

City of Mattoon Fire Department

Thank you for your interest in the City of Mattoon Fire Department. Please read this 16-page document carefully, paying particular attention to deadlines and required documents:

Firefighter Minimum Requirements

- \$25.00 non-refundable application fee
- Valid Driver's License
- High School Graduate or equivalent (GED)
- 21 to under 35 years of age as of September 9, 2011 unless otherwise exempt by Statute
- U.S. citizenship
- No felony convictions
- Residency within 20 miles of City of Mattoon corporate limits within six (6) months of hire
- Valid CPAT card at time of hire**
- Must be a licensed Paramedic at time of hire
- Completion of Online Application and submission of ALL Required Documents (see CHECKLIST) by noon on September 9, 2011.

Application Instructions:

- 1) Visit www.publicsafetyrecruitment.com to complete the online application for the position of Firefighter. After your online application is complete, you will receive an onscreen confirmation number. **SAVE THIS NUMBER FOR YOUR RECORDS.**
- 2) Return signed release forms and requested documents (SEE CHECKLIST!) before 12 NOON on Friday, September 9, 2011 to Public Safety Recruitment, Attn.: Mattoon FD, 1127 S. Mannheim Rd., #203, Westchester, IL 60154. Applications received after 12 p.m. on September 9, 2011 will not be accepted. Faxed release forms will not be accepted. Traceable carrier is strongly suggested (FedEx, UPS, Certified Mail, DHL, etc.) to ensure timely delivery.
- 3) Attend the mandatory Orientation and Written Examination to be held at 10 a.m. on Saturday, September 24, 2011, Lake Land College, Field House Room 101 and 103, 5001 Lakeland Boulevard, Mattoon, IL 61938. Arrive by 9:30 a.m. to check-in with a valid driver's license or state ID.
- 4) Candidates are required to successfully complete the Candidate Physical Ability Test (CPAT) conducted by a licensed agency in Illinois at time of hire.

**Licensed CPAT testing agencies:

NIPSTA, Glenview, IL <http://www.nipsta.org/CPAT/CandidateInformation.aspx>, (847)998-8090
Southwest United Fire Districts, Darien, IL - www.SUFD.org, (630) 910-2216

Starting Salary: \$34,983.79 (first year) \$47,884.65 (second year)
Department Size: 31 members

A thorough background investigation and full medical examination will be conducted prior to hire. Complete disclosure and sincerity within your application is necessary.

Preference points will be due after oral interviews. Preference points are awarded to Firefighter II and/or EMT certification, plus preference points for Education Degrees and/or Military Service by Statute.

MATTOON, ILLINOIS FIRE DEPARTMENT **CHECK LIST**

Application:	DEADLINE: SEPTEMBER 9, 2011 at noon
<input type="checkbox"/> Confirmed online - Write your confirmation number here: _____ (The confirmation page immediately follows the references section of the online application)	
Release Forms: SEE PAGES 1-13	DEADLINE: SEPTEMBER 9, 2011 at noon
No photocopies or fax copies will be accepted. You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include <i>adult</i> family members and friends.	
<input type="checkbox"/> Consumer Reports <pgs. 1-2>	<input type="checkbox"/> Employment Past and Present <pg. 8>
<input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening <pg. 3>	<input type="checkbox"/> High School, College, University Diploma <pg. 9>
<input type="checkbox"/> Behavior Profile <pg. 4>	<input type="checkbox"/> Medical Records <pg. 10>
<input type="checkbox"/> Credit History <pg. 5>	<input type="checkbox"/> Personal Information Release to Municipality <pg. 11>
<input type="checkbox"/> Criminal History Information/ Fingerprint <pg. 6>	<input type="checkbox"/> Written Examination <pg. 12>
<input type="checkbox"/> Driving Record <pg. 7>	<input type="checkbox"/> Physical Fitness Certificate <pg. 13> (<u>doctor's signature required</u>)
Other required documents:	DEADLINE: SEPTEMBER 9, 2011 at 12 noon
<input type="checkbox"/> COPY High School Diploma or equivalent (If you cannot find your high school diploma you may submit one of the following: Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable. <u>College transcripts or diploma NOT ACCEPTABLE!</u>)	
<input type="checkbox"/> COPY Valid Driver's License (copy of front and back if you received a renewal sticker)	
<input type="checkbox"/> COPY County issued Birth Certificate (Issued by State or County is acceptable; <u>hospital copy will NOT be accepted!</u> If you are born outside of the U.S. you must submit a copy of your translated birth certificate. Candidates born outside the U.S. are required to, additionally, provide proof of citizenship.)	

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 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 800-343-HIRE WITH QUESTIONS.

PLEASE SUBMIT RELEASE FORMS AND OTHER REQUIRED DOCUMENTS TO:

PUBLIC SAFETY RECRUITMENT

ATTN: MATTOON FD

1127 S. MANNHEIM RD., SUITE 203

WESTCHESTER, IL 60154

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE CITY OF MATTOON.

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.

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 City of Mattoon 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 City of Mattoon 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 CITY OF MATTOON OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES.)

