# FIREFIGHTER/PARAMEDIC
# VILLAGE OF OAK LAWN, ILLINOIS

The Board of Fire & Police Commissioners is currently seeking qualified applicants for the full-time position of Firefighter/Paramedic without regard to gender, race, color, or ethnic origin.

Firefighter candidates will be required to successfully complete a written examination and an oral interview in order to be placed on the eligibility list.

## SALARY AND BENEFITS

Salary and benefits are subject to negotiation between the Village of Oak Lawn and IAFF Local 3405. Currently, the starting salary is $80,894, the first year with increases to $95,378, after one year and to $118,468, after three years. Benefits currently include medical, dental, vision, life insurance, pension plan, deferred compensation plan, vacation and PTO benefit package, credit union, and uniform allowance.

## SUMMARY OF QUALIFICATIONS

**AGE**: At least twenty-one (21) years of age by the date of the written exam and under thirty-five (35) years of age, as of the closing date of the application filing period. Proof of age will be required at time of application.

**HEALTH**: Physically and psychologically qualified to sustain the labors and exposures of a Firefighter/Paramedic.

**VISION**: Minimum of 20/70 uncorrected vision, corrected to 20/20 in each eye, with normal color and depth perception.

**CHARACTER**: No felony convictions; good moral character. Candidates must also successfully pass a background examination as a condition for being hired.

**RESIDENCY**: Legal eligibility to work in the United States. Oak Lawn residency is not required. New hires are required to establish residence in the State of Illinois and within fifty (50) miles of Village Hall (9446 S. Raymond Ave.) not later than six months after the completion of the probationary year.

**EDUCATION**: Must have a high school diploma or GED equivalent as of the closing date for filing the application.

Must possess and maintain a valid CPAT "Candidate Physical Ability Test" Card with ladder endorsement that was issued within 12 months of the closing date for filing the application for employment.

**and**

Be certified by the State of Illinois as a Paramedic (EMT-P) as of the date of hire. National Registry EMT-Paramedic will also be accepted.

**and**

Possess an Illinois State Firefighter Certification as of the date of hire or, as an alternative, have completed Illinois State Firefighter Training as of the date of hire, although not yet being certified by the State of Illinois.

**LANGUAGE**: Speak, read, and write the English language.

**DRIVER QUALIFICATIONS:** Possess a valid driver's license from applicant's state of residency.

**FEE:** A $25.00 non-refundable test fee will be payable at time of written exam.

## FOR INFORMATION ABOUT OBTAINING AN APPLICATION

Applicants will be notified by e-mail of date, time, and location of all exams. Prior to appointment, eligible candidates must pass a pre-employment background check, medical, and psychological exam. Applications are available on our website or can be picked up on lower level of Municipal Center, 9446 S. Raymond Ave., Oak Lawn, Monday through Friday, 8:30 a.m. to 5:00 p.m. Please note the Municipal Center will be closed on Monday, September 4, 2023. Completed applications must be returned to the Commission office no later than 4:00 p.m. on Friday, September 22, 2023. For additional information, please e-mail Karen Borgman at kborgman@oaklawn-il.gov

**BY ORDER OF THE BOARD OF FIRE & POLICE COMMISSIONERS**
**VILLAGE OF OAK LAWN**
**(Equal Opportunity Employer)**

COMMISSION OFFICE
9446 South Raymond Avenue
Oak Lawn, IL 60453
708-499-7830

VILLAGE HALL
9446 South Raymond Avenue
Oak Lawn, IL 60453
708-636-4400

# BOARD OF FIRE & POLICE COMMISSIONERS

## APPLICATION INSTRUCTIONS

Applications may be printed from our website or picked up at the Oak Lawn Municipal Center, 9446 S. Raymond Ave., Oak Lawn IL 60453, Monday through Friday between 8:30 a.m. and 5:00 p.m. The Municipal Center will be closed on Monday, September 4, 2023. Completed applications must be returned to the Board of Fire & Police Commissioners, 9446 South Raymond Avenue, Oak Lawn, Illinois 60453 no later than 4:00 p.m. on Friday, September 22, 2023.

