

LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT

Thank you for your interest in the Lockport Township Fire Protection District. Please read this document carefully, paying particular attention to deadlines and required documents:

Firefighter Minimum Requirements

- \$40 non-refundable application processing fee;
- U.S. Citizenship;
- High School Diploma or Equivalent (GED);
- Valid Driver's License;
- At least 21 years of age and under 35 years of age at the time of application deadline (10/12/2012); unless otherwise exempt by statute;
- IDPH Paramedic certified at time of application deadline (10/12/2012). Test into the Silver Cross EMS System prior to offer of employment;
- Illinois Firefighter II certification issued by the Office of the State Fire Marshal (OSFM) by application deadline (10/12/2012);
- Must possess CPAT Card and Ladder Climb Certificate issued within one (1) year prior to written exam date (11/3/2012);
- Completed online application, required release forms and other required documents **MUST** be submitted to Public Safety Recruitment no later than 12 noon on Friday, October 12, 2012.

Starting Salary: \$57,200

Ceiling Salary: \$76,000

Department Size: 80

Application Instructions

- 1) Visit www.publicsafetyrecruitment.com to complete and confirm the online application for the position of **Firefighter**. The deadline to submit an online application is **12 noon on Friday, October 12, 2012**. When completed, you will receive an online confirmation number; save this number for your records.
- 2) **Return signed release forms and other Required Documents** (see checklist, attached) to **Public Safety Recruitment, Attn.: Lockport Twp. FPD, 1127 S. Mannheim Rd., #203, Westchester, IL 60154, for delivery before 12 noon on Friday, October 12, 2012**. Applications and all other required documents received after 12 NOON on October 12, 2012 will **NOT** be accepted. Faxed or postmarked documents will **NOT** be accepted. Documents may be delivered by hand or by mail during regular business hours. Using a traceable courier is suggested to ensure timely delivery.
- 3) Candidates who do NOT possess a current and valid Candidate Physical Ability Test (CPAT) Card or Ladder Climb Certificate issued 11/3/2011 or later must register for the CPAT and Ladder Climb with a licensed agency to complete this requirement.* Registration should be completed as soon as possible as test dates fill up quickly.

*Licensed CPAT testing agencies:

NIPSTA, Glenview, IL <http://www.nipsta.org/CPAT/info.aspx>,

Southwest United Fire Districts, Darien, IL – <http://www.sufd.org/>

- 4) **Attend Orientation and Written Exam on Saturday, November 3, 2012 at Lockport East High School, Cafeteria, 1333 East 7th Street, Lockport, IL 60441. Enter through door #3. Arrive no later than 8:30 AM with photo identification (valid Driver's License) to sign in.** Orientation begins promptly at 9 AM and testing will immediately follow. No late admittance.

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.

Please visit our website to pay the application fee and complete the online application www.publicsafetyrecruitment.com.

If you have any questions, please contact Public Safety Recruitment

1-800-343-HIRE ~ e-mail: info@publicsafetyrecruitment.com

9 am – 5 pm Monday through Thursday and

9 am – 3 pm on Friday

Closed weekends and holidays

CHECK LIST: LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT

Application:

DEADLINE: 10/12/12 at NOON

- Confirmed online

WRITE YOUR CONFIRMATION NUMBER HERE: _____

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

Release Forms:

DEADLINE: 10/12/12 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.

- Consumer Reports*

- Alcohol, Drug and Substance Abuse Screening*

- Behavior Profile*

- Credit History*

- Criminal History Information/Fingerprint*

- Driving Record*

- Employment Past and Present*

- High School, College, University* Diploma

- Medical Records*

- Personal Information Release to Municipality*

- Written Examination*

Other required documents:

DEADLINE: 10/12/12 at NOON

- COPY High School Diploma or GED** (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable.)

- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)

- COPY Birth Record** ~ **READ CAREFULLY:** Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document.

ONE OF THE FOLLOWING IS ACCEPTABLE AND REQUIRED TO FULFILL THE BIRTH RECORD REQUIREMENT:

- Copy of U.S. 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 U.S. Passport**

OR

- Copy of Naturalization Papers**

- COPY of valid IDPH Paramedic License**

- COPY of Illinois Firefighter II Certification issued by the OSFM**

CPAT and Ladder Climb Certification:

DEADLINE: 10/12/2012 at noon OR Bring with on Test Day

- COPY of CPAT card issued within 12 months PRIOR to written exam date**

- COPY of Ladder Climb Certification issued within 12 months PRIOR to written exam date**

(Cards/certifications considered valid only if issued from 11/3/2011 through 11/3/2012)

IF CPAT AND LADDER CLIMB CERTIFICATIONS ARE ISSUED BEFORE DEADLINE, SUBMIT THESE DOCUMENTS BY 12 NOON ON 10/12/2012.

