

City of Princeton Fire Department Firefighter/EMT-B

Minimum Requirements:

- \$15.00 non-refundable application fee
- U.S. Citizenship
- High School Diploma or Equivalent (GED)
- Valid Driver's License
- 21 to under 35 years of age on July 2, 2014
- Proof of completion of Candidate Physical Ability Test (CPAT) and proof of passing the Ladder Climb Test, with attainment date less than 12 months prior to the written exam. Information regarding CPAT, ladder climb test and obtaining certification can be obtained by visiting one of the following:
 - Northeastern Illinois Public Safety Training Academy (NIPSTA) - www.nipsta.org/CPAT/
 - Southwest United Fire Districts (SUFD) – www.SUFD.org
- Certified Illinois Office of State Fire Marshal Firefighter II/Basic Operations Firefighter OR must have successfully completed the curriculum for Illinois Firefighter II/Basic Operations Firefighter by application deadline (certification or official transcripts for completed curriculum due at application deadline – candidates who submit proof of curriculum completion **MUST** have certification by date of hire)
- Licensed Illinois Department of Public Health Emergency Medical Technician Basic (IDPH EMT-B)

Application Instructions:

- 1) Visit www.publicsafetyrecruitment.com to **complete the online application** for the position of Firefighter/EMT-I. **Online applications must be completed and confirmed before 4:00 p.m. on Wednesday, July 2, 2014.** When your application is completed and submitted, you will receive a confirmation number; save this number for your records.
- 2) **Applicants MUST submit proof that they have passed the CPAT and Ladder Climb within 12 months PRIOR to written exam date (7/19/2014).** CPAT cards and Ladder Climb Certifications are only considered valid if dated from 7/19/2013 through 7/19/2014. **CPAT and Ladder Climb certification is available at the Northeastern Illinois Public Safety Training Academy (NIPSTA) in Glenview, IL or at Southwest United Fire Districts (SUFD) in Indian Head Park, IL. To register for the CPAT, visit www.NIPSTA.org/CPAT/ or www.SUFD.org.**

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.
- 3) **Return signed release forms and requested documents (SEE CHECKLIST!) to Public Safety Recruitment before 4:00 p.m. on July 2, 2014.** Applications received after the deadline date will **NOT** be accepted. Faxed release forms will **NOT** be accepted. Sending release forms and other required documents via traceable carrier is suggested to ensure timely delivery. Documents may also be delivered by hand to Public Safety Recruitment (Attn.: Princeton FD, 1127 S. Mannheim Rd., Suite 203, Westchester, IL 60154) during business hours (M-Th 9a-5p; Fri 9a-3p; CLOSED HOLIDAYS AND WEEKENDS).
- 4) **Attend Orientation and Written Exam on July 19, 2014 at City of Princeton, City Hall – Council Meeting Room, 2 S. Main Street, 2nd Floor, Princeton, IL 61356. Arrive no later than 8:30 AM with photo identification (Driver's License or State ID) to sign in. Orientation begins at 9 AM and testing will immediately follow. Candidates that arrive late will **NOT** be permitted to test. **NO EXCEPTIONS!****

If you have any questions, please contact Public Safety Recruitment
1-800-343-HIRE ~ e-mail: info@publicsafetyrecruitment.com

9 am – 5 pm Monday through Thursday and
9 am – 3 pm on Friday; Closed holidays and weekends

City of Princeton Fire Department

Hiring Process

- Orientation and Written Examination – July 19, 2014
- Complete oral interviews – To be determined by City of Princeton Board of Police and Fire Commissioners.
- Establish preliminary list– To be determined by City of Princeton Board of Police and Fire Commissioners.
- Submission of applicable preferential points – To be determined by City of Princeton Board of Police and Fire Commissioners.
- Establish final eligibility list for two (2) concurring years from date list is established
- If position is offered to eligible candidate:
 - Notification of conditional offer of employment will be made to the candidate by City of Princeton Board of Police and Fire Commissioners.
 - Candidate must respond to notification as specified by the City of Princeton Board of Police and Fire Commissioners.
 - Candidate will be scheduled to complete their psychological examination, polygraph, and baseline medical physical. A complete background check will be completed at this time as well.
 - Upon receipt of the results from the psychological examination, polygraph, and baseline medical physical, a formal offer of employment may be extended to the candidate. If the candidate does not perform well in any of the tests or background checks, the conditional offer of employment may be rescinded.
 - Upon accepting the formal offer of employment, the candidate will be referred to the fire chief for new employee orientation and training requirements associated with the position.

