



## Rolling Meadows Fire Department

Thank you for your interest in the City of Rolling Meadows Fire Department. Please read this **19-page** document carefully, paying particular attention to deadlines and required documents.

### **Firefighter Minimum Requirements**

- U.S. Citizenship or person meeting the requirements of “citizenship status” (candidates born outside the US MUST contact Public Safety Recruitment **BEFORE** the application deadline for details regarding this requirement);
- High School Diploma or Equivalent (GED);
- Valid Driver’s License;
- 21 years of age as of February 22, 2013 and less than 35 years of age at time entry-level list is established (5/24/2013), unless otherwise exempt by statute;
- Illinois Firefighter II/Basic Operations Firefighter certification issued by the Office of the State Fire Marshal (OSFM) at time of application deadline (2/22/13);
- Illinois Department of Public Health EMT- Paramedic license at time of application deadline (2/22/13);
- Valid CPAT and Ladder Climb due at time of application deadline **AND** at time of appointment. \*\*CPAT is considered valid within one (1) year of the issue date.
- \$50 application processing fee\*;

### **Application Instructions**

- 1) **Visit [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com) to complete the online application for the position of Firefighter/Paramedic. Your online application must be confirmed no later than 12 Noon on February 22, 2013.** You will receive a confirmation number when you complete your online application; Save this number for your records.
- 2) **Return the signed Release Forms and Other Required Documents (see CHECKLIST!) before 12 Noon on Friday, February 22, 2013 to Public Safety Recruitment, Attn: RMFD, 1127 S. Mannheim Rd., Suite 203, Westchester, IL 60154.** Applications received AFTER the deadline will NOT be accepted. Postmarked or faxed release forms will NOT be accepted. Documents may be delivered by mail or by hand during business hours (M-Th 9a-5p; Fri 9a-3p; Closed Holidays and Weekends). Sending release forms and other required documents via traceable carrier (i.e. UPS, FedEx, USPS Priority Mail, etc.) is suggested to ensure timely delivery.
- 3) **Attend Mandatory Orientation and Written Exam on Saturday, March 16, 2013 at Harper College, ROOM E106, 1200 West Algonquin Road, Palatine, IL 60067. Doors open at 8:30 a.m. Please arrive with photo identification (valid Driver’s License or State ID) to sign in. Doors close at 9:00 a.m. and orientation will immediately follow.**

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](http://www.publicsafetyrecruitment.com)

**If you have any questions, please contact Public Safety Recruitment**

**1-800-343-HIRE ~ e-mail: [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com)**

9 am – 5 pm Monday through Thursday and

9 am – 3 pm on Friday; Closed Holidays and Weekends

**\*The application fee can be waived for candidates experiencing financial hardship.  
For details, send an email to [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com).**

# **City of Rolling Meadows Fire Department**

## **About the Department:**

The Rolling Meadows Fire Department services include fire suppression, advanced life support emergency medical service (EMS), special rescue, fire prevention, public education and emergency management. The department has forty-four (44) sworn members and one (1) civilian employee.

The Rolling Meadows Fire Department provides service to the community of 24,000 residents and a myriad of visitors. The department belongs to MABAS Division I and the Northwest Community EMS System which is part of Region 9 of the Illinois Department of Public Health EMS System. All firefighter candidates are required to obtain and maintain paramedic certification prior to completing probation.

## **Shift Information:**

Firefighter/Paramedics work a 24/48 shift schedule.

## **Salary Information:**

Annual salary range is \$49,800 - \$92,270

## **Benefit Information:**

Benefits include health insurance, tuition reimbursement, paid vacation/work reduction. Rolling Meadows firefighter/paramedics work within a collective bargaining agreement between the City of Rolling Meadows and the International Association of Firefighters, Local 3075.

## CHECK LIST: ROLLING MEADOWS FIRE DEPARTMENT

### **Application:**

**DEADLINE: 2/22/13 at NOON**

☐ Confirmed Online

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

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

### **Release Forms: (pages 1-16; all forms are required)**

**DEADLINE: 2/22/13 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 residing in the US.**

☐ Consumer Reports\* (pages 1-2)

☐ Alcohol, Drug and Substance Abuse Screening\* (page 3)

☐ Behavior Profile\* (page 4)

☐ Credit History\* (page 5)

☐ Criminal History Information/ Fingerprint\* (page 6)

☐ Driving Record\* (page 7)

☐ Employment: Past and Present\* (page 8)

☐ High School, College, University Diploma\* (page 9)

☐ Medical Records\* (page 10)

☐ Personal Information Release to Municipality\* (page 11)

☐ Written Examination\* (page 12)

☐ Statement of Consent and Understanding\* (page 13)

☐ US Military, Foreign Language, Activities, Hobbies\* (page 14)

