CHARLESTON
HOME OF EASTERN ILLINOIS UNIVERSITY

520 Jackson Avenue
Charleston, IL 61920
Phone: (217) 345-5650
Fax: (217) 345-7554
www.charlestonillinois.org

Dear Applicant:

RE: Applications for Charleston Fire Department

Thank you for your interest in serving the City of Charleston. Please read the enclosed information carefully and complete the application packet in its entirety. There are documents that must be signed, notarized and returned with the packet. All application questions must be answered and all question boxes marked. Per the Rules and Regulations of the Charleston Fire & Police Board, the application packet is considered incomplete without this information and will be returned. The completed application packet in its entirety must be returned to Charleston Fire & Police Board, 520 Jackson Avenue, Charleston, Illinois, 61920. Postmark deadline for applications returned by mail is December 1, 2026. Deadline for applications hand delivered is close of business December 1, 2026.

Please note: prior to an appointment for hire, all applicants must be a licensed EMT-B, AEMT, EMT-Paramedic or Pre-Hospital RN under the EMS Systems Act."

If you have any questions please contact Madison Veatch 217-345-8454.

Very truly yours,

BOARD OF FIRE AND POLICE COMMISSIONERS

Enclosures

BRANDON T. COMBS, D.C., *Mayor* **STEVE BENNETT**, *City Manager*

PAUL BROWN, *Council Member* **JEFF LAHR**, *Council Member* **DENNIS MALAK**, *Council Member* **DARLENE GREATHOUSE**, *Council Member*

Charleston Fire Department Entry Level Testing

Board of Fire and Police Commission, City of Charleston, Illinois, hereby gives notice of the process for establishing an eligibility list for Firefighters with the Charleston Fire Department. Applications are available at Charleston City Hall, 520 Jackson Ave., Charleston, Illinois, 61920. Postmark deadline for applications returned by mail is December 1, 2026. Deadline for applications delivered to Municipal Building is the close of business on December 1, 2026.

Starting salary: $56,772.00 (1st Year) + Possible Paramedic, Prehospital RN Stipend in the amount of $5400.00

- Hiring Bonus for the Following:
  - $5,000.00 for Approved Fire Academy with OSFM Certification
  - $5,000.00 for Certified IDPH National Registry/Prehospital RN
- Lateral Transfer Opportunities

  – **Firefighters and/or paramedics will start at a different step in the pay scale based on their continuous years of service.**
  - Full-Time Paid Firefighters
  - Full-Time Prehospital RN /Paramedic with an EMS Service

Minimum requirements:

- Valid driver's license
- U.S. citizenship
- Must be at least 21 years of age at the time of hire, but less than 35 years of age as of December 5, 2026, unless exempt from such age limitations as provided in state statute.
- High school diploma or equivalent (GED).
- No felony convictions
- Residency within sixty (60) miles of Charleston City Hall, 520 Jackson Avenue, at the end of the probationary period.
- All applicants for appointment to the Charleston Fire Department must be licensed as an EMT-B, AEMT, EMT-P, or Prehospital RN under the EMS Act (65 ILCS 5/10-2.1-6.3) prior to hire.

All testing will be administered on December 5, 2026, at 8:00 a.m. at City Hall, 520 Jackson Avenue, Charleston, Illinois. Valid identification is required to participate. Failure to attend any phase of the testing process will result in the applicant's disqualification.

Testing will include:

- Mandatory orientation – held at the time of testing on December 5, 2026 at 8:00a.m.
- Written examination (An overall passing score of 70% is required.)
- Physical ability testing (pass/fail) or valid CPAT card at time of test
- Oral interview; group interview techniques will be utilized.

Requests for preference points must be made in writing within ten days after the posting of the initial eligibility register or the claim shall be deemed waived. Points will be issued for the following.

- Paramedic certification
- Educational preference
- Experience
- Veteran status
- Residency
- Additional preferences

Brendan Lynch, Chairman
Charleston Fire and Police Board
EOE / AA

-O-

Publishing Note: Please publish on Friday, September 18, 2026, and Friday, September 25, 2026.

For Information, contact Madison Veatch 217-275-5345.

