Lake,

<b>Estimated Population:</b>	41,797
<b>Square Miles:</b>	18.00
<b>Households:</b>	14,959
<b>Median Selling Price:</b>	\$180,000
<b>Average Selling Price:</b>	\$220,000
<b>Schools:</b>	9 Public Elementary Schools 3 Public Middle Schools 3 Public High Schools 4 Parochial Elementary Schools 1 Parochial High School 1 Community College 1 Private K-8 School
<b>Churches:</b>	38 Churches - 26 Denominations
<b>Library:</b>	180,000 volumes; 355 magazines; 5,000 videos; 1,800 audio books
<b>Weather Conditions:</b>	Average snow and rainfall - 60" Average winter temperature - 25 degrees Average summer temperature - 75 degrees

Crystal Lake, Illinois, located 50 miles northwest of Chicago, is a short drive from O'Hare International Airport, near several major highways and interstates. Metra commuter rail provides easy access to Chicago's Loop. The City boasts over 2.3 million square feet of retail shopping center space, and provides nearly 12,000 jobs through a large commercial, office and industrial base. The Crystal Lake Park District operates 1,000 acres of parks, an active recreation program, a 238-acre lake, a golf learning center, and an indoor/outdoor tennis club.

## Local Attractions, Festivals and Events

- Crystal Lake Beaches and Water Sports
- Raue Center for the Arts, featuring major Broadway productions, community theater, and more!
- America's Cardboard Cup Regatta
- A Historical Downtown District
- Antiquing at Many Local Shops
- Excellent Hotel Accommodations
- Over 50 Local Restaurants
- Health Bridge Fitness Center
- YMCA of McHenry County
- Half-Marathons, Triathlons, and 5K Runs, including the Big Woolly Adventure Race, Bob Blazier Run for the Arts and more!
- Regal Cinema Theater
- Indoor Ice Skating at The Crystal Ice House
- X-treme Wheels Roller Skating Center
- The Historic Dole Mansion
- Colonel Palmer House (Museum & Archives)
- Housewalks of Local Architecture
- Farmer's Market
- Walkup Heritage Farm
- Night Clubs, Pubs and Eateries
- Chili Open Winter Golf Tournament
- Top-Quality Local Golf Courses
- Mini Golf
- CABA 9, 11, and 15 Year-Old World Series Tournament
- Indoor Playgrounds, Rock Climbing Center
- Over 50 miles of local bike paths
- Major Festivals/Events
  - RibFest at Main Beach
  - Lakeside Festival at the Dole Mansion
  - Independence Day Parade and Fireworks
  - Lights on the Lake at Main Beach
  - Johnny Appleseed Festival
  - Festival of Lights Parade
- Three Oaks Recreation Area Coming Soon!

# CITY OF CRYSTAL LAKE FIREFIGHTER/PARAMEDIC JOB DESCRIPTION

**Effective Date:** June 20, 2005  
**Position Code:** 0303  
**FLSA Status:** Non-Exempt  
**Pay Range:** See CBA

## NATURE OF WORK

*Note: Paid on Premise personnel are exempt from the portions of the following job description that are not applicable to their positions.*

This is skilled firefighting work combating, extinguishing and preventing fires and providing emergency medical rescue services to protect life and property.

Work involves performing hazardous tasks under emergency conditions, which may require strenuous exertion under such handicaps as fire, heat, smoke, and cramped surroundings. Although firefighting and rescue work, and responding to emergency medical calls, are the most difficult and responsible areas of activity, a major portion of time is spent studying methods and techniques of fire prevention and suppression and basic and/or advanced life saving techniques. Work also involves routine maintenance of fire department equipment, apparatus, and quarters and driving equipment when specifically assigned. Work is performed under the command of an officer. Work is reviewed in progress and upon completion.