☐ Candidate Personal Statement\* (pages 15-16)

### **Other required documents:**

**DEADLINE: 2/22/13 at NOON**

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

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

☐ **COPY of valid CPAT Card** (CPAT considered valid if dated from 2/22/2012 through 2/22/2013)

☐ **COPY of valid Ladder Climb Certificate** (Ladder Climb Certificate considered valid if dated from 2/22/2012 through 2/22/2013)

☐ **COPY of 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 AS YOUR BIRTH RECORD:**

• **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**

**OR**

• **Copy of Permanent Resident Card**

☐ **COPY of OSFM Illinois Firefighter II/Basic Operations Firefighter Certificate** (Must be issued by the Illinois Office of the State Fire Marshal)

☐ **COPY of Current IDPH EMT-Paramedic License** (Must be issued by the Illinois Department of Public Health)

☐ **COPY of your Military Discharge Form DD-214** (if applicable)

\*If you have any questions regarding the application process or requirements,  
or if you are a Legal Alien, contact Public Safety Recruitment **before** the application deadline.

**800.343.HIRE [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com)**

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and 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: RMFD**

**1127 S. MANNHEIM ROAD, SUITE 203, WESTCHESTER, IL 60154**

**DO NOT SUBMIT REQUIRED DOCUMENTS TO THE DEPARTMENT OR CITY OF ROLLING MEADOWS.**

# **FIREFIGHTER/PARAMEDIC**

**The City of Rolling Meadows will be conducting an open, competitive examination.**

## **Written Examination**

**Saturday, March 16, 2013**

Visit [www.cityrm.org](http://www.cityrm.org) for additional information

Application packets will be available beginning January 7, 2013 at

[www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com).

Application deadline will be no later than 12 Noon on Friday, February 22, 2013

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## **Firefighter/Paramedic Testing Process**

*The following description is intended to serve only as a general summary of the City's firefighting hiring process.*

Testing is typically conducted every two years.

When testing occurs, all individuals interested in becoming a Firefighter/Paramedic must meet the following requirements:

- U.S. Citizenship or person meeting requirements of "citizenship status".
- High School Diploma or Equivalent (GED).
- Valid Driver's License.
- 21 years of age as of February 22, 2013 and less than 35 years of age at time entry-level list is established (5/24/2013), unless otherwise exempt by statute.
- Illinois Firefighter II or Basic Operations Firefighter certification issued by the Office of the State Fire Marshal at time of application deadline (2/22/2013).
- Illinois Department of Public Health EMT-Paramedic license at time of application deadline (2/22/2013).
- Valid CPAT and Ladder Climb at time of application deadline AND at time of appointment.
- \$50 application fee.
- Must have the ability to read, write and speak English.

## **Testing Process**

Elements of the selection process include: the online application process, written examination and proof of completion of Candidate Physical Ability Test (CPAT) including Ladder Climb Test.

## **Applicants are processed in subsequent steps as follows:**

- Completion of online application and required documents.
- Proof of completion of Candidate Physical Ability Test (CPAT) and proof of passing a Ladder Climb Test via presentation of a valid CPAT card (CPAT considered valid if dated from 2/22/2012 through 2/22/2013) – included with application submission.
- Mandatory orientation and written examination.
- Preliminary Eligibility Register is established in numeric order based on written exam.
- Fire and Police Commission selects a range of candidates based on numeric rank on the Primary Eligibility Register to complete the subjective component (oral interview).
- An Initial Eligibility Register is established based on the written exam, proof of CPAT completion, and subjective component (oral interview conducted by Fire and Police Commission) combined scores (CPAT = pass/fail, Written = 65%, Oral Interview = 35%).
- Submission of proof of preference points (20 Points Maximum):
  - Veterans = 5 points for a minimum one year active service with honorable discharge.
  - Education (up to 5 points maximum – Candidate is entitled to ONE of the following four point allotments. (i.e.; if a candidate has a non-fire science related Associate's Degree and a non-fire science related Bachelor's Degree the candidate is eligible for 2 points for the higher degree, the

candidate may not request 3 points for the total of both of his/her college degrees in this situation.))

- 1 point = Associate's Degree from an accredited college or university; or
- 2 points = Bachelor's Degree or higher from an accredited college or university ; or
- 4 points = Associate's Degree in Fire Science, Fire Service Management, Fire Service Administration, Public Safety, Emergency Management from an accredited college or university; or
- 5 points = Bachelors Degree or above in Fire Science, Fire Service Management, Fire Service Administration, Public Administration, Public Safety, Emergency Management from an accredited college or university.
- Paramedic = 5 points if the candidate is a paramedic with practice privileges in the Northwest Community EMS System as documented in a Letter of Good Standing from the system.
- Residency = 4 points for living in Rolling Meadows a minimum of one year at time of application deadline.
- Additional = 1 point for a veteran who served active duty in a combat zone as indicated in a DD214.
- Final Eligibility List which includes preference points will be established.
- The eligibility list is valid for a two year period from the date of certification by the Board of Fire and Police Commissioners.