CHARLESTON
HOME OF EASTERN ILLINOIS UNIVERSITY

Received:
Date: _____
By: _____

APPLICATION FOR EMPLOYMENT

Charleston Fire Department

Please return to:

CITY OF CHARLESTON
Fire & Police Board
Attn: Tabatha Ferguson
520 Jackson Avenue
Charleston, Illinois 61920

We welcome you as an applicant for employment with the City. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Charleston to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, gender, sexual orientation, age, marital status, veteran status, or physical or mental disability. This policy applies to all phases of full, part-time, and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Charleston. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information, which you believe qualifies you for the position for which you are applying. Please type or print legibly. All applicants for appointment to the Charleston Fire Department must be licensed as an EMT-B, AEMT, EMT-P or Pre-hospital RN under the Emergency Medical Services (EMS) Systems Act (65 ILCS 5/10-2.1-6.3) prior to hire. If you have any questions about the status of your application please contact Tabatha Ferguson at 217.345.8454.

Name: _____ _____ _____
(Last) (First) (Middle)

Address: _____ _____ _____ _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____

Type of work or title of job you are seeking: _____

_____ _____
(Telephone Number) (Email Address)

Presently Employed: ☐ Yes ☐ No

If yes, may we contact your Employer? ☐ Yes ☐ No

Do you possess a valid Illinois Driver's License? ☐ Yes ☐ No

Class _____ License Number _____

Do you have any restrictions? ☐ Yes ☐ No

If yes, please explain:

_____

_____

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain:

_____

_____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of any criminal or traffic violation? ☐ Yes ☐ No

Please Explain: (Attach if necessary)

Please note: Illinois law states that you are not obligated to disclose sealed or expunged records of conviction or arrest, nor if they exist.

A criminal conviction will not necessarily be a bar to employment; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying. Failure to honestly answer these questions will result in discontinued consideration of the application or termination of employment.

Are you presently working for the City? ☐ Yes ☐ No

Position: _____

Have you previously worked for the City? ☐ Yes ☐ No

Position: _____ From: _____ To: _____

Reason for leaving: _____

Do you have any relatives who work for the City? ☐ Yes ☐ No

Name(s) _____ Relationship _____

Name(s) _____ Relationship _____

Name(s) _____ Relationship _____

If hired, when will you be able to begin work? _____

Military Service: Branch _____ From: _____ To: _____

Please Explain: (Attach if necessary)

Education and Training: (Select Highest Grade Completed)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16+

Name and Location of High School: _____

Graduated? ☐ Yes ☐ No ☐ GED

Training Beyond High School:

List College or Universities, Specialized Training Courses, Apprenticeships or other classes you have attended or training you have taken. Please give detailed information and locations of schools or training sessions, dates attended, credits earned, major areas of study and degrees or certificates you have received.

Name & Location	Credits Earned	Courses or Area of Study	Degrees Earned

Employment Information:
Begin with your present employer and work back. Account for all time during the past ten years, including periods of unemployment. List any other work experience that may qualify you for this position. Attach additional pages if necessary.

Employer: _____	From: _____ Mo. _____ Year
Address: _____	To: _____ Mo. _____ Year
Phone #: _____	Total: _____ Years _____ Months
Supervisor: _____ (Name & Title)	☐ Full-Time ☐ Part-Time
Your Title: _____	Hrs/Wk: _____
Your Duties:	Reason for Leaving:

(Employment Information continued…)

Employer: _____

Address: _____

Phone #: _____

Supervisor: _____
(Name & Title)

Your Title: _____

Your Duties:

From: _____ Mo. _____ Year

To: _____ Mo. _____ Year

Total: _____ Years _____ Months

☐ Full-Time ☐ Part-Time

Hrs/Wk: _____

Reason for Leaving:

Employer: _____

Address: _____

Phone #: _____

Supervisor: _____
(Name & Title)

Your Title: _____

Your Duties:

From: _____ Mo. _____ Year

To: _____ Mo. _____ Year

Total: _____ Years _____ Months

☐ Full-Time ☐ Part-Time

Hrs/Wk: _____

Reason for Leaving:

Please list any job related special qualifications, training or experience, which you have and feel should be considered in reviewing your application:

Emergency Contact: In case of emergency, please notify:

Name: _____

Relationship: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Professional References: Please list the names of three supervisors and/or co-workers that you have known for at least one year.