## EXAMPLES OF ESSENTIAL JOB FUNCTIONS

- Responds to fire alarms and other emergency calls; controls and extinguishes fires, protects life and property.
- May select hose nozzle, depending on type of fire, lays firelines, and directs stream of water or chemicals onto fire; positions and climbs ladders to gain access to upper levels of building or to assist individuals from burning structures; creates openings in buildings for ventilation or entrance, using axe, chisel, crowbar, saw, and other power equipment; and may deactivate utility services to prevent explosions or other fire breakouts.
- Participates in salvage operations, such as removing and covering furniture, removing water, and cleaning debris.
- Performs overhauling operations to ensure that the fire is completely extinguished.
- Develops preplans that provide the most effective firefighting methods for target hazards.
- May investigate causes and circumstances surrounding fires.
- Participates in a continuing program of training and instruction and attends drills, demonstrations, and classes; receives training in the operation of fire and rescue equipment and apparatus and, when assigned, drives and operates a variety of fire equipment; maintains physical ability to perform duties.
- May maintain and repair self-contained breathing apparatus; tests equipment using testing devices; maintains and repair nozzles; and stocks parts for units.
- Responds to medical and non-medical emergency situations; drives emergency vehicles to the scene.
- Provides efficient and immediate emergency care to the ill or injured at the scene of an incident and during transport; operates emergency care equipment.
- Conducts examinations, determining and evaluating the nature and extent of the problem, illness, or injury based on statements of persons involved, vital signs, examination, and diagnosis of ill or injured person; documents patient's complaints and all vital signs; records care rendered.
- Administers appropriate basic or advanced life support care at site of emergency; performs such activities as treating wounds, abrasions, and shock; applies splints; suctions airways, administers oxygen, and operates resuscitator.
- Performs specialized emergency cardiac treatment and care, including operation and interpretation of EKGs and heart monitoring equipment; administers drugs and IVs; performs defibrillation when necessary; may perform advanced medical care.
- Reports vital information regarding care and condition to medical personnel receiving patient.
- Provides fire station tours for the public; answers questions and provides public education services.
- Performs general maintenance work in the upkeep of fire stations buildings and grounds; fire apparatus, auxiliary equipment, and tools; tests, flushes, paints hydrants, and clears areas around fire hydrants.
- Maintains accurate records, forms, and reports.
- Provides effective and efficient customer services and promotes and maintains responsive community relations.
- Serves as Acting Lieutenant as necessary.
- Follows safe work practices.

## OTHER JOB FUNCTIONS

- May perform on special teams such as Haz Mat, TRT, and SRT, which would require special training.
- Performs related duties as assigned.

## **REQUIREMENTS OF WORK**

- Graduation from high school (or GED) supplemented by experience working as an EMT, Paramedic or in a similar area; or any equivalent combination of training and experience which provides the following knowledge, abilities, and skills:
- Knowledge of modern rescue and firefighting principles, practices, and procedures.
- Knowledge of the operating and maintenance requirements of the various types of apparatus and equipment used in firefighting activities.
- Knowledge of the physical layout of the City, including fire hydrant and street locations in the district to which assigned.
- Knowledge of emergency medical and rescue procedures.
- Ability to read and understand policies, rules, instructions, and written material of the Fire Department.
- Ability to perform limited mechanical work involved in maintaining fire apparatus, equipment, and tools.
- Ability to analyze emergency situations and to adopt effective courses of action.
- Ability to learn, train, and retain technical and other fire service related data.
- Ability to effectively work in a "shift" environment.
- Ability to operate a personal computer with the software and programs necessary to perform the work of the department.
- Ability to compose and write accurate reports and records
- Ability to meet the physical requirements of the position.
- Ability to establish and maintain effective working relationships with other employees, and the public.
- Ability to communicate effectively, orally and in writing.
- Skill in the operation of fire equipment, tools, and apparatus, and in making minor adjustments and repairs.

## **NECESSARY SPECIAL REQUIREMENTS**

- Firefighter II, as mandated by the Office of the Illinois State Fire Marshal.
- Possession of a valid Illinois driver's license with appropriate classification for fire apparatus.
- Illinois State Licensed Paramedic.
- Haz Mat Ops certification from the Office of the Illinois State Fire Marshal.