Preference Points

The following preference points are awarded by the City of Princeton Board of Police and Fire Commissioners:

- Veteran Preference (5 points)
- Education Preference (5 points)
- Experience Preference (Up to 5 points)

Excellent Wage and Benefit Package

All portions of the testing process are mandatory. Failure to attend and complete any portion of the process will result in elimination from employment consideration.

CHECK LIST: PRINCETON FIRE DEPARTMENT, IL

Online Application:

DEADLINE: July 2, 2014 at 4:00 p.m.

Confirmed at www.publicsafetyrecruitment.com. WRITE YOUR CONFIRMATION NUMBER HERE: _____

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

Release Forms: (Pages 1-13)

DEADLINE: July 2, 2014 at 4:00 p.m.

***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.**

- | | |
|---|---|
| <input type="checkbox"/> Consumer Reports* | <input type="checkbox"/> Driving Record* |
| <input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening* | <input type="checkbox"/> Employment Past and Present* |
| <input type="checkbox"/> Behavior Profile* | <input type="checkbox"/> High School, College, University* Diploma |
| <input type="checkbox"/> Credit History* | <input type="checkbox"/> Medical Records* |
| <input type="checkbox"/> Criminal History Information/ Fingerprint* | <input type="checkbox"/> Personal Information Release to Municipality* |
| | <input type="checkbox"/> Written Examination* |
| | <input type="checkbox"/> Princeton Fire Department Reimbursement Agreement* |

Other required documents:

DEADLINE: July 2, 2014 at 4:00 p.m.

- 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.)
- COPY Valid Driver's License** (copy of front and back if you received a renewal sticker)
- COPY Valid CPAT Card issued from licensed agency** (Must be issued between 7/19/2013 and 7/19/2014 to be considered valid)
- COPY Valid Ladder Climb Certifications issued from licensed agency** (Must be issued between 7/19/2013 and 7/19/2014 to be considered valid)
- COPY Valid IDPH EMT-Basic License**
- COPY IL FFII/Basic Operations Firefighter Certification issued from Illinois Office of the State Fire Marshal OR COPY of official transcripts as proof of successful completion of Firefighter II/Basic Operations Firefighter Curriculum** (Candidates who completed the curriculum **MUST** have certification by date of hire)
- 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:**
 - Copy of U.S. Birth certificate
Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories
Hospital copy not accepted.
 - OR**
 - Copy of valid U.S. Passport
 - OR**
 - Copy of Naturalization Papers

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and you will be eliminated from employment consideration. I/O Solutions is not responsible for late, misdirected or incomplete application submissions. You must submit all required documents and have successfully CONFIRMED your online application by the deadline in order to be eligible to attend any portion of testing. You may drop your application documents off in person or by mail; however, all documents including your online application are due by the deadline as indicated. CALL **1.800.343.HIRE** with questions.

PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

PUBLIC SAFETY RECRUITMENT

ATTN: Princeton FD

1127 S. MANNHEIM RD., SUITE 203

WESTCHESTER, IL 60154

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

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

Name of applicant (Printed)

Social Security Number

Applicant Signature

Date

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the City of Princeton 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 Princeton, 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 Princeton, the City of Princeton 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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

BEHAVIORAL PROFILE

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from you which will be used for a Behavioral Profile. The tests, survey and interviews are designed to: measure your attitudes regarding drugs and alcohol, trustworthiness, and work; to predict your interpersonal skills, personality traits and motivations; and to predict your on the job mental abilities.

