THE CITY OF MONMOUTH, ILLINOIS ANNOUNCES ACCEPTANCE OF APPLICATIONS FOR FIREFIGHTER

Applications may be picked up at Monmouth Fire Department Station #1, 601 Industrial Park Road, Monmouth, IL 61462, Monmouth Police Department, 500 South Main Street, Monmouth, IL 61462 or downloaded at www.cityofmonmouth.com.

Orientation MUST BE ATTENDED by all applicants:

Saturday, July 10, 2021 @ 8:30 AM
Huff Center, Monmouth College, 200 N. 7th St., Monmouth, IL 61462

Physical Agility Test will follow Orientation @ 9:00 AM

Following a short break, a written test will be administered to those who pass the agility test.

In order to qualify to participate in the examination process, applicants must:

- Be a minimum of 21 years of age and under 35 years of age as of July 10th, 2021 unless exempt from such age limitation as provided in section 5/10-2.1-6 of the Fire and Police Commissioner's Act.
- Be a citizen of the United States
- Have a high school/GED diploma
- Possess a valid driver's license

Applicants who meet the above criteria will be allowed to test for the fire department and maintain their ranking on the final eligibility list. Applicants who are offered employment, shall possess an Illinois Department of Public Health Emergency Medical Technician-Basic or higher certification and must maintain the certification through original appointment to the department.

EXAMINATION PROCESS:

Return your completed application, signed doctor's permit and waiver/release forms found in the application packet at the Monmouth Police Department 500 South Main Street, Monmouth, IL 61462 on or before Friday June 25th 2021. Any applications not received before the deadline will not be considered.

Applicants that pass the physical agility and written exam on July 10th will continue in the application process. An oral interview, background investigation, post employment medical exam w/drug screen, psychological exam and polygraph will be completed prior to receiving a job offer.

STARTING SALARY and RESIDENCY REQUIREMENTS:

- \$43,642.15 starting salary plus generous benefit package
- \$52,951.02 annual salary after completion of one-year probation period
- Must fulfill a residency requirement of 20 miles from Monmouth after successfully completing a one-year probation period.

MONMOUTH FIRE DEPARTMENT ENTRY LEVEL PHYSICAL AGILITY TEST July 10th 2021

Physical agility is an important aspect of a fire service career. The physical agility test, a part of entry level assessment, consists of eight (8) stations. The first two (2) stations are strictly **pass/fail**. The five (5) Fireground stations (Stations 3-7) will be a timed performance with 8 minutes or less being the **pass/fail** for the five (5) stations combined. The last station (1.5 mile run) is also **pass/fail**. The applicant will be required to pass all stations in order to continue the entry level test.

Candidates may receive a passing score without submitting to the physical agility test (Stations #2 - #8) by presenting a valid CPAT certification (issued by a licensed agency) at the testing site on the day of the test. All CPAT cards presented on the day of the test <u>must have been issued on or after July 10th 2020</u>.

Candidates may receive a passing score without submitting to the ladder climb exercise (Station #1) by presenting a valid ladder climb exercise certificate of completion (issued by a licensed agency) at the testing site on the day of the test. All ladder climb certificates of completion presented on the day of the test <u>must</u> have been issued on or after July 10th 2020.

Station #1 (pass/fail) - Aerial Climb

Gear provided – gloves

Starting at the bottom of the fully extended ladder, each applicant will climb to the designated section of the ladder. A firefighter will remain behind the applicant through the entire climb. The applicant will follow proper procedure for climbing a fire service ladder. This procedure is as follows: the right hand and foot raise and lower at the same time and the left hand and foot do the same. A demonstration will be given. If the applicant has any questions prior to the climb, a firefighter will assist as much as possible. If the applicant does not reach the designated section of the ladder he or she will fail and not be eligible for hiring.

Station #2 (pass/fail) - Blackened Out Face Mask

Gear provided – turnout gear, helmet, gloves and air-pak w/blackened mask in place

During this station the applicant will put on the designated equipment as described above, including the blackened out face mask. This test simulates moving through a structure with limited visibility. The applicant will be asked to remain on their hands and knees through the entire course. Starting at one end of a 50 foot section of collapsed hose the applicant will keep the line in one hand and follow it through a simple maze. The maze consists of several movable objects and several fixed objects. Once the applicant comes to the end of the line they will be instructed by a firefighter to stand up. If at any time throughout the test the applicant stands up and/or removes the mask they will fail and not be eligible for hiring.