## **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While the duties of this job, the employee is frequently required to sit; talk or hear; stand; walk; use hands to finger, handle, or operate objects, tools, or controls; and reach with hands and arms. The employee is occasionally required to climb or balance; stoop, kneel, crouch, or crawl; and smell.
- Specific vision ability required by this job includes close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.
- While performing the duties of this job, the employee frequently works in outside weather, in all conditions, including temperature extremes, during day and night. Work may be performed in emergency and stressful situations. Individual is exposed to loud alarms and hazards associated with fighting fires and rendering emergency medical assistance, including smoke, noxious odors, fumes, chemicals, liquid chemicals, solvents and oils, risk of electrical shock, and blood borne pathogens.
- Ability to wear personal protective equipment that weighs greater than 50 pounds while performing various strenuous tasks such as firefighting, rescue or other related tasks
- Ability to operate in environments of high noise, poor visibility, limited mobility, at height and in enclosed or confined spaces
- Ability to advance and drag hoses up to three inches in diameter, both charged and uncharged up to 100 feet both horizontally and vertically
- Ability to make rapid transitions from rest to near maximal exertion
- Ability to carry and raise a 28 foot extension ladder without assistance
- Ability to work in a restricted area for two or more hours at a time
- Ability to raise, climb and work from ground and aerial ladders without fear of heights inhibiting work
- Ability to lift and carry a stretcher with an adult patient weighing at least 165 pounds, up or down stairs with a partner
- Ability to proofread and check documents for errors
- Ability to perform unpleasant duties and deal with hazardous situations
- Ability to spend extensive time outside exposed to the elements
- Ability to work in wet, icy or muddy areas and to perform a variety of tasks on slippery, hazardous surfaces such as rooftops or from ladders

**PLEASE PRINT:**

LAST NAME .....FIRST NAME.....SSN.....

**POSITION(S) I AM APPLYING FOR: (CHECK ONE!)**

- FULL-TIME FIREFIGHTER/PARAMEDIC ONLY**
- PAID-ON-PREMISE FIREFIGHTER/PARAMEDIC ONLY**
- BOTH FULL-TIME AND PAID-ON-PREMISE FIREFIGHTER/PARAMEDIC**

**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.



## ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

### CONSENT

I hereby consent for the City of Crystal Lake 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 City of Crystal Lake, 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 City of Crystal Lake 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.**



**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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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

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

## 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake'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 City of Crystal Lake 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 City of Crystal Lake 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 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake 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 City of Crystal Lake, McHenry County College 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 Fire 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:			
	Applicant Name, printed		Date
	Applicant Signature		Date
	Witness Name, printed		Date
	Witness Signature		Date

**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 City of Crystal Lake, McHenry County College 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 City of Crystal Lake, McHenry County College 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		

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



## PHYSICAL FITNESS CERTIFICATE

**THIS CERTIFICATE SIGNED BY A PA, RN or LPN WILL NOT BE ACCEPTED  
AND WILL RENDER YOU INELIGIBLE TO TEST.**

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.

### DOCTOR'S CERTIFICATION

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

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

INK signature required; stamp NOT accepted;  
MD or DO ONLY! Absolutely NO EXCEPTIONS!

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

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

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

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

\_\_\_\_\_  
Fax Number

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

### APPLICANT'S VERIFICATION

#### **APPLICANT MUST CHECK ONE:**

- I do NOT have a Valid CPAT Certification
- I have submitted my Valid CPAT Certification (issued between July 10, 2009 and July 10, 2010) and therefore a Doctor's signature is not required on this form.

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

\_\_\_\_\_  
**Applicant Signature** INK signature required

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

\_\_\_\_\_  
Date of Birth

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

This certificate must be returned to Public Safety Recruitment by the specified deadline. No applicant will be permitted to take the physical ability test or to continue with the testing process unless this signed certificate is completed and on file with the City of Crystal Lake and dated within no more than 1 year prior to the date of the Physical Ability Examination (7/10/10). Only those candidates who submit verification of a Valid CPAT certification (see above) will not be required to obtain a Doctor's signature.

**Only ORIGINAL documents with ORIGINAL SIGNATURES will be accepted; no copies or faxes.**

# City of Crystal Lake

## Police and Fire Testing Process Questionnaire

The City of Crystal Lake is an equal opportunity employer. The City maintains information regarding individuals who apply for employment to document selection ratios for various positions. This information will not accompany your application and will not be used in any way to decide whether you will be hired. This information is CONFIDENTIAL. Applicants are encouraged to complete this form; however, this is strictly VOLUNTARY and is not a condition of employment.