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

Name of applicant (Printed)

Social Security Number

Applicant Signature

Date

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

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

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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 the 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the 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		

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

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 City of Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners and the 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 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 Mattoon 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 Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and the disclosure of any of that information.

Agreed to:	_____	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 Mattoon 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 Mattoon, the City of Mattoon, 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 Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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 Mattoon 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 Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), 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 Mattoon'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 Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the 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 Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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 Mattoon 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 Mattoon, the City of Mattoon Board of Police and Fire Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the 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:		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.

THIS CERTIFICATE SIGNED BY A PA, RN, LPN ETC. WILL NOT BE ACCEPTED AND WILL RENDER YOU INELIGIBLE TO TEST. INK SIGNATURE OF M.D. or D.O. REQUIRED.

PHYSICAL FITNESS CERTIFICATE

I, the undersigned doctor, certify that I am a **medical physician**, licensed to practice in the state of _____, and that I have examined _____ ("Applicant") and have found that s/he is physically capable of participating in the Physical Ability Examination consisting of various strenuous exercises.

ATTACH DOCTOR'S BUSINESS CARD HERE

STAMP ACCEPTABLE IF CARD NOT AVAILABLE

DOCTOR'S CERTIFICATION

Signed this _____ day of _____, 2011.

APPLICANT'S VERIFICATION

Signed this _____ day of _____, 2011.

DOCTOR'S SIGNATURE (M.D. OR D.O. ONLY)

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

Applicant Signature

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

Applicant Name, printed

Street Address, printed

Street Address, printed

City, State Zip Code, printed

City, State Zip Code, printed

Telephone

Fax

Telephone

This certificate must be completed and returned with your application by noon on September 9, 2011. No applicant will be permitted to take the written exam unless this signed certificate is on file with the City of Mattoon Board of Fire and Police Commissioners and dated by a physician (MD or DO only) within no more than one year prior to written exam (September 24, 2011).

ONLY ORIGINAL CERTIFICATES WITH INK SIGNATURES WILL BE ACCEPTED;
NO FAXES OR COPIES. COMPLETE ALL FIELDS – LEAVE NO BLANKS!

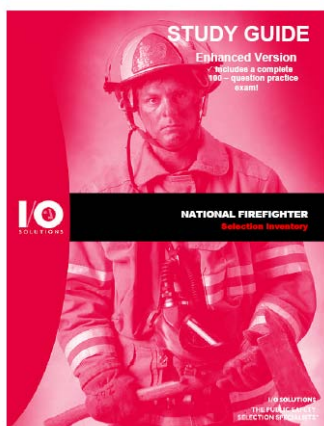
**Need more practice? Save \$5.00
on additional study materials with
the discount code below.**



NEW ONLINE PRACTICE TEST AVAILABLE

You've already made a great investment in your career by purchasing the **National Firefighter Selection Inventory™ Study Guide**. A new practice exam is now available at www.publicsafetyrecruitment.com.

Enter your practice exam discount code: **MFD2009**
Questions? Call 1-800-343-HIRE



ALSO AVAILABLE FOR IMMEDIATE DOWNLOAD

NEW Enhanced Edition!! Not only does this study guide provide you with a better understanding of the nature and format of questions that will appear on the National Firefighter Selection Inventory (NFSI), but it **contains a COMPLETE 100 question practice examination** to help you prepare for taking the test!

Enter your study guide discount code: **MFD5G09**
www.publicsafetyrecruitment.com

Public Safety Recruitment

Home Job Listings Online Job Applications Study Guides Online Practice Exams Handouts Services Contact

Featured Job Listings
Below is a small sampling of the employment opportunity listings available with a subscription to the Public Safety Recruitment Job Listings.
The following job listings are considered open until all available positions are filled.

Job Title	Department	Posted
FIREFIGHTER	GREENWICH, CT	2/6/2005
FIREFIGHTER	West Lafayette, IN	2/6/2005
Firefighter/paramedic	Mokena Fire Protection District, IL	1/24/2005
Deputy City Marshal	Tyler, TX	1/7/2005
Firefighter	Soldona, AK	1/6/2005
Firefighter	Palatine Rural Fire Protection District *COD Consortium, IL	1/6/2005
Firefighter	Bradenton, FL	12/17/2004
Public Safety 911 Operator	Mesa, AZ	12/8/2004
Fire Medic	Fairfax, VA	11/15/2004

Get Started on Your Career Search TODAY!
Sign up for your monthly subscription to access the best online source for public safety job listings.
Hundreds of job listings from police and fire departments across the country are at your fingertips!

ENJOY THE BENEFITS OF MEMBERSHIP TODAY!

Register with Public Safety Recruitment and you'll gain access to our extensive **National Jobs Database**. PublicSafetyRecruitment.com is a full-service Web site that allows you to quickly and easily submit online job applications, purchase study guides and practice tests and much more. Use the discount code below and receive a **FREE** month of job listings when you purchase a subscription to our National Public Safety Jobs database!!

Enter discount code: **NEWSUBSCRIBER**

PUBLIC SAFETY RECRUITMENT

www.publicsafetyrecruitment.com
Phone: 1-800-343-HIRE
info@publicsafetyrecruitment.com

Visit www.publicsafetyrecruitment.com today!