Professional Reference No. 1

Name: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Professional Reference No. 2

Name: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Professional Reference No. 3

Name: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Personal References: Please list the names of three persons (not relatives of yourself or your spouse) as references to your character, integrity, honesty, personality and qualifications for an appointment with the City of Charleston.

Personal Reference No. 1

Name: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Personal Reference No. 2

Name: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Personal Reference No. 3

Name: _____

Address, City, State Zip: _____

Telephone: _____

Email address: _____

Please Read Carefully Before Signing: I certify that all the statements in this application are true and accurate. I understand that any false statements on this application shall be considered sufficient cause for dismissal.

I authorize the City of Charleston to investigate any of the information contained herein, including the contacting of my references.

If I receive a conditional offer of employment from the City, I agree to submit to a background check, an oral interview examination, a psychological examination, a physical examination, which includes a pre-employment drug test and a vision and hearing test, which I will be required to pass before being finally accepted for employment. I further agree to submit to a Polygraph Device Deceptive Test, commonly known as a lie detector test, if required. Failure to take or successfully complete such test shall disqualify me from employment.

I further agree to comply with all the rules and regulations of the City of Charleston now in force or any that may be established.

Applicant's Signature: _____ **Date:** _____

Applicant **must** sign waiver on following page!

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the City of Charleston bearing this release, or copy thereof, within 3½ years of its date, to obtain any information in your files pertaining to my employment or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records and medical records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Charleston. I hereby release you, as the custodian of such records, and any law enforcement agency, school, college, university, or other educational institution, hospital or other repository of medical records, lending institution, consumer reporting agency, or retail business establishment 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 and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

Full Name: _____
(Signature)

Full Name: _____
(Typed or printed name)

Current Address: _____
(Street Address) (City) (State) (Zip)

Telephone Number: _____
(Home) (Mobile) (Other)

Email Address: _____

Date: _____

Subscribed and **sworn** to before me
this ____ day of _____, 20___.

_____
Notary Public

WAIVER/RELEASE OF LIABILITY
APPLICANT FOR PUBLIC EMPLOYMENT

AGREEMENT made this _____ day of _____, 20____ between _____, an applicant for employment as a **FIREFIGHTER-EMS** with the **FIRE DEPARTMENT** of the City of Charleston, Illinois, (the "Applicant") and the **CITY OF CHARLESTON, ILLINOIS**; its Board of Fire and Police Commissioners; the City's and the Board of Fire and Police Commissioners' employees, agents, representatives and assigns (specifically any testing agency employed by the City or its Board of Fire and Police Commissioners) hereinafter collectively referred to as the "City"), witness:

WHEREAS, Applicant has applied to the City for employment as a firefighter/paramedic; and

WHEREAS, the City is required to subject the Applicant to a competitive testing process; and

WHEREAS, the Applicant has agreed to submit to a variety of examinations including oral interviews, psychological examination, medical examination, a pre-employment drug test and a vision and hearing test. Applicant has also agreed to submit to a Polygraph Device Deceptive Test, commonly known as a lie detector test, and any such other examinations as required and to undergo a thorough background investigation, as deemed appropriate by the City; and

WHEREAS, the City has agreed to administer said exams, on an as needed basis and as provided by the rules and regulations of the City's Board of Fire and Police Commissioners, without expense to the Applicant, and

WHEREAS, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of firefighter. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant's participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, §40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the import of this Waiver with legal counsel of Applicant's own choosing.

_____
Applicant

Subscribed and **sworn** to before me
this _____ day of _____, 20___.

_____
Notary Public

STATEMENT OF INHERENT RISKS IN PHYSICAL FITNESS TESTING ADMINISTERED BY RESOURCE MANAGEMENT ASSOCIATES PERSONNEL FOR BOARD OF FIRE AND POLICE COMMISSIONERS, CITY OF CHARLESTON, ILLINOIS AND CANDIDATE PHYSICAL

In order to assist the Board of Fire and Police Commissioners, City of Charleston, Illinois, in determining selected aspects of physical fitness for prospective employees, I understand that certain trained personnel have agreed to administer a physical fitness test battery.