1. **Date:** \_\_\_\_\_
2. **Mr.**  \_\_\_\_\_  
**Mrs.**  \_\_\_\_\_  
**Ms.**  \_\_\_\_\_  
(Last Name) (First Name)
3. **Job applied for:**  Police Officer or  Firefighter Paramedic
4. **Birth Date:** \_\_\_\_\_
5. **Sex:**  Male  Female
6. The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 6a, please also answer question 6b.
  - a. **Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  
 Yes  No
  - b. **Please select the racial category or categories with which you most closely identify by placing a check in the appropriate box. Check as many as apply.**
    - White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
    - Black or African American:** A person having origins in any of the black racial groups of Africa.
    - Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
    - Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
    - American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
7. **What is the highest level of education you have completed?**
  - High School/GED  Master's Degree
  - Associate's Degree  PHD
  - Bachelor's Degree  Other: \_\_\_\_\_
8. **Are you a veteran?**  Yes  No
9. **How did you hear about the position?**
  - Flyer from City of Crystal Lake
  - Word of mouth
  - Walk-in
  - Cable TV
  - Internet – name of website: \_\_\_\_\_
  - Newspaper/Publication – name of newspaper/publication: \_\_\_\_\_
  - Other: \_\_\_\_\_

# Crystal Lake Fire Rescue Department

THE PUBLIC SAFETY SELECTION SPECIALISTS™



## Physical Ability Test Candidate Preparation Guide

Industrial/Organizational Solutions, Inc.

2010

# Crystal Lake Fire Rescue Department

## Physical Ability Test Candidate Preparation Guide

**T**his Preparation Guide has been developed to introduce you to the Crystal Lake Fire Rescue Department Physical Ability Test (PAT). The test consists of a series of tasks designed to assess important physical abilities necessary for effective job performance as a firefighter. These tasks were developed to mirror real situations that Crystal Lake firefighters encounter on the job. These tasks represent basic skills that do not require training or previous experience as a firefighter to successfully complete.

In developing this PAT, a group of firefighter experts from the Crystal Lake Fire Rescue Department identified many of the tasks essential to the performance of the job of a firefighter.

From this information, eight job-related physical ability test components were developed. These eight components are as follows:

- **Aerial ladder climb**
- **Victim rescue: search**
- **Victim rescue: dummy drag**
- **Ladder carry**
- **Charged line advance**
- **Stair climb**
- **Equipment hoist**
- **Equipment carry**

The selection process for firefighters is very competitive. Although you are not required to read or use this *Preparation Guide*, we encourage you to do so. The more prepared you are, the more likely you are to pass the test. The PAT is only one of the initial hurdles in the selection process. Please take the necessary time to thoroughly prepare for the PAT in order to ensure your success.

Please note that the Crystal Lake Fire Rescue Department does not recommend or endorse any private school or service offering preparation for examinations and is not responsible for their advertising claims. We hope this Preparation Guide will help you to become better prepared, and we wish you the best of luck on the test.

The PAT consists of a series of events designed to simulate such firefighter related activities as carrying fire equipment up flights of stairs, dragging hoseline and carrying equipment. The following points should help you to familiarize yourself with what will take place on the day of the test.

- ✓ Applicants must wear a self-contained breathing apparatus (SCBA) for all timed components of the PAT. The SCBA weighs approximately 20 lbs.
- ✓ Applicants are strongly encouraged to wear athletic shoes (sneakers), long pants and a shirt. You will be performing physical acts that demonstrate strength, agility and endurance, and it is important to be outfitted in attire that does not hinder your performance. Due to the nature of the job of a firefighter and the simulated tasks applicants will be asked to complete, please expect that you will get wet and dirty.
- ✓ The Crystal Lake Fire Rescue Department reserves the right to inspect all personal equipment and to disallow equipment to ensure that its use does not affect the fair and impartial administration of the PAT.
- ✓ **Seven components of the PAT will be timed in a series. The aerial ladder climb will be untimed. The timed portion of the test has a cut-off score, and failure to complete the course in the allotted time will result in disqualification.**
- ✓ **You must not run at any time during the test.** Running is not permitted on a working fireground, and it will not be allowed during this test. Failure to heed a first warning not to run will result in disqualification.
- ✓ Test monitors will be assigned to time you while on the course. It is acceptable to ask the test monitor questions concerning course rules and layout prior to beginning the course and while on the course.
- ✓ You will be allowed as much time as needed to complete each individual component of the PAT within the maximum allotted time. Should you perform one of the components incorrectly, the test monitor will guide you as to how to correct your actions or to perform the component again. Pay careful attention to the instruction of the test monitor and ask for clarification when needed.

