

CITY OF BERWYN FIRE DEPARTMENT FIREFIGHTER/PARAMEDIC

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

Firefighter/Paramedic Minimum Requirements:

- \$50.00 non-refundable application fee;
- U.S. Citizen;
- Valid Driver's License (Must have a valid Illinois Driver's license at time of hire and maintain the license during the course of employment with the City of Berwyn);
- 21 to under 35 years of age at time of written exam (1/24/2015);
- Certified Illinois Department of Public Health Paramedic;
- Able to gain approval into Loyola Hospital EMS System upon employment;
- Must be an Illinois Certified Firefighter II/Basic Operations Firefighter with the Illinois Office of the State Fire Marshal;
- Must have a valid CPAT **AND** Ladder Climb Certification issued within one year prior to 1/24/2015;
- Must **PASS** the City of Berwyn Supplemental Physical Ability Test on test day (1/24/2015) in order to continue on to the written examination;
- Must have the ability to read, write and speak English. Bi-lingual a plus;
- Must be a resident of Cook, Dupage, Lake, Kane, McHenry, or Will County, Illinois at the time of employment at the end of probationary period of one (1) year;
- Completion and submission of online application and all required documents by 4:00 PM on Monday, December 22, 2014.

Application Instructions:

- 1) Visit recruitment.iosolutions.org to complete the online application for the position of Firefighter/Paramedic. Applications must be completed and submitted to IOS Recruitment no later than 4:00 PM on Monday, December 22, 2014. You will receive a confirmation number for your application immediately after you complete and confirm online; save this number for your records.
- 2) Return signed release forms and required documents (see checklist, attached) to IOS Recruitment, Attn.: Berwyn FD, 1127 S. Mannheim Rd., Suite 203, Westchester, IL 60154 before 4:00 PM on Monday, December 22, 2014. Applications received after 4:00 PM on Monday, December 22, 2014 will NOT be accepted. Faxed or postmarked release forms will NOT be accepted. Documents may be delivered by hand or by mail; traceable courier is suggested to ensure timely delivery. Candidates will be notified by IOS Recruitment AFTER the deadline via email regarding eligibility status. IOS Recruitment is not responsible for late or lost documents. It is the responsibility of the candidate to ensure all paper work is submitted properly by the deadline date.
- 3) Applicants **MUST** submit proof that they have passed the CPAT **and** Ladder Climb within 12 months **PRIOR** to written exam date (1/24/2015). CPAT cards and Ladder Climb Certifications are only considered valid if dated from 1/24/2014 through 1/24/2015. **CPAT and Ladder Climb certification is available at the Northeastern Illinois Public Safety Training Academy (NIPSTA) in Glenview, IL and at the Southwest United Fire District (SUFD) in Indianhead Park, IL. Please visit www.NIPSTA.org/CPAT/ or www.SUFD.org for information and to register for the CPAT and Ladder Climb.**

NOTE: Candidates who complete the CPAT and/or Ladder Climb before the application deadline must submit proof of these certifications at application deadline. Candidates who complete the CPAT or Ladder Climb after the deadline must bring photocopies of their certifications to the written examination for sign-in.
- 4) Attend Orientation, City of Berwyn Supplemental Physical Ability Test and Written Exam on Saturday, January 24, 2015 at Morton West High School, 2401 Home Ave., Berwyn, IL 60402. Doors open at 7:00 a.m. Candidates should arrive no later than 7:45 a.m. with photo identification (valid Driver's License or State ID) **AND** copy of valid CPAT and Ladder Climb Certification to sign in. Orientation begins at 8:00 a.m. and the Supplemental Physical Ability Test will immediately follow. Only those who successfully pass the Supplemental PAT will be permitted to take the written scheduled to begin at 1:00 p.m. Testing is expected to take several hours and candidates are NOT allowed to leave the testing grounds. Candidates should bring a snack or lunch and beverage on test day.

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

Recruitment.iosolutions.org.

If you have any questions, please contact IOS Recruitment

1-800-343-HIRE ~ e-mail: recruitment@iosolutions.org

9 am – 5 pm Monday through Thursday and 9 am – 3 pm on Friday; Closed Holidays and Weekends