I understand that the Firefighter Physical Ability Examination is designed to test an applicant's physical ability and stamina to perform the duties that are relevant to the position of Firefighter/EMS. The examination consists of five parts, including both timed and pass-fail events. I understand that participants will be asked to perform a ladder hang; a building maze operation; a rescue drag; and a 1.5-mile run for time. I understand that candidates will also be asked to participate in a ladder climb, which is a pass/fail event.

I am aware that there are certain inherent risks in taking these tests. It is possible that I might experience musculoskeletal injuries in addition to cardiovascular complications including cardiac arrhythmias, stroke, heart attack and even death.

In spite of these understandings, I feel that I am physically fit to perform these tasks and have no medical concerns to indicate that I should not take part in the testing. I volunteer to take these tests of my own free will and I understand that I may stop during the performance of a test item at any time I so desire.

I have carefully read and listened to an oral presentation of the statements concerning the risks involved in participating in this physical fitness testing. I have had the opportunity to ask questions about these risks and am satisfied that I fully understand the potential dangers in taking part.

The undersigned, recognizing that the Physical Ability Test is an integral part of the examination for the position of Firefighter/EMS for the City of Charleston, Illinois hereby releases, remises and discharges the City of Charleston and the Charleston Board of Fire and Police Commissioners, its members and employees, Resource Management Associates Personnel Testing Services, its officers, agents and employees, of and from any and all claims, demands and liabilities to me on account of any and all injuries, losses and damages to my person which shall be caused, or may at any time arise as the result of certain fire department examinations conducted by the Board of Fire and Police Commissioners or City officials of the City of Charleston, Illinois, the intention hereof being to completely, absolutely and finally release the City of Charleston, Illinois, the Charleston Board of Fire and Police Commissioners, its members and employees, Resource Management Associates Personnel Testing Services, its officers, servants, agents and employees, of and from any and all liability arising wholly or partially from the cause aforesaid.

Printed Name: _____

Signature: _____ Date: _____

Subscribed and **sworn** to before me
this ____ day of _____, 20___.

_____
Notary Public

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CANDIDATE PHYSICAL AGILITY TEST WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to participate in the Charleston Fire Department Physical Agility Testing.

You will be asked to perform five (5) physical tasks and will be given specific instructions in the manner in which these tasks are to be completed. The five (5) physical tasks are:

1. Ladder Hang
2. Half-Mile Run
3. Ladder Climb
4. Rescue Drag
5. Building Maze

I have read and understand the physical effort which this physical agility test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Charleston Fire Department physical agility test. I voluntarily participate as part of my application for employment.

_____	_____	_____
Last Name (please print)	*First Name*	*MI*

Applicant Signature: _____

Date: _____

BRANDON T. COMBS, D.C., *Mayor* STEVE BENNETT, *City Manager*
PAUL BROWN, *Council Member* JEFF LAHR, *Council Member* DENNIS MALAK, *Council Member* DARLENE GREATHOUSE, *Council Member*

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

    In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

Bushue Background Screening
LIVESCAN FINGERPRINTING AND BACKGROUND SCREENING SERVICES

City of Charleston

AUTHORIZATION FOR CONSUMER REPORTS READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. In connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, volunteer period, or other affiliation to the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ("Agency"), Bushue Background Screening, 302 E. Jefferson Avenue, Effingham, IL 62401, telephone number (217) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here (only if this applies): ☐

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize End-User and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

Signature: _____ Date: _____

Bushue Background Screening
LIVESCAN FINGERPRINTING AND BACKGROUND SCREENING SERVICES

City of Charleston

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

City of Charleston ("end-user") has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____

Bushue
Background Screening
LIVESCAN FINGERPRINTING AND BACKGROUND SCREENING SERVICES

City of Charleston

Privacy Act Statement

READ CAREFULLY BEFORE SIGNING

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

By signing on the following page, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Signature: _____ Date: _____

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(BBS Fingerprint – MISC.) *Information

is used for background screening purposes only.