**The following must accompany your completed application:**

1. Copy of Birth Certificate.

2. Copy of CPAT (Candidate Physical Ability Test) Card with ladder climb. Card must have been issued within the 12 months prior to the closing date for filing your application.

3. Copy of EMT-P License or National Registry EMT-Paramedic license. If a candidate has not completed the program, they will need to provide their license at time of hire.

4. Copy of High School Diploma or GED equivalent.

5. Copy of Illinois Firefighter Certification. If candidate has not completed this certification at the time of application, they will need to be provided at time of hire or, as an alternative, have completed Illinois State Firefighter Training as of the date of hire, although not yet being certified by the State of Illinois.

6. Three (3) character Letters of Recommendation. (Letters must be originals only, currently dated, signed and contain the address of the person writing the letter. Letters will not be accepted from any relative, i.e., spouse, parent, sibling, grandparent, etc.)

7. Signed Forms 1, 2, 3, 4 and 5 (attached).

8. Copy of DD 214 (Military discharge) if applicable.

The above items will remain the property of the Oak Lawn Board of Fire & Police Commissioners and will not be returned.

PLEASE NOTE: APPLICATION BOOKLETS MUST BE COMPLETELY FILLED OUT, ALL ENTRIES MUST BE ADDRESSED. IF ANY OF THE REQUIRED FORMS OR LETTERS ARE NOT SUBMITTED AT TIME OF APPLICATION, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND BE REJECTED FOR FURTHER CONSIDERATION. IF A QUESTION DOES NOT APPLY, THE APPLICANT SHOULD PLACE N/A ON THE LINE FOR THAT QUESTION AND CONTINUE.

# APPLICATION FOR EMPLOYMENT
# VILLAGE OF OAK LAWN

BOARD OF FIRE & POLICE COMMISSIONERS

COMMISSION OFFICE
9446 South Raymond Avenue
Oak Lawn, Illinois 60453
Phone: (708) 499-7830

AN EQUAL OPPORTUNITY EMPLOYER

All information given on this application will be treated confidentially.
It is the responsibility of the applicant to notify the Commission of any change of address and/or telephone number.

***(PLEASE PRINT OR TYPE)***

| | |
|---|---|
| Position Applied For | Date of Application |
| Last Name First Name Middle Name | |
| Address Number Street City State Zip Code | |
| Telephone Number(s)<br>Home ( ) Daytime ( ) | E-Mail Address |
| Date of Birth | |
| Highest level of education completed (pick one): or beyond | |
| Number of credit hours successfully completed: Type of degree earned: | |
| Active Military service? Yes ☐ No ☐ Branch: | Honorable Discharge? Yes ☐ No ☐ Other ☐ |
| Have you ever been convicted of a crime? Yes ☐ No ☐ | |
| **POLICE** Have you attended a Police Academy? Yes ☐ No ☐ Name of Academy: | |
| Do you have a POWER (Peace Officer Wellness Evaluation Report) Card? Yes ☐ No ☐ Issue Date: | |
| Are you applying as a lateral transfer candidate? Yes ☐ No ☐ | |
| **FIRE:** Have you attended a Fire Academy? Yes ☐ No ☐ Name of Academy: | |
| Are you a Certified Paramedic? Yes ☐ No ☐ Expiration date of EMT-P card | |
| Do you have a CPAT (Candidate Physical Ability Test) Card? Yes ☐ No ☐ Issue Date: | |

## PERSONAL DATA

Date of Birth _____

List any other names or aliases you have used or been known by (if applicable): _____

_____

_____

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

Have you ever been employed by the Village of Oak Lawn? Yes ☐ No ☐

If Yes, give dates _____ In what capacity? _____

_____

Do you use any controlled substance? Yes ☐ No ☐

If Yes, please explain _____

_____

Do you use alcohol habitually? Yes ☐ No ☐

If Yes, please explain _____

_____

## DRIVING HISTORY

Do you possess a valid driver's license? Yes ☐ No ☐ If Yes, please list:

State _____ License Number _____ Expiration Date _____

Have you ever been refused a driver's license from any state? Yes ☐ No ☐

If Yes, please explain _____

Was your license ever suspended or revoked? Yes ☐ No ☐ If Yes, please explain.

