

Wilmington Fire Protection District

Station 1
501 N Main St.
Wilmington, IL 60481
Phone: (815) 476-6675
Fax: (815) 476-0878
www.wilmingtonfire.org



The Wilmington Fire Protection District is seeking qualified applicants to establish an eligibility list for the position of Firefighter/EMT-B and Firefighter/Paramedic with the District.

FF/EMT-B Starting Salary: \$57,500.75

FF/Paramedic Starting Salary: \$67,500.75

QUALIFICATIONS

- Applicant must be at least 21 years of age and under 35 years of age at the time of submission of an application unless otherwise provided by state or federal law
- Be a citizen of the United States
- Have a high school diploma or equivalent (GED)
- Possess a valid class B non CDL driver's license in the State of Illinois
- Be certified as a Basic Operations Firefighter or Firefighter II through the Office of the State Fire Marshall in the State of Illinois prior to conditional offer.
- Be certified as an EMT-B or Paramedic in the State of Illinois (IDPH) prior to conditional offer.

Applications will be available to qualified candidates September 20th, 2024 – October 23rd, 2024 between the hours of 8:00am-3:00pm, Monday-Friday at Station #1, 501 N. Main Street, Wilmington, IL. *You may also download the application online at www.wilmingtonfire.org under the Employment tab.*

Completed application must be returned to the above address **IN PERSON OR EMAIL** (wilmingtonfire@wilmingtonfire.org) no later than 3:00 pm on Wednesday October 23rd, 2024. Failure to complete the application in its entirety shall be grounds for rejection from the process. Applicants must attend the following:

- Orientation/Written Exam: Friday October 25th, 2024 at 6 pm Sharp (No one will be allowed in the room after 6 pm)
- Oral Interviews: Monday October 28th and Wednesday October 30th, 2024
- Physical Ability: Must have a CPAT card with ladder climb issued no more than 365 days prior to conditional offer.

The Rules and Regulations of the Board of Fire Commissioners, Wilmington Fire Protection District, will govern all facets of the hiring process, a copy of which is available for viewing at the District's Station#1. If you have any questions please call (815)-476-6675.

Wilmington Fire Protection District
501 N. Main Street
Wilmington IL. 60481

Proudly serving our community since 1868

**WILMINGTON FIRE PROTECTION DISTRICT
WILL COUNTY, ILLINOIS**

**FIREFIGHTER/EMT-B
FIREFIGHTER/PARAMEDIC
APPLICANT PERSONAL DATA QUESTIONNAIRE**

1 **Name** _____
 last first middle

2 **List any other names you have used or
 been known by (*include maiden name*)** _____

3 **Address** _____
 Number & Street City State
 Zip _____

4 **Home Phone Number** _____ 5. **Business Phone Number** _____

6 **Driver's License No.** _____ 7. **Social Security No.** _____

8 **U.S. Citizen?** Yes _____ No _____

If no, have you applied for United States citizenship? Yes _____ No _____

**LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN CHRONOLOGICAL
ORDER**

9 Address _____
 Number & Street City State Zip

10 Address _____
 Number & Street City State Zip

11 Address _____
 Number & Street City State Zip

12 Address _____
 Number & Street City State Zip

13 Address _____
 Number & Street City State Zip

EDUCATION

14 **CIRCLE HIGHEST GRADE COMPLETED**

GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4
GRADUATE SCHOOL M.A. Ph.D. OTHER

Name and Address of School (include City and State)	Date(s) Attended	Graduate Yes / No
15 High School _____		
16 Undergraduate Education _____		
17 Graduate Education _____		
18 Trade Schools _____		
19 What college degrees have you attained? _____		
20 List course work relevant to position applied for: _____ _____		

MILITARY

21 Are you now or have you ever been in the military service of the United States?
Yes _____ No _____

22 Branch of service _____
Service Serial Number _____ Highest Rank Held _____
Type of Discharge _____

23 Give dates and location of active duty _____
City and State _____
Period of Active Duty: From _____ To _____

24 Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes _____ No _____
 Rank _____

Unit _____ From _____ To _____

CONVICTION HISTORY

255 Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

26 List all traffic convictions and accidents you have had in the last ten years.

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

267 Have you ever been refused a driver's license? Yes _____ No _____

If yes, explain: _____

278 Has your driver's license ever been suspended or revoked? Yes__ ____ No ____

If yes, explain: _____

EMPLOYMENT HISTORY

List all jobs you have held for the last ten years. Include periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence along with temporary or part-time jobs.