PLEASE PRINT LEGIBLY				
Applicant's Legal Name (full name)	**First:**	**Middle:**	**Last:**	
Alias or Maiden Name	**First:**	**Middle:**	**Last:**	
Home Address:	**Street Address:**	**City:**	**State:**	**Zip:**

APPLICANT INFORMATION		
Date of Birth (MM/DD/YYYY): __ __/__ __/__ __ __ __	**Social Security Number:** __ __ __ - __ __ - __ __ __ __	**Place of Birth (state):**
Phone Number:	**Email Address:**	
Driver's License Number:	**State of Issuance:**	**Gender:** Male Female

Race (Circle):	Skin Tone (Circle):	Eye Color (Circle):	Hair Color (Circle):	Height:
Indian/Alaskan	Black	Black	Bald	
Asian	Dark Brown	Blue	Black	
Black	Light Brown	Brown	Blonde	_____ ft. _____ in.
Pacific Islander	Fair	Green	Brown	
White/Caucasian	Light	Gray	Gray	Weight
Hispanic/Latino	Medium	Hazel	Sandy	
Unknown/Other	Olive	Other	Red	

Position (please write in or circle one below): _____

Sub Student Teacher Bus Driver Contractor RN LPN Cannabis CCW IDFPR Other _____

APPLICANT SIGNATURE AND DATE	
Signature (parent/guardian signature required if under the age of 18):	**Date:**

Office Use Only: Bushue Background Screening			
Proof of Identity: DL State ID Passport Birth Certificate SSC		**ORI Number:** ILL12247F	
Technician:	**Technician License Number:** 249.000_____	**TCN:**	**Purpose Code:**
Date of Fingerprint:	**Time:**	**Location:**	**Payment Amount**_____ **Payment Type:** Cash M.O CC_____

Board of Fire and Police Commissioners

FIREFIGHTER-EMS
APPLICATION AND TESTING PROCESS

The process to establish a Firefighter-EMS eligibility list in conjunction with possible employment with the Charleston Fire Department begins with meeting the qualifications set forth below:

Applications are available at the Charleston City Hall, 520 Jackson Avenue, Charleston, IL. Postmark deadline for applications returned by mail is Tuesday, December 1, 2026. Deadline for applications delivered to City Hall is close of business Tuesday, December 1, 2026. All candidates for the testing process and for appointment as probationary Firefighter/ EMS must:

- ☑ All applicants shall be under 35 years of age, unless exempt from such age limitations as provided in Section 5/10-2.1 of the Fire and Police Commissioners Act.
- ☑ Be at least 21 years of age as of December lst, 2026
- ☑ Be a citizen of the United States.
- ☑ Be a high school graduate or equivalent.
- ☑ Have no felony convictions.
- ☑ Possess a valid drivers' license.
- ☑ Submit a completed application with no omissions.
- ☑ Must reside within forty (40) miles of Charleston City Hall, 520 Jackson Avenue, by the end of the firefighter-paramedic's probationary period.
- ☑ Applicants must be licensed as an EMT-Basic, AEMT, EMT-Paramedic or Pre-hospital RN under the EMS Systems Act (65 ILCS 5/10-2.1-6.3) prior to hire.

THE APPLICATION

To be valid, a completed application, whether mailed or delivered in person, must be received at the location and within the time frame specified above. Further, all application questions must be answered and all question boxes marked. Preferably, applications should be typed or hand printed. Applications received after the deadline date or incomplete in any way will be declared void.

The Waiver/Release of Liability and the Authority to Release Information MUST be signed, notarized and returned with your application. Also, proof of education and EMT license and a copy of your birth certificate MUST be supplied with the completed application.

Photo identification is required to participate in all phases of the testing process.

No individual exceptions will be made for testing dates.

MANDATORY ORIENTATION

Applicants will be required to attend a mandatory orientation session. The mandatory orientation session will be held Saturday, December 5th, 2026 at 8:00 a.m. at Charleston City Hall, 520 Jackson Avenue, Charleston, Illinois.

Information will be provided at the orientation regarding the duties of a firefighter/paramedic, training opportunities, career advancement, salary and benefits, as well as the remaining components of the testing process.

Failure to attend the mandatory orientation session will result in termination of applicant's candidacy.

WRITTEN EXAMINATION

Immediately following the mandatory orientation, Resource Management Associates will administer a written examination. An overall passing score of 70% is required.

Failure to take and pass the written examination will result in termination of applicant's candidacy.