CANDIDATES TAKING THE CPAT AND LADDER CLIMB CERTIFICATION AFTER THE DEADLINE ARE REQUIRED TO BRING COPIES OF BOTH CERTIFICATIONS WITH THEM ON TEST DAY.

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.

PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

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

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT.

Firefighter Testing

The Lockport Township Fire Protection District is currently accepting applications for the position of Firefighter/Paramedic. Applications are available at www.publicsafetyrecruitment.com from September 10, 2012 until October 12, 2012. Applications are **not** available or accepted at any of the Lockport Township Fire Protection District locations. The application deadline is October 12, 2012 at 12:00 p.m. (Noon). You must meet and be able to substantiate the following minimum requirements:

- \$40 non-refundable application fee;
- Be a high school graduate or equivalent (GED) at time of application;
- Possess a valid driver's license, which will be used for identification at all phases of testing;
- Be 21 years of age at the time of hire, but not older than 34 years at the time of application except as otherwise provided by state statute;
- Must be licensed as a paramedic by the Illinois Department of Public Health prior to application;
- Test into the Silver Cross EMSS prior to offer of employment;
- Must be certified Firefighter II by the Illinois Office of the State Fire Marshall prior to application;
- Attend orientation and all phases of testing;
- Possess good moral character;
- Pass a psychological exam prior to offer of employment;
- Pass a polygraph test prior to offer of employment;
- Pass a thorough background investigation prior to offer of employment;
- Pass a medical examination prior to offer of employment;
- Submit proof of having successfully completed the Candidate Physical Ability Test (CPAT) and an approved ladder climb certification within one year prior to the scheduled date of the written examination. (Note: the Northeastern Illinois Public Safety Training Academy (www.nipsta.org) in Glenview, IL (at 847-998-8090) and Southwest United Fire Districts (www.sufd.org) in Darien, IL (630-910-2087) administer the CPAT with an approved ladder component.)

Candidates meeting the eligibility requirements are invited to download and complete an application packet. Applications and further instructions are available at www.publicsafetyrecruitment.com. Applications are **not** available or accepted at any of the Lockport Township Fire Protection District locations.

Applicants must attend the mandatory orientation and testing process:

Orientation and Written Examination

Saturday, November 3, 2012

Lockport East High School

1333 E. 7th Street

Lockport, Illinois 60441

Candidates are suggested to arrive for the written examination no later than 8:30 a.m. with a valid driver's license to sign in. Testing will consist of a written firefighter examination. The written firefighter exam will assess job-related cognitive abilities, personality characteristics and behavioral traits. Test cut-off scores and component weights will be determined based on the Rules of the Lockport Township Fire Protection District Fire Commissioners and relevant Illinois law (PA 97-251). Based on the rules of the Lockport Township Fire Protection District Board of Fire Commissioners, preference points will be awarded based on Military Veteran Status, Educational Status, previous full time firefighting experience and District residency. For more information, visit www.publicsafetyrecruitment.com.

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

Name of applicant (Printed)

Social Security Number

Applicant Signature

Date

REFUSAL OR REVOCATION OF CONSENT STATEMENT (DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT TO THE LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES.)

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

Name of applicant (Printed)

Social Security Number

Applicant Signature

Date

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

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

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

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

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of these test results. I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District and acknowledge that these fingerprints will be used to investigate my criminal history and conviction record. I agree to and understand the release of the results of the investigation, to determine my criminal history information, will result in the disclosure of information concerning whatever criminal history exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history will be released to authorized representatives of the Lockport Township Fire Protection District or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 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 Lockport Township Fire Protection District and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District or I/O Solutions, Inc.

RELEASE

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

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent to authorized representatives of the Lockport Township Fire Protection District or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District's Final Eligibility List.

RELEASE

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

I hereby consent to the release of my medical records to authorized representatives of the Lockport Township Fire Protection District or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Lockport Township Fire Protection District and to those municipalities and/or Fire/Police 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 Lockport Township Fire Protection District, the Lockport Township Fire Protection District Board of 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 Written 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.