It is the expectation of the Crystal Lake Fire Rescue Department that this preparation guide will provide you with sufficient information to prepare for and succeed in the PAT. The eight events that compose the PAT are outlined for you on the following pages. Each event reflects the types of situations that an entry-level firefighter might encounter while on the job in Crystal Lake. Suggestions for preparing for each event are also provided.

## Untimed Test Component

### Aerial Ladder Climb

You will be required to climb an aerial ladder to a height of 50 feet. The ladder will be positioned at 60 degrees to facilitate a comfortable climbing position. You will be outfitted with a safety harness and will be belayed by firefighters to further ensure your safety. You will only be allowed two attempts to complete this component. This component is NOT TIMED but must be completed to satisfactorily finish the PAT.

- This component tests for a fear of heights.

**Preparation:** To prepare for this event you may want to practice climbing a sturdy ladder to the height of a typical two-story house. Practice carefully and slowly climbing up and down the ladder. This event is not timed so do not rush. If you choose to do this, take every safety precaution necessary to avoid injury.

## Timed Test Components

### Victim Rescue - Search

You will wear a facemask (a test monitor will assist in properly outfitting you) and be directed to crawl on your hands and knees across the length of a 50-foot laid-out hoseline. You must remain on your hands and knees to the end of the hoseline while navigating obstacles. Once you have reached the end of the hoseline, you will be instructed to take off the facemask, stand up and continue on to component two. Due to the nature of this event, you will get dirty.

- This component tests endurance as well as the ability to maintain spatial orientation and freedom from claustrophobia.

**Preparation:** To prepare for this event, you might practice maneuvering on your hands and knees wearing a backpack weighing approximately 20 lbs. It would be a good idea to do this with your eyes closed or in a darkened room. Be sure to have a friend/helper if you are maneuvering in an area where you cannot see.

## **Victim Rescue - Dummy Drag**

You must drag a human-form dummy weighing approximately 165 lbs. for a distance of 30 feet. You will begin by gripping the dummy in a comfortable fashion. Once you and the dummy completely cross the finish line positioned 30 feet away, you can set the dummy down and move on to the next component.

- This component tests total body muscular strength, power and stamina.

**Preparation:** To prepare for this event, you might practice dragging a duffel bag weighing 165 lbs. for short distances. In preparing for this exercise, you should be aware that you will be wearing a self-contained breathing apparatus weighing approximately 20 lbs. Wearing a backpack weighing approximately 20 lbs. while practicing for this event is a good idea.

## **Ladder Carry**

You will be required to “unload” a 14-foot ladder, weighing approximately 30 lbs., from an engine. You will remove the ladder from the mounting brackets on the engine, carry the ladder for approximately 25 feet, set the ladder down in a target area, and then return the ladder to the engine. The ladder may touch the ground in a controlled fashion while removing it from its mountings; however, the ladder must be carried to its destination without touching the ground prior to being placed completely back on the engine. Should the ladder touch the ground in an unacceptable manner, the proctor will instruct you to place the ladder on the ground at the foot of the engine and repeat the “carry” portion of the exercise. Should you allow the ladder to touch the ground a second time, you will be disqualified from the test.

- This event tests upper body strength and balance.

**Preparation:** To prepare for this event, it is beneficial to practice lifting a heavy object from over your head and placing it on the ground. You might lift a household extension ladder, a heavy box or a barbell. Exercise great caution in practicing this event and make sure you have a spotter or assistant available. Wearing a backpack weighing approximately 20 lbs. while practicing for this event is a good idea.