PHYSICAL AGILITY TEST

Upon successful completion of the written examination, Resource Management Associates will administer a physical agility test. In order to take the physical agility test, candidates must have completed and returned to City Hall the signed statement acknowledging certain risks involved in such physical activity (form included in the packet).

Information concerning the test is provided to give applicants adequate opportunity to secure a statement from a physician and to prepare for the test. A description of the test, all five parts of which must be passed, is also included. Candidates may choose not to participate in the mandatory/required physical agility testing, but will be required to provide a current Candidate Physical Ability Test (CPAT) card including confirmation of the successful completion of the physical ability testing.

Failure to take and pass the physical agility test during scheduled appointment will result in termination of applicant's candidacy.

ORAL EXAMINATION

Upon successful completion of the written examination, an oral examination will be administered. Group interview techniques will be utilized. The score for the oral examination is based on a maximum 100 percent. An overall passing score of 70% is required. This interview shall be weighted and shall constitute thirty percent (30%) of the overall score in determining the initial eligibility register.

Failure to pass the oral examination will result in termination of applicant's candidacy.

PLACEMENT ON ELIGIBILITY LIST

Your written test score along with your oral interview score will determine your rank on the Initial Eligibility List. Candidates will be ranked in descending order.

All applicants on the Initial Eligibility List will receive written notification of their standing on the Initial Eligibility List. Candidates will have a ten-day window to provide the Board of Fire and Police Commissioners with written evidence concerning preference points for veteran status, paramedic status and/or prior firefighting status. Detailed information concerning the criteria for preference points will be distributed at the mandatory orientation session. Candidates should be prepared to provide proper documentation during this ten-day window.

The Board of Fire and Police Commissioners will analyze written documentation received during this ten-day window. Candidates meeting required preference criteria, will have said preference points added to their score on the Initial Eligibility List. Candidate's scores will be ranked in descending order and the Board of Fire and Police Commissioners will publish the Final Eligibility List.

ORAL EXAMINATION

When a vacancy occurs following the posting of the Final Eligibility List, an oral examination will be administered to the top candidate(s). During the oral examination Board members will evaluate applicant's personal skills and qualities, and assess applicant's ability to succeed as a firefighter/paramedic and as an official representative of the Fire Department in the community at large.

The score for the oral examination is pass/fail. A candidate who fails the oral examination will be removed from the Final Eligibility List.

BACKGROUND INVESTIGATION

Each applicant for original appointment to the fire department of the City of Charleston, Illinois, shall submit to fingerprinting to facilitate the mandatory background investigation before employment. This investigation pertains to past employment, personal references, reputation, driving record, education, training, and criminal history.

RECOMMENDATION FOR APPOINTMENT

Results from the background investigation are reviewed by the Board of Fire and Police Commissioners to determine if the candidate should be rejected for cause or allowed to proceed. If the results are satisfactory, the Board approves the candidate's appointment, pending the successful completion of a personality assessment and medical examination.

PROFESSIONAL EXAMINATIONS AND TESTS

Each applicant for original appointment to the fire department of the City of Charleston, Illinois shall:

1. Submit to a psychological examination by such psychologist or psychiatrist as the Board may in writing designate. Such examination shall be without expense to the applicant. Failure of the applicant to take or successfully complete such test shall eliminate him from further consideration; and

2. Submit to a medical examination performed by a licensed physician designated by the Board of Fire and Police Commissioners at no cost to the applicant. The examination will include drug screening. Any candidate failing the medical examination will be removed from the Final Eligibility List; and

3. Submit to a Polygraph Device Deceptive Test, commonly known as a lie detector test, if require, at such time and place as the Board may in writing designate. Such test shall be given without expense to the applicant. Failure of the applicant to take or successfully complete such test shall disqualify him to enter upon the duties of the office for which the application for examination was filed.

FOLLOW-UP BOARD INTERVIEW (CONDITIONAL)

Following the background investigation or the personality assessment, the Board may, at its discretion, recall the candidate for further interview if it deems additional information is required.

The Board reserves the right to modify this process in accordance with its rules and procedures. Any change in the above-described process will be explained at the mandatory orientation session.