Further participation in the selection process will take place as vacancies occur. Applicants will be invited, in rank order, to participate in and successfully advance through the following steps:

- Valid Candidate Physical Ability Test (CPAT) including ladder climb as required by the Board of Fire and Police Commissioners, consistent with state statute.
- Conditional Offer of Employment based on successful completion of:
  - Polygraph evaluation.
  - Background investigation including criminal, credit, business, education and employment history.
  - Psychological evaluation.
  - Medical examination including drug screen.
- Enter into a "Separation of Employment – Reimbursement Agreement".
- Appointment by the Board of Fire and Police Commissioners.

Following appointment, a new firefighter is required to satisfy certain other requirements including:

- Successful completion of the department's in-house training program.
- Approval to practice in the Northwest Community EMS System.
- Successful completion of the probationary period.

### **Equal Employment Opportunity Employer**

**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 Rolling Meadows 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 Rolling Meadows 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 ROLLING MEADOWS 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 Rolling Meadows or I/O Solutions, Inc. (hereinafter referred to as "the Company") obtaining consumer reports or investigative reports about me in connection with my employment or any other purposes. If I have previously granted my consent, I hereby revoke it and understand that such revocation will take effect immediately after the Company receives this written revocation and has actual knowledge of it sufficient to communicate the revocation to those employees or agents of the Company who typically request consumer reports for the Company.

\_\_\_\_\_  
Name of Applicant (printed)

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

\_\_\_\_\_  
Date

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

# **ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING**

## **CONSENT**

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

Agreed to: \_\_\_\_\_  
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.**



## **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 I/O Solutions, Inc., or its authorized representative to conduct the necessary interviews and administer the necessary examinations to determine my Behavioral Profile.

### **RELEASE**

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

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or 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 City of Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the 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: \_\_\_\_\_  
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.**

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

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.**

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

Agreed to: \_\_\_\_\_

Applicant Name, printed

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Agreed to: \_\_\_\_\_  
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.**

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

Agreed to: \_\_\_\_\_  
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.**

# **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 Rolling Meadows 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 Rolling Meadows 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 City of Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), college, or university diploma and the disclosure of the results of that investigation as authorized herein by me.

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.**

## 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 Rolling Meadows'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 Rolling Meadows 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 City of Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

# CITY OF ROLLING MEADOWS FIRE DEPARTMENT STATEMENT OF CONSENT AND UNDERSTANDING

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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me in my employment application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the information within my employment application contains any misrepresentation or falsification or if any material information has been omitted.

**It is my understanding to notify, in writing, the Rolling Meadows Fire and Police Commission of any changes in my application during the two-year testing cycle. The two-year testing cycle ends two years from the date of the posting of the original eligibility list.**

In the event that I am employed by this department, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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**City of Rolling Meadows**

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**RMFD REQUIRED RELEASE DOCUMENT: PAGE 13 OF 16**

DO NOT SUBMIT WITHOUT OBTAINING WITNESS SIGNATURES OF AN ADULT FAMILY MEMBER OR FRIEND RESIDING WITHIN THE US.  
SEE CHECK LIST FOR LIST OF ALL REQUIRED DOCUMENTS DUE 02/22/2013. COPIES OR FAXES NOT ACCEPTED. INK SIGNATURES REQUIRED.  
CALL 800.343.HIRE WITH QUESTIONS.

## U.S. Military Status and Record:

Present Selective Service Classification (If I-Y or 4-F, please indicate reason)				If you have an uncompleted military obligation, what are your plans for completing it?			
Branch of Service		Active Duty Dates		Rank Held		Type of Duty	
What specialized training did you receive?							
<b>NOTE: Attach a COPY of Form DD-214</b>							

## Foreign Language (Enter foreign language and indicate your knowledge of each by placing an "X" in the proper column)

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

## Activities:

School (Scholastic, social, athletic, class, fraternity). Indicate whether high school or college		Community and Business (social, civic, political, professional)	
Organization	Position Held	Organization	Position Held

## Hobbies:

A.	B.	C.	D.

## CITY OF ROLLING MEADOWS FIRE DEPARTMENT

## CANDIDATE PERSONAL STATEMENT

**THIS MUST BE DONE IN YOUR OWN HANDWRITING, NOT TYPEWRITTEN**

**I) Please state your motivation for becoming a Firefighter/Paramedic with the Rolling Meadows Fire Department.**

[illegible]

## **CANDIDATE PERSONAL STATEMENT CONTINUATION SHEET**

[illegible]