CHECK LIST: BERWYN, ILLINOIS FIRE DEPARTMENT

Application:	DEADLINE: 12/22/2014 at 4:00PM
<input type="checkbox"/> Confirmed online	WRITE YOUR CONFIRMATION NUMBER HERE: _____ (The confirmation page immediately follows the references section of the online application)
Release Forms: (Pages 1-18)	DEADLINE: 12/22/2014 at 4:00PM
<i>*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.</i>	
<input type="checkbox"/> City of Berwyn Authorization to Release Information and Waiver* <pgs. 1-2>	<input type="checkbox"/> Criminal History Information/ Fingerprint* <pg. 10>
<input type="checkbox"/> City of Berwyn Release of Information* <pg. 3>	<input type="checkbox"/> Driving Record* <pg. 11>
<input type="checkbox"/> Berwyn Police Department Driving Record and Criminal History Check Release* <pg. 4>	<input type="checkbox"/> Employment Past and Present* <pg. 12>
<input type="checkbox"/> Consumer Reports* <pgs. 5-6>	<input type="checkbox"/> High School, College, University* Diploma <pg. 13>
<input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening* <pg. 7>	<input type="checkbox"/> Medical Records* <pg. 14>
<input type="checkbox"/> Behavior Profile* <pg. 8>	<input type="checkbox"/> Personal Information Release to Municipality* <pg. 15>
<input type="checkbox"/> Credit History* <pg. 9>	<input type="checkbox"/> Written Examination* <pg. 16>
	<input type="checkbox"/> Physical Ability Test* <pg. 17>
	<input type="checkbox"/> Physical Fitness Certificate* <pg. 18> (doctor's signature required)
Other required documents:	DEADLINE: 12/22/2014 at 4:00PM
<input type="checkbox"/> COPY High School Diploma or Equivalent (GED) (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable. College Transcripts/Diploma NOT a substitute for this requirement.)	
<input type="checkbox"/> COPY valid Driver's License (Copy of front and back if you received a renewal sticker)	
<input type="checkbox"/> COPY of IDPH Paramedic License	
<input type="checkbox"/> COPY of Illinois Firefighter II/Basic Operations Firefighter Certificate issued by the Illinois Office of the State Fire Marshal	
<input type="checkbox"/> 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:	
<input type="checkbox"/> 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	
<input type="checkbox"/> Copy of valid US Passport	
OR	
<input type="checkbox"/> Copy of Naturalization Papers	
OR	
<input type="checkbox"/> Copy of Permanent Resident Card	
<input type="checkbox"/> COPY of Military Discharge Form DD-214 (if applicable)	
CPAT and Ladder Climb Certification:	DEADLINE: 12/22/2014 at 4:00PM OR Bring with on Test Day
<input type="checkbox"/> COPY of CPAT card issued within 12 months PRIOR to written exam date	
<input type="checkbox"/> COPY of Ladder Climb Certification issued within 12 months PRIOR to written exam date	
(Cards/certifications considered valid only if issued from 1/24/2014 through 1/24/2015)	
IF CPAT AND LADDER CLIMB CERTIFICATIONS ARE ISSUED <u>BEFORE</u> DEADLINE, SUBMIT THESE DOCUMENTS BY 4:00 PM ON MONDAY, DECEMBER 22, 2014.	
CANDIDATES TAKING THE CPAT AND LADDER CLIMB CERTIFICATION <u>AFTER</u> 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 Recruitment is not responsible for late, misdirected or incomplete application submissions. You must submit all required documents and have successfully CONFIRMED your online application by the deadline in order to be eligible to attend any portion of testing. You may drop your application documents off in person or by mail; however, all documents including your online application are due by the deadline as indicated.

PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

**IOS RECRUITMENT
ATTN: BERWYN FD
1127 S. MANNHEIM RD., SUITE 203
WESTCHESTER, IL 60154**

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE DEPARTMENT OR CITY OF BERWYN.



Berwyn

Fire Department



6700 W. 26th Street
Berwyn, Illinois 60402
Phone (708) 484-1644
(Fax) 708-788-3093 Emergency 9-1-1

Authorization to Release Information and Waiver

I, _____, an applicant for a position with the Berwyn Fire Department (hereinafter "BFD"), understand that the BFD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the BFD.

NOTE TO EMPLOYERS: 745 ILCS 46/10 entitled "No liability for providing truthful information" states: "Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith and is immune from civil liability for the disclosure and the consequences of the disclosure. The presumption of good faith established in this Section may be rebutted by a preponderance of the evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee."

I do hereby authorize any representative of the BFD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the BFD, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKERS' COMPENSATION ACT OR WORKERS' OCCUPATIONAL DISEASE ACT CLAIMS.

Reiterate and emphasize that the specific intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the BFD to consider in determining my suitability for employment.

I consent to your release of any and all public and private information that you may have concerning me for the following: employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made) any internal affairs investigations and discipline, including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me the records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice or workers' compensation claims, personal background and reputation, military service records, educational

records, financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings) any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations and criminal history information any information contained in investigatory files.

I hereby release you, as the custodian of such records, your records, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the BFD regardless of any agreement I may have previously made to the contrary. For and in consideration of the BFD acceptance and processing of my employment application, I agree to hold the organizations, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the BFD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regarding access of and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the CPD in conjunction with employment procedures.

I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as required by the Illinois Personnel Record Review Act-820 ILCS 40/7.