Stations #3 thru #7 (Completed in 8 minutes or less) - Fireground simulations

Gear provided – turnout gear, helmet, gloves, air-pak without the mask

These five (5) stations simulate Fireground activities. These activities require coordination, strength and stamina. All stations will be demonstrated prior to the test. Any questions about the test can only be asked prior to starting the test.

Station #8 (pass/fail) - 1.5 mile run

	Male Applicant	Female Applicant
Age 21-29	13.46 minutes	16.21 minutes
Age 30-34	14.31 minutes	16.52 minutes

CITY OF MONMOUTH APPLICATION FOR EMPLOYMENT

Position applied for

application are s from employmen		ation. Incorrect s	tatements ma	ay bar you or rem	ove you	Today's Date		Date of E	3irt
Name (Last)		(First)		(Middle)		Social Se	ecurity	/ Number	
Home Address		Но	Home Phone		Are you legally eligible for employment in the USA? [] Yes [] No				
EMAIL ADDRESS									
			EDUCA	TION					
School	Name	and address of scl	nool	Subje Major	cts taken Min	or		cle last ye completed	
Elementary				N/A	N	I/A		N/A	
High School							1 G.P.		4
College							1 Degr G.P.	ee:	4
College							Degr G.P.	2 3 4 ee:	4
Other Training									
List any profession	onal licenses or	certificates you h	old or have h	neld.					
_ist jobs you have	e held. Put you	r most recent jobs		T HISTORY e military service	in proper ti	me sequer	nce an	ıd tempora	ary
or part-time jobs 1. Employer's na		sition applied for.	Address			From (dat	te)	To (date))
Explain your du	ıties					Reason fo	or leav	/ing	
2. Employer's na	me		Address			From (dat	te)	To (date))
Explain your du	ıties					Reason fo	or leav	ving	
3. Employer's name		Address	ddress		From (dat	te)	To (date))	
Explain your du	ıties	1				Reason fo	or leav	ving	
4. Employer's na	me		Address			From (dat	te)	To (date))
Explain your du	ıties	<u> </u>				Reason for leaving			
		oove employers wi							

Signature of Applicant

CITY OF MONMOUTH, ILLINOIS APPLICATION FOR EMPLOYMENT PART II FOR PUBLIC SAFETY POSITIONS

INSTRUCTIONS: Fill out this application completely and accurately. All | Position applied for statements in your application are subject to verification. Incorrect statements may bar you or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of the form and identify | Date you will be available continued answer by question number. PLEASE PRINT PLAINLY. Name (Last) (First) Home address Home phone PERSONAL INFORMATION 9. Explain your reasons for applying for this position 10. Have you ever been a public safety officer or held a similar position? Yes [] No Position From (date) To(date) 11. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? [] Yes [] No If yes, explain and give names of employers 12. If you hold a less-than-honorable discharge from military service, explain 13. Person(s) to be notified in case of emergency Name Home phone Business phone DRIVING HISTORY 14. Do you possess a valid Illinois operator's license? [] Yes [] No License Number Expiration Date 15. Have you ever been refused an operator's or chaffeur's license by any state? If yes, explain 16. Has your license ever been suspended or revoked? [] Yes If yes, explain

Nature of Charge

Disposition

17. List all traffic citations you have received in the last 12 months

Date City or County

CRIMINAL HISTORY

	If yes,	explain		Fine of more than \$25.0	T T	[] No
9.	Are there	t any war replain	rrants (traff)	c on otherwise) how pen	nding against you?	[] Yes [] No
	Heve you If yes, a		on the victio	of a crime? {] Yes [] No	
*				CONFIDENTIAL INF	ORMATION	
					ANTS FOR POLICE DEFICER	ONLY
2.	List you From	r addres	Street addr	ast ten years eas of residence	City & State	and and control of the second sec
						A STATE OF THE STA
						
(L)				
3.	Di Action 2	ry membe , and ch	er of your ima Wildren		ill living, including fa	ther, pother, sisters
	Hank			Address		Relationship
			7			
		V 18 W				
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	- 					
	Has any If yes,	eember o explain	f your immedi	ate family ever been co	nvicted of a serious cri	rel [] Yes []

REFERENCES

٤٥.	Fill in below the names of five you for a period of two years or your character, experience, and	more and who have or will provi	de a letter of refere	
(1)	Name	Address		Years known
	Business or Occupation	Business address		Business phone
(2)	Name	Address	Home phone	Years known
	Business or Occupation	Business address		Business phone
(3)	Name	Address	Home phone	Years known
	Business or Occupation	Business address		Business phone
(4)	Name	Address	Hame phone	Years known
	Business or Occupation	Business address		Business phone
(5)	Name	Address	Home phone	Years known
,-/	Business or Occupation	Business address		Business phone