CONSENT FOR BEHAVIORAL PROFILE

I hereby grant my consent for the I/O Solutions, Inc., or its authorized representative to conduct the necessary interviews and administer the necessary examinations to determine my Behavioral Profile.

RELEASE

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

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of the I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

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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 Princeton or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

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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 Princeton 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 Princeton or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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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 Princeton or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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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 Princeton and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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:		Date
	Applicant Name, printed	
		Date
	Applicant Signature	
		Date
	Witness Name, printed	
		Date
	Witness Signature	

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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 Princeton 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 Princeton or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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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 Princeton'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 Princeton or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Police/Fire Departments to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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

PERSONAL INFORMATION RELEASE TO MUNICIPALITY

DISCLOSURE

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the City of Princeton or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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

WRITTEN EXAMINATION

RELEASE

By this written authorization I understand that release of the results of my Written Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Written Examination for dissemination to the City of Princeton and to those municipalities and/or Police/Fire Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Princeton, the City of Princeton 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 Firefighter 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	

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REIMBURSEMENT AGREEMENT

WHEREAS, the City of Princeton, Bureau County, Illinois, through its corporate authorities, deems it in the best interests of the City of Princeton that a Reimbursement Agreement be entered into between the City of Princeton and any newly-hired Firefighter/EMTs. NOW, THEREFORE, BE IT AGREED by and between the City of Princeton, hereinafter referred to as the "City", and _____(applicant), Hereinafter referred to as "Firefighter/EMT Candidate", AS FOLLOWS:

1. That the City of Princeton and the Firefighter/EMT Candidate agree that the Firefighter/EMT Candidate will reimburse the City for all expenses incurred by the City in order to qualify the Firefighter/EMT Candidate to serve on the City Fire Department, including but not limited to, attendance and completion of the Fire Department Training Institute Course, or a like course as designated by the City Fire Department, and also reimburse the City for the initial uniform and other equipment provided to the Firefighter/EMT Candidate by the City, as follows:

- A. If the Firefighter/EMT Candidate leaves, resigns, fails to successfully complete probation period, or is terminated from the City Fire Department after working for the City for less than one (1) year, the Firefighter/EMT Candidate shall reimburse the City for the entire cost of the training and other expenses referred to above;
- B. If the Firefighter/EMT Candidate leaves, resigns, or is terminated from the City Fire Department after working for the City for more than one (1) year, but less than two (2) years, the Firefighter/EMT Candidate shall reimburse the City for two-thirds of the entire cost of training and other expenses referred to above; and
- C. If the Firefighter/EMT Candidate leaves, resigns, or is terminated from the City Fire Department after working for the City for more than two (2) years but less than three (3) years, the Firefighter/EMT Candidate shall reimburse the City for one-third of the entire cost of the training and other expenses referred to above; and
- D. If the Firefighter/EMT Candidate leaves, resigns, or is terminated from the City Fire Department after working for the City for more than three (3) years, the Firefighter/EMT Candidate shall not be required to reimburse the City for any of the cost of training or other expenses referred to above.

2. The City shall have the right to withhold any amounts which the Firefighter/EMT Candidate would owe to the City under the terms of this Agreement from the final paycheck or any other fringe benefits which the Firefighter/EMT Candidate may have accrued during the term of his or her employment and which would otherwise be owed to the Firefighter/EMT Candidate by the City under the provisions of the salary structure then in force. If the withholding as set forth in this paragraph shall not be sufficient to discharge the obligation of the Firefighter/EMT Candidate to the City, the Firefighter/EMT Candidate will be required to reimburse the City any additional amounts owed by the Firefighter/EMT under the terms of this Agreement within thirty (30) days from the last date of employment of the Firefighter/EMT Candidate by the City.

3. In the event that it becomes necessary for the City to institute court proceedings to collect reimbursement from a Firefighter/EMT Candidate as set forth in this Reimbursement Agreement, the Firefighter/EMT Candidate shall be additionally responsible for any legal fees and costs incurred by the City in enforcing this Agreement.