29 **Present (most recent) employer's name** _____

Phone _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____

Do you object to our contacting them? _____

Reason for leaving _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

30 **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____

Do you object to our contacting them? _____

Reason for leaving _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

31 **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____

Do you object to our contacting them? _____

Reason for leaving _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

32 **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State

Zip _____

Job Description _____

Supervisor's Name _____

Do you object to our contacting them? _____

Reason for leaving _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

33 **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Supervisor's Name _____

Do you object to our contacting them? _____

Reason for leaving _____

Employed _____ to _____ **Salary** _____ **Per** _____
month-year month-year

34 Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? If yes, please explain: _____

35 Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes _____ No _____

If yes, explain: _____

36 Have you ever taken a civil service exam? Yes _____ No _____

Agency _____ Date _____ Position on List _____

Status _____

37 Are you currently on any eligibility list(s)? Yes _____ No _____

If yes, indicate position applied for, status on list and expiration date of each: _____

REFERENCES

Please list three adults not related to you and not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

38 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

39 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

40 Name _____ Address _____
Home Phone _____ Business Phone _____
Occupation _____ Relationship _____

41 List organizations of which you are a member that relate to the position that you are applying for:

42 Explain your reasons for wanting to become a firefighter and/or paramedic: _____

43 Please review the enclosed job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes _____ No _____

44 If accommodation is needed, please explain: _____

45 Person(s) to be notified in case of emergency.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

46 I understand that I must provide the Fire Commission with a copy of my high school diploma, high school equivalent or post-high school education as evidence of completion **before I am eligible for placement on the District's eligibility list.**

47 I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.

48 **Prior to employment,** all applicants must produce a valid driver's license or state identification card and one document listed below:

- *A birth certificate issued by the State Department, Form FS-545;*
- *A birth certificate issued abroad by the State Department, Form DS-1350;*
- *An original or certified copy of a birth certificate issued by a state, county or municipal authority, bearing a seal;*
- *Native American tribal documents;*
- *A United States citizen identification card, INS Form I-197, or*
- *An identification card for use of a resident citizen in the United State INS Form I-179.*

- 49 I further understand that it is my obligation to provide the Commission with up-to-date credentials and that the Commission will develop its eligibility list in accordance with the credentials on file with it.
- 50 I understand that I must submit a Wilmington Fire Protection District certification of physical condition form signed by my physician before I may participate in the physical ability test.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE WILMINGTON FIRE PROTECTION DISTRICT.

Dated at _____ Illinois, this _____ day of _____, 20_____.

Signature in Full _____

CONTINUATION SHEET

Question No.

Continuation of Answer

**WILMINGTON FIRE PROTECTION DISTRICT
AUTHORIZATION FORM**

I, _____, hereby authorize the WILMINGTON FIRE PROTECTION DISTRICT ("DISTRICT") and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the DISTRICT. I also consent to the release to the DISTRICT of any and all medical records prepared during the medical examination I am required to undergo for employment with the DISTRICT.

I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I understand that I will undergo a physical ability test as part of the application process and that such physical ability test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the DISTRICT's CERTIFICATION OF PHYSICAL CONDITION form prior to participating in the physical ability test.

I also agree to indemnify and hold harmless the DISTRICT, its Board of Fire Commissioners, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the DISTRICT, its trustees and commissioners as well as its employees and agents.