## **Charged Line Advance**

You must pick up and advance a charged 1-<sup>3</sup>/<sub>4</sub> inch hoseline with the nozzle attached for a distance of 100 feet. The nozzle will be closed and locked down. You may pick up the hoseline in any fashion you wish, but once you take hold of the line and begin to advance it, you must maintain your grip in that same

location. Be advised that the easiest way to advance the line is typically by throwing it over your shoulder with approximately three to four feet of line in front of you. This method allows you to bear most of the weight and resistance on your shoulder. This component ends when both your feet cross the finish line.

- This component tests leg and lower body strength, balance and endurance.

**Preparation:** To prepare for this event, you might start by tying a 20-foot rope to a bag or object weighing approximately 150 lbs. You can then throw the end of the rope over your shoulder, grasp it and drag the weight a distance of 100 feet. Keep in mind that the weight of the charged line increases as you approach the finish line and by the end of this component of the test, you will be dragging more than 150 pounds of weight.

### **Stair Climb with Equipment**

You must pick up a highrise pack (i.e., wrapped hose) weighing approximately 44 lbs. and carry it up and down two flights of stairs. The highrise pack will be placed on the ground in front of the first stair. You will pick up and carry the pack in any manner that is comfortable to the third floor of the training tower. Once you reach the top of the staircase, you will set down the highrise pack in a target area and you will engage in the next PAT component before descending the staircase. Once you have completed the “equipment hoist,” you will then carry the highrise pack back down to ground level.

- This component tests lower body strength and endurance as well as general stamina.

**Preparation:** To prepare for this exercise, you might carry a duffel bag or similar object weighing approximately 44 lbs., up and down two flights of stairs. In preparing for this exercise, you should be aware that you will be wearing a self-contained breathing apparatus weighing approximately 20 lbs. Wearing a backpack weighing approximately 20 lbs. while practicing with the duffel bag might also be a good idea.

### **Equipment Hoist**

When you reach the third floor of the training tower during the “stair climb,” you will place your highrise pack in a target area and proceed to the third floor window where you will find a rope that is attached to a 23-pound weighted bag that is positioned at ground level. The weighted bag represents the weight of a standard ventilation saw. You will take hold of the rope and reel in the bag. Once the bag is up to the level of the window, you will grab the bag and pull it



inside the tower. Once you have placed the bag on the ground, you will proceed back to the highrise pack, pick it up and continue back down the staircase.

- This component tests upper body strength and endurance as well as general stamina.

**Preparation:** To prepare for this exercise, you might attach a rope to a duffel bag or similar object weighing approximately 23 pounds. Practice hoisting this weight up and down from a second or third story window in your residence. In preparing for this exercise, you should be aware that you will be wearing a self-contained breathing apparatus weighing approximately 20 lbs. Wearing a backpack weighing approximately 20 lbs. while practicing with the duffel bag might also be a good idea.

### **Equipment Carry**

You must pick up an “EMT bag” weighing 33 lbs. and carry it for a distance of 50 feet. Once both feet cross the finish line, this component is complete.

- This component tests muscular strength, balance, and endurance.

**Preparation:** To prepare for this event, you might practice carrying a bag that weighs approximately 33 lbs. You should be aware that you will be wearing a self-contained breathing apparatus weighing approximately 20 lbs. Wearing a backpack weighing approximately 20 lbs. while practicing for this event might also be a good idea.

## **Scoring**

The PAT is a timed test with the exception of the aerial ladder climb. Any candidate who completes the course in the allotted time will pass this stage of the selection process. There is no advantage in seeking to complete the test in a time significantly lower than the allotted time.

**KEEP THIS FORM**

**CHANGE OF INFORMATION FORM**

If your name appears on the final employment eligibility list for Police Officer, it is your responsibility to notify the City of Crystal Lake, in writing, if your name, address, telephone number, or job-related certifications change.

.....  
I am currently on your eligibility list for Police Officer and need to amend the information originally presented in my application.

*Please provide the following information, as it appeared on your application:*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number Email Address

*Please provide the updated information:*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number Email Address

\_\_\_\_\_  
Signature

*Please send this form to:* City of Crystal Lake  
Attn: Human Resources  
100 West Woodstock Street  
Crystal Lake, Illinois 60014