A photocopy/FAX copy of this release will be valid as an original thereof, even though said photocopy/FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the listed address below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by the BFD or its attachments and that all information and documents provided to the BFD become the property of the BFD and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Birth: _____

Social Security No.: _____

Witness: _____ Date: _____



Berwyn

Fire Department



6700 W. 26th Street
Berwyn, Illinois 60402
Phone (708) 484-1644
(Fax) 708-788-3093 Emergency 9-1-1

RELEASE OF INFORMATION

Name of Applicant: _____

Last

First

Middle

In consideration for my possible employment Berwyn Fire Department, I hereby authorize the Department of Fire and the Board of Fire and Police Commissioners and the City of Berwyn, to conduct any and all investigation(s) which it (they) deems necessary relating to my personal background, both past and present.

Such investigation may be inclusive of, but are not limited to: driving history, credit history, criminal history, employment history, personal evaluation by employers, references and acquaintances and military service

I agree to indemnify and save harmless the City of Berwyn and its officers and employees, agents and any other person, agency or entity and its employees from any action arising out of the release or obtaining of such information, regardless of whether any information obtained from such investigation are accurate

Signature of Applicant: _____

Signature of Witness: _____

Date: _____



Berwyn Fire Department



6700 W. 26th Street
Berwyn, Illinois 60402
Phone (708) 484-1644
(Fax) 708-788-3093 Emergency 9-1-1

Date: _____

I, _____, _____
(Name-First, Middle, Last) (Date of Birth)

(Address) (City and State)

hereby grant the Berwyn Fire Department and agents thereof, permission to run a driver's license record check, as well as a computerized and/or fingerprint record check to determine any prior criminal history I may have pursuant with my work application for the City of Berwyn. I understand that this information will only be utilized for the purpose stated above and will not be released to any other investigative agency without my prior permission.

SIGNED: _____

WITNESS: _____

**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 Berwyn 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 Berwyn 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 BERWYN 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 Berwyn 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 City of Berwyn 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 Berwyn, 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 Berwyn, the City of Berwyn 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 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 City of Berwyn, the City of Berwyn 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 Berwyn 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 Berwyn, the City of Berwyn Board of Fire and Police 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: _____
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 Berwyn 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 Berwyn 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 Berwyn, the City of Berwyn 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 Berwyn 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 Berwyn, the City of Berwyn 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 Berwyn 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 Berwyn, the City of Berwyn 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 Berwyn 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 Berwyn 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 Berwyn, the City of Berwyn 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 Berwyn'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 Berwyn 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 Berwyn, the City of Berwyn 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 _____

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 Berwyn 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 Berwyn, the City of Berwyn 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 _____

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 Berwyn 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 Berwyn, the City of Berwyn 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:		Date_____
	Applicant Name, printed	
		Date_____
	Applicant Signature	
		Date_____
	Witness Name, printed	
		Date_____
	Witness Signature	

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

PHYSICAL ABILITY TEST

RELEASE

I understand that as part of the examination process I must submit to a Physical Ability Test. I acknowledge that the Physical Ability Test is strenuous and there are risks of injury or death associated with participation in the Physical Ability Test and I voluntarily assume these risks.

I certify that I am now in good health and know of no limitations that I have which would prevent me from performing the Physical Ability Test or which if communicated to the officers, servants, agents, and employees of I/O Solutions, Inc. would cause them to refuse to permit me to take the Physical Ability Test.

I understand that by this written authorization I am consenting to the release of the results of my Physical Ability Test and that release will result in disclosure of those test results to third parties.

I hereby consent to the release of my Physical Ability Test results and other relevant information to authorized representatives of the City of Berwyn and 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 Berwyn, the City of Berwyn Board of Fire and Police Commissioners, Morton West High School and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of my participation in the Physical Ability Tests (including but expressly not limited to: any and all injuries, losses, damage to my person or my death, which shall have been caused by, or contributed to by or resulted from my physical and/or medical condition) and/or by reason of the disclosure of the results of those tests as authorized herein by me. I further agree that I will not assign any right to which I may have to a cause of action against any of the foregoing persons or entities, to any person or legal entity.

In the event that I have a disability which will affect my ability to take any examination, I will so inform I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation. This release is binding on myself, my heirs, assigns, executors and administrators.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

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

PHYSICAL FITNESS CERTIFICATE

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

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

ATTACH DOCTOR'S BUSINESS CARD HERE

STAMP ACCEPTABLE IF CARD NOT AVAILABLE

DOCTOR'S CERTIFICATION

Signed this _____ day of _____, 20__.

APPLICANT'S VERIFICATION

Signed this _____ day of _____, 20__.

DOCTOR'S SIGNATURE (M.D. OR D.O.)
INK signature required; PA, LPN or RN **not** accepted

Applicant Signature INK signature required

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 Number

Telephone Number

This certificate must be completed and returned to IOS Recruitment with your application by 4:00 p.m. CST on Monday, December 22, 2014. No applicant will be permitted to take the physical ability test or to continue with the written testing process unless this signed certificate is on file with the City of Berwyn Board of Fire and Police Commissioners and dated by a physician within no more than one year prior to physical ability test.

**ONLY ORIGINAL CERTIFICATES WITH ORIGINAL SIGNATURES WILL BE ACCEPTED;
NO FAXES OR COPIES.**