FINAL NOTE: Prior to hire, applicants for appointment to the Charleston Fire Department must be licensed as an EMT-Basic, EMT-Paramedic or Pre-Hospital RN under the Emergency Medical Services (EMS) Systems Act. Applicants on the final eligibility register who have successfully attained their EMT-Paramedic or Pre-Hospital RN certification shall be given preference.

FIREFIGHTER PHYSICAL ABILITY EXAMINATION

Summary

The Firefighter Physical Ability Examination is designed to test an applicant's physical ability and stamina to perform the duties that are relevant to the position of Firefighter. The examination consists of five parts, including both timed and pass-fail events. The following is a brief description of these events.

1. Ladder Hang

The candidate must hang from a ladder that is propped against a building at a narrow angle. The candidate must hang inside the angle of the ladder facing the ladder, feet off the ground, with palms forward and arms forming a 90 degree angle. This is a timed event and candidates will be competing against pre-established time limits.

Scoring:

30 + =	5	27 - 29 =	4
24 - 26 =	3	21 - 23 =	2
18 - 20 =	1		

2. Half-Mile Run.

Candidates will be timed in running one half mile around an oval track or other suitable area. Candidates will be competing against pre-established time limits.

Scoring:

Less than 3:00	= 5	3:01 – 3:15	= 4
3:16 – 3:30	= 3	3:31 – 3:45	= 2
3:46 – 4:00	= 1		

3. Ladder Climb.

The candidate must climb to the top of an aerial ladder which is set at a 60 to 70 degree angle from the ground and is extended ¾ length. The candidate will begin the climb from the truck platform and must proceed to the furthest extension of the ladder and back down wearing the following protective gear: bunker coat, air tank and helmet. This is a pass – fail event and is not timed.

Scoring:

Pass	= 3	Fail	= 0

4. Rescue Drag.

Candidates will drag an 80 pound weight to simulate a body along a 120 foot obstacle course which will include a 10 foot long tunnel approximately 40" high and 40" wide. Candidates will be required to wear the following protective gear: bunker coat and helmet. This is a timed event and candidates will be competing against pre-established time limits.

Scoring:

Under 16	=	5	16 - 19	=	4
20 - 22	=	3	23 - 25	=	2
26 - 28	=	1			

5. Building Maze.

Candidates will proceed through a building maze, consisting of chairs, desks, tables and other obstacles, by crawling on their hands and knees following a length of rope from one end of a room to the other end. Candidates will wear full protective clothing and will have their face masks taped over. They must follow the rope from one end of the course to the other end without letting go of the rope. This is a time event and candidates will be competing against pre-established limits.

Scoring:

Under 1:00	=	5	1:01 – 1:10	=	4
1:11 – 1:20	=	3	1:21 – 1:30	=	2
1:31 – 1:40	=	1			

Note:

1. The minimum score needed for passing is 15. This means that you need to achieve an average score of a least 3 on each of the five parts of the examination. Moderate rest periods will be allowed between parts of the examination.

2. However, you will be expected to complete the test in order of admission. Anyone who is unable to complete the test within the time prescribed by the test administrator will be marked as a fail.

3. All parts of the test must be completed, regardless of score. However, if you will be unable to achieve a passing score of a least 15 by the time you reach your final event, you will not be allowed to go any further.

4. No one will be allowed to take part of the test more than once to change a score. If you dispute a score, contact the test administrator immediately. All scores entered at the conclusion of the test will be final.

FIREFIGHTER-EMS
EMPLOYMENT APPLICATION CHECKLIST

Please use the following checklist to insure all the necessary documents are included with your application:

_____ Completed application

_____ Authority to Release Information signed and notarized (last page of application)

_____ Waiver/Release of Liability signed and notarized

_____ Statement of Inherent Risk form signed and notarized

_____ Candidate Physical Agility Test Waiver signed and dated or copy of current CPAT card showing successful completion dated within one year of date of test.

_____ Photocopy of birth certificate

_____ Photocopy of proof of education and/or EMS certification

_____ Authorization for Consumer Reports signed & dated

_____ Disclosure for Consumer Reports signed & dated

_____ Privacy Act Statement signed and dated

_____ BBS Fingerprint – MISC completed, signed & dated

If you have any questions, please contact Tabatha Ferguson at 217.345.8454.