_____

Has your license ever been placed on probation? Yes ☐ No ☐ If Yes, please explain.

_____

Are there any warrants (traffic or otherwise) now pending against you? Yes ☐ No ☐

If Yes, please explain _____

_____

List all traffic citations you have received in the past five (5) years.

| Location (city & state) | Approximate Date | Nature of Violation | Disposition |
|---|---|---|---|

_____

_____

## EDUCATIONAL DATA

List below a complete record of schools attended.

| TYPE | NAME | NO. YRS. | DATE GRADUATED | CERTIFICATE OR DEGREE | PRINCIPAL COURSE OF STUDY |
|---|---|---|---|---|---|
| Grammar | | | | | |
| High | | | | | |
| Business or Trade | | | | | |
| College or University | | | | | |
| College or University | | | | | |

Describe any specialized training you possess: _____

_____

_____

_____

## RESIDENCY

List your addresses for the last ten years, starting with present address.

| FROM MONTH & YEAR | TO MONTH & YEAR | ADDRESS OF RESIDENCE | CITY & STATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## MILITARY DATA

Are you a veteran of the United States military service? Yes ☐ No ☐

If Yes, what branch? _____

If Yes, list period of active service. From _____ To _____

Rank at time of discharge: _____ Service Serial Number: _____

Are you now or were you ever a member of any branch of the United States Reserve Forces?

Yes ☐ No ☐ If Yes, please explain: _____

_____

Are you now or were you ever a member of the National Guard?

Yes ☐ No ☐ If Yes, From _____ To _____

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### CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, list date, police agency, crime charged and disposition of case.

_____

_____

Have you ever been placed on probation? Yes ☐ No ☐ If Yes, please explain.

_____

_____

_____

Have you ever been required to pay a fine in excess of $50.00? Yes ☐ No ☐

If Yes, for what purpose? _____

_____

_____

Have you ever been fingerprinted by a Police agency other than for an arrest?

Yes ☐ No ☐ If Yes, list date, agency and reason for fingerprinting

_____

_____

_____

## EMPLOYMENT HISTORY

Have you ever taken a Firefighter or Police Officer examination? Yes ☐ No ☐

If Yes, please explain _____

_____

Are you currently on any Fire or Police Department eligibility list? Yes ☐ No ☐

If Yes, please explain _____

_____

Were you ever placed on a Fire or Police Department eligibility list and not hired? Yes ☐ No ☐

If Yes, please explain _____

_____

Were you ever rejected for a Firefighter or Police Officer position? Yes ☐ No ☐

If Yes, please explain _____

_____

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service, or while under investigation?

Yes ☐ No ☐ If Yes, list name and address of employer and explain _____

_____

List all jobs you have held for the last ten (10) years, beginning with your present or most recent employment. Account fully for all time including military service.

| Employer | Dates Employed From | Dates Employed To | Duties Performed |
|---|---|---|---|
| Address | | | |
| Telephone Number | | | |
| Job Title Supervisor | | | |
| Reason for Leaving | | | |

| Employer | Dates Employed From | Dates Employed To | Duties Performed |
|---|---|---|---|
| Address | | | |
| Telephone Number ( ) | | | |
| Job Title Supervisor | | | |
| Reason for Leaving | | | |

| Employer | Dates Employed From | Dates Employed To | Duties Performed |
|---|---|---|---|
| Address | | | |
| Telephone Number ( ) | | | |
| Job Title Supervisor | | | |
| Reason for Leaving | | | |

*Employment History continued on next page.*

## EMPLOYMENT HISTORY (cont.)

| Employer | Dates Employed From | Dates Employed To | Duties Performed |
|---|---|---|---|
| Address | | | |
| Telephone Number | | | |
| Job Title Supervisor | | | |
| Reason for Leaving | | | |
| Employer | Dates Employed From | Dates Employed To | Duties Performed |
| Address | | | |
| Telephone Number | | | |
| Job Title Supervisor | | | |
| Reason for Leaving | | | |
| Employer | Dates Employed From | Dates Employed To | Duties Performed |
| Address | | | |
| Telephone Number | | | |
| Job Title Supervisor | | | |
| Reason for Leaving | | | |

## REFERENCES *(Do not list relatives or former employers)*

Give names and addresses of three (3) adults you know who can vouch for your character, habits, and ability.

| NAME | ADDRESS (Number and Street, City, State, Zip Code) | PHONE | OCCUPATION |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

## CONTINUATION SPACE

Please use the following space for any additional answers to questions.

## Applicant's Statement

I certify that all information in this application is true and correct to the best of my knowledge, and agree that any misrepresentation or concealment of material fact may be sufficient cause for refusal of my hire or termination of my employment.

I authorize you to make inquiries of all statements and references contained in this application for employment as may be necessary in arriving at an employment decision. I agree to hold such references harmless with respect to any information they may furnish.

I understand that if my application is accepted, employment will be conditional upon completion of a satisfactory medical, psychological, background check, and polygraph examination.

If hired, I agree to abide by all rules and regulations of the Village of Oak Lawn and the Board of Fire & Police Commissioners.

Date Signature of Applicant

# AUTHORIZATION FOR RELEASE OF INFORMATION

# TO THE OAK LAWN POLICE DEPARTMENT AND BOARD OF FIRE AND POLICE COMMISSIONERS

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Oak Lawn Fire Department. As part of the employment process, the Board of Fire and Police Commissioners of the Village of Oak Lawn ("Board") needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. This Authorization is intended to provide full and free access to any and all information or documents in your possession relating to me, for the specific purpose of allowing the Oak Lawn Police Department ("Department") on behalf of the Board to conduct a background investigation so that the Board can determine my suitability for employment.

I give my consent for full and complete disclosure to the Police Department and the Board of any and all public and private information, including any files or records which are deemed to be confidential, and/or sealed, that you may have concerning me. I authorize any representative of the Police Department or the Board bearing this Authorization, or a copy thereof, to obtain any and all such information in your files pertaining to me, specifically including, but not limited to:

**(Please initial next to each number)**

_____ 1. my employment records;
_____ 2. my military service records;
_____ 3. my medical and psychiatric/psychological records;
_____ 4. my educational records;
_____ 5 my financial and consumer credit records;
_____ 6 my criminal history record, including any arrest and conviction records;
_____ 7. any information contained in investigatory files, internal affairs investigations files and discipline records;
_____ 8. any efficiency ratings, complaints or grievances filed by or against me;
_____ 9. my attendance records and;
_____10. my polygraph examinations.

I direct every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of medical records, having control of any documents, records and other information pertaining to me, to release such information upon request of the Department or the Board.

I release every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of medical records, including its officers, employees or agents, both individually and collectively, from any and all liability for damages of whatever kind, including any liability or damages pursuant to any state or federal laws, which may result at any time to me, my heirs, my family or associates, because of compliance with this Authorization and request to release information, or any attempt to comply with it. I direct you to release such information

upon request of the Department or the Board regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the acceptance and processing of my application for employment by the Board and additional consideration consisting of the agreement by the Department and the Board to maintain all information received under this Authorization confidential, as provided for below in this paragraph, and for other adequate and valuable consideration, the sufficiency of which is acknowledged, I agree to release, indemnify and hold harmless the Village of Oak Lawn, its officials, agents and employees, the Oak Lawn Police Department, its agents and employees, and the Oak Lawn Board of Fire and Police Commissioners, its commissioners, agents and employees, from any and all claims and liability for damages associated, directly or indirectly, with my application for employment or in any way connected with the collection of information pursuant to this Authorization. I understand that the information obtained by the Oak Lawn Police Department and the Board under this Authorization shall remain confidential, except for its use by the Board and Village of Oak Lawn in examining my qualifications to hold or retain the position applied for and such information may be released or destroyed only as required by law, or as approved by the applicant and the Board.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Board in conjunction with employment procedures.

I have also been advised that I have the right, under Section 1681d(b) of the Fair Credit Reporting Act to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of any investigation.

A photocopy or FAX copy of this Authorization form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to pay any and all charges or fees concerning this Authorization and can be billed for such charges at the address listed on this form.

Name:_____

Address: _____

City: _____State:_____

Telephone: _____Date of Birth:_____

Social Security Number:_____

Signature of Applicant:_____Date:_____

# OAK LAWN FIRE & POLICE COMMISSION
# PRE-EMPLOYMENT MEDICAL TEST AUTHORIZATION

The undersigned applicant for the position of Firefighter or Police Patrol Officer in the Village of Oak Lawn acknowledges that he or she has been advised that as part of the pre-employment medical examination for application to the Oak Lawn Fire or Police Department he or she will be given a test to detect the presence or absence of habit forming drugs including but not limited to marijuana, cocaine and heroin and an exam for the existence of Acquired Immune Deficiency Syndrome (AIDS).

The applicant acknowledges that the results of the tests will be considered by the Oak Lawn Board of Fire & Police Commissioners and the Village of Oak Lawn in its evaluation of his or her application and hereby consents both to the testing and such use of the results as may be reasonably necessary in the evaluation of his or her application.

_____
(Signature)

_____
(Printed Name)

# OAK LAWN FIRE & POLICE COMMISSION
# BACKGROUND INVESTIGATION APPLICANT INFORMATION

In order for the Board of Fire and Police Commissioners to supply the State of Illinois and FBI with the correct information at time of fingerprinting of all Firefighter and Police Patrol Officer Applicants, please provide (print) the following information.

Name_____

Address_____

City, State, Zip_____

Date of Birth_____

Height_____ Weight_____

Color of Hair_____ Color of Eyes_____

Driver's License Number & State_____

_____

# OAK LAWN FIRE & POLICE COMMISSION
# AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Oak Lawn Fire Department. As part of the employment process, the Board of Fire and Police Commissioners of the Village of Oak Lawn is required to do a background investigation including an investigation of my credit history.

I give my consent for the Board of Fire and Police Commissioners of the Village of Oak Lawn to obtain from appropriate credit reporting agencies a pre-employment evaluation report disclosing my credit history.

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Previous Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Telephone Number:** _____ **Date of Birth:** _____

**Signature of Applicant:** _____ **Date:** _____

# FIREFIGHTER/PARAMEDIC APPLICATION CHECK LIST

**(Please return documents in this order)**

| YES | NO | |
|---|---|---|
| ☐ | ☐ | Have you enclosed a copy of your **Birth Certificate**? |
| ☐ | ☐ | Have you enclosed a copy of your **Candidate Physical Ability Test (CPAT) card with ladder climb**? Card must be issued within 12 months prior to the closing date for filing the application. |
| ☐ | ☐ | Have you enclosed a copy of your **EMT-P license or National Registry License**? If not, this will be required by the date of hire. |
| ☐ | ☐ | Have you enclosed your **Illinois Firefighter Certification**? If not, certification will need to be shown by the date of hire or, as an alternative, have completed Illinois State Firefighter Training as of the date of hire, although not yet being certified by the State of Illinois. |
| ☐ | ☐ | Have you enclosed a **HS Diploma or GED equivalent**? |
| ☐ | ☐ | Have you enclosed your **three letters of recommendation**? Are all three of your letters originals currently signed, dated, and do they contain the address of the person writing the letter? |
| ☐ | ☐ | Have you completed and returned **Forms 1, 2, 3, 4 and 5**? |
| ☐ | ☐ | Have you enclosed a copy of your **DD 214** (Military discharge) if applicable? |
| ☐ | ☐ | Have you fully completed the application? |
| ☐ | ☐ | Have you entered "N/A" in any area of the application that does not apply to you? |
| ☐ | ☐ | Have you **signed page 7** of your application? |

**IF ANY OF THE REQUIRED FORMS OR LETTERS ARE NOT SUBMITTED IN THE PROPER FASHION AT THE TIME OF APPLICATION, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND BE REJECTED FOR FURTHER CONSIDERATION.**

Candidates Name:_____

PRINT

I understand that if I have not provided all of the necessary information my application will be rejected from further consideration.

_____

SIGNATURE DATE