In making this application I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

CONTINUATION SHEET

Question Number	Continuation of Answer	
		-
- 		
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City of Monmouth Board of Fire and Police Commissioners

Public Safety Building 500 S Main St Monmouth IL 61462 PH 309 734-8383 Fax 309 734-7934

CERTIFICATE OF PHYSICAL FITNESS

THIS MEDICAL EXAMINATION MUST BE CONDUCTED BY A STATE LICENSED MEDICAL DOCTOR

Т	he undersigned does hereby certify that he or she examined
	(print applicant name)
	and has found the above firefighter applicant physically capable of participating in the physical agility test consisting of various strenuous exercises.
SIGNED:	, M.D. DATE:
	Printed name of Physician:
	Physician's Office Address:
	Phone Number:

I hereby agree to abide by all the Rules and Regulations of the Board of Fire and Police Commissioners of the City of Monmouth, governing the administration of any written, physical or other examination to determine my fitness and qualifications for employment.

These Rules and Regulations have been made available for me to read at the offices of Monmouth Department of Public Safety.

	Signature
	Printed Name
	Date
written or other tests or ex	tand that all written tests and the results of all caminations thereof are and remain the property of eard of Fire and Police Commissioners and are not me.
	Signature
	Printed Name
	Date

WAIVER/RELEASE OF LIABILITY

APPLICANT FOR PUBLIC EMPLOYMENT

7.11	10 MAT TONY OBEIGEIN EOTHERY
AGREEMENT made this da	of, 20, between
Monmouth Police Department of Illinois, (the "Applicant") and the Commissioners; the City's and the representatives and assigns (spe	mployment as a police officer or firefighter, with the Monmouth Fire Department of the City of Monmouth, City of Monmouth, Illinois; its Board of Fire and Police board of Fire and Police Commissioners' employees, agents, ifically any testing agency employed by the City of its Board of ereinafter collectively referred to as the "City"), witness:
firefighter; and, Whereas, the City is requ	red to subject the Applicant to a competitive testing process;
written examination, physical ab	is agreed to submit to a variety of examinations including a ity/agility, oral interviews, medical examinations and such go a thorough background investigation, as deemed
Whereas, both parties he	eto, agree that the examination process is conducted for the d individuals to fill the position sought by the Applicant, the
conduct of examinations to be to applicant may now have or may personal injury and/or damages) (specifically including a physical conducted by or for the City as police officer or firefighter. The with the knowledge that the Applicant resulting from the Applicant specifically waives pursuant to the Personnel Recoracknowledges that the Applicant legal counsel of the Applicant's of	of the payment, by the City, of the fees associated with the sen by the Applicant, hereby agrees to waive any claims the ave in the future (specifically including any claim as to arising from Applicant's participation in any examination bility/agility examination) or background investigation rt of its pre-employment screening process for the position of applicant further states that this waiver is given voluntarily and icant is waiving any and all liability the City may incur as to the cant's participation in the pre-employment screening process. The right to written notice required of any former employer is Review Act, 820 ILCS, 40/7(1). The Applicant also had the opportunity to discuss the import of this Waiver with two choosing.
APPLICANT	CITY OF MONMOUTH, ILLINOIS BOARD OF FIRE AND POLICE COMMISSIONERS
	By:
Applicant signature	By: It's Chairman/Secretary

ACKNOWLEDGMENT/CONSENT BACKGROUND AND CREDIT HISTORY

As part of the application process for employment with the City of Monmouth, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicant's neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry shall include, but not be limited too, information as to the applicant's character, general reputation, personal characteristics and overall reputation in the community. The applicant has the right, within a reasonable period of time, but no later than thirty (30) days to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. The name of the consumer reporting agency used as part of this background investigation is Kewanee Credit Bureau. and the consumer reporting agency may be contacted by placing a telephone call to the following number 309-342-6916. Furthermore, the applicant acknowledges that he/she consents and authorizes the City of Monmouth, its agents and or assigns, to conduct a background investigation and to request a report of his or her credit history. The applicant also acknowledges that said applicant has been advised of his or her creditor's rights, as follows:

"Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:

- (1) The nature and substance of all information in its files (except medical information) on you at the time of the request.
- (2) The sources of the information.
- (3) The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal Law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification. (2) You may receive information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification. (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the City of Monmouth, as the

applicant's prospective employer.

Further, the undersigned has been informed that part of the background investigation contemplated hereunder may include, but is not limited to, a criminal background check to be performed by the City of Monmouth, its agents and or assigns, which may include, but is not limited to, a check of arrests of criminal and petty charges, reports of incidents to