CITY OF PRINCETON, Bureau County, Illinois

Office Use only:	
BY:	_____
	Its Mayor
Attest:	_____
	Its City Clerk

Candidate Signature

Date

**City of Princeton Fire Department
Firefighter / Emergency Medical Technician – Basic
July 19, 2014**

Location of Test: City of Princeton
City Hall – Council Meeting Room
2nd Floor of City Hall
2 S. Main Street
Princeton IL 61356

Application Deadline: July 2, 2014 @ 4:00 PM

Minimum Requirements:

- \$15.00 non-refundable application fee
- U.S. Citizenship
- High School Diploma or Equivalent (GED)
- Valid Driver's License
- 21 to under 35 years of age on July 2, 2014
- Proof of completion of Candidate Physical Ability Test (CPAT) and proof of passing the Ladder Climb Test, with attainment date less than 12 months prior to the written exam. Information regarding CPAT, ladder climb test and obtaining certification can be obtained by visiting one of the following:
 - Northeastern Illinois Public Safety Training Academy (NIPSTA) - www.nipsta.org/CPAT/
 - Southwest United Fire Districts (SUFD) – www.SUFD.org
- Certified Illinois Office of State Fire Marshal Firefighter II/Basic Operations Firefighter OR must have successfully completed the curriculum for Illinois Firefighter II/Basic Operations Firefighter by application deadline (certification or official transcripts for completed curriculum due at application deadline – candidates who submit proof of curriculum completion MUST have certification by date of hire)
- Licensed Illinois Department of Public Health Emergency Medical Technician Basic (IDPH EMT-B)

Hiring Process

- Orientation and Written Examination – July 19, 2014
- Complete oral interviews – To be determined by City of Princeton Board of Police and Fire Commissioners.
- Establish preliminary list– To be determined by City of Princeton Board of Police and Fire Commissioners.
- Submission of applicable preferential point – To be determined by City of Princeton Board of Police and Fire Commissioners.
- Establish final eligibility list for 2 concurring years from date list is established
- If position is offered to eligible candidate:
 - Notification of conditional offer of employment will be made to the candidate by City of Princeton Board of Police and Fire Commissioners.
 - Candidate must respond to notification as specified by the City of Princeton Board of Police and Fire Commissioners.
 - Candidate will be scheduled to complete their psychological examination, polygraph, and baseline medical physical. A complete background check will be completed at this time as well.
 - Upon receipt of the results from the psychological examination, polygraph, and baseline medical physical, a formal offer of employments may be

extended to the candidate. If the candidate does not perform well in any of the tests or background checks, the conditional offer of employment may be rescinded.

- Upon accepting the formal offer of employment, the candidate will be referred to the fire chief for new employee orientation and training requirements associated with the position.

Preference Points Detail

The following preference points are awarded by the City of Princeton Board of Police and Fire Commissioners in accordance with 65 ILCS 5 Board of Police and Fire Commissioners:

Veterans preference – Eligible Candidates are awarded up to 5 points with proof of at least one year of military service and have received an honorable discharge or is still in the service as an active or inactive reservist.

Educational preference – Eligible Candidates can receive up to 5 points with at least an associate's degree in law enforcement, criminal justice, fire science or emergency medical services, or a bachelor's degree in any discipline.

Experience preference – Eligible Candidates from within the department will receive 0.50 points for each year of service completed up to a maximum of 5 points. Applicants from other departments who have been full-time firefighter or firefighter/EMTs for 2 years will be awarded the same provisions as internal candidates. OSFM Certified Firefighter III or Advanced Firefighter Technicians will receive 1 point per year of experience up to a maximum of 5 points.

Any candidate who claims any of these preference points must make written application to the Princeton Police and Fire Commission within 10 days after the posting of the initial eligibility list. Experience points will not be awarded if candidate will surpass a veteran on the list.

Excellent Wage and Benefit Package