Signature _____

SUBSCRIBED and SWORN to
before me this _____ day of

_____, 20____.

Notary Public

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

FORM 3

WILMINGTON FIRE PROTECTION DISTRICT
BOARD OF FIRE COMMISSIONERS
PREFERENCE POINTS CANDIDATE INFORMATION SHEET
PREFERENCE POINTS CLAIM FORM AND AFFIDAVIT

After the Initial Eligibility Register is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form (Form A). This claim must be made within ten (10) days after the posting of the Initial Eligibility Register or the points will be deemed waived.

Up to five types of preference points may be claimed by applicants:

1. **Experience Preference Points (Maximum 5 Points)**

Any applicant who has been a paid-on-call certified firefighter II, firefighter III, EMT-B, EMT-I or EMT-P for the Wilmington Fire Protection District shall be awarded one-half point for each year of successful service, up to a maximum of five (5) points at the time of the posting of the initial eligibility list.

Any applicants from outside the Wilmington Fire Protection District who were employed as full-time certified firefighters or paramedics for at least two (2) years at another fire protection district or municipality shall be awarded one (1) point for each year up to a maximum of five (5) points. No experience preference points will be awarded to an applicant for service with a private employer who had a contract for fire or ambulance service with a fire protection district or municipality.

Proof of such service must include submission of copies of applicable certificates and a sworn affidavit by the applicant (see **Form 3A**). Note that proof of POC or full-time service may be verified by the District. Also note that an applicant may not receive experience preference points for a certificate if the amount of points awarded would place the applicant before a veteran on the eligibility list. Finally, no person shall be awarded more than the maximum of five (5) points for experience.

2. **Veteran's Preference Points (Maximum 5 Points)**

Applicants who served in the United States military actively for at least one year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) points. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge and a sworn affidavit by the applicant (see **Form 3A**).

3. **Residency Preference Points (Maximum 5 points)**

Applicants who maintain their principal personal residence within the boundaries of the Wilmington Fire Protection District at the time of application shall receive five (5) preference points. Proof of residency must be shown in order to be eligible for the award of points.

**FORM 3A
WILMINGTON FIRE PROTECTION DISTRICT
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT**

If you wish to claim preference points for the Final Eligibility Register for hire with the District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the Initial Eligibility Register. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

A. Experience Preference Points (70 ILCS 705/16.0b(h)(5)) (Max. 5 points)

Please state the relevant dates of successful service in the following capacities and attach Firefighter II, Firefighter III and/or EMT Certificates; do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

**1. Wilmington Fire Protection District
Paid-On-Call Firefighter and/or Paramedic**

Date of Service (month/date/year): _____ to _____

OSFM Certification Dates (month/date/year):

FF II: _____ FF III: _____

EMT-B: _____ EMT-I: _____

EMT-P: _____

2. Full-time Firefighter and/or Paramedic—Another Fire Department

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

Name of Department/District: _____

Address: _____

Phone Number: _____

Date of Service (month/date/year): _____ to _____

B. Veteran's Preference Points (70 ILCS 705/16.06b(h)(1)) (Max. 5 points)

Please state the following information regarding your military service and attach form DD-214 (long form) and proof of honorable discharge:

Branch of Service: _____

Unit: _____

Rank: _____

Date of Service (month/date/year): _____ to _____

Date of Honorable Discharge: _____

C. Residency Preference Points (70 ILCS 705/16.06b(h)(6)) (Max. 5 points)

Please provide your primary resident address and attach at least two documents that indicate proof of your residence within the boundaries of the Wilmington Fire Protection District:

Home Address: _____

Length of Residence at this Address: _____

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

CANDIDATE'S AFFIDAVIT

I, _____, being first duly sworn
Name of Candidate

on oath, state that the information set forth in my Wilmington Fire Protection District Preference Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the District, removal from the hiring list, and/or dismissal from the District.

Candidate's Signature

Subscribed and Sworn to
before me this _____ day
of _____ 20 ____

Notary Public

For District Use Only

Date Initial Eligibility Register was Posted: _____

Date of Submission of Claim Form: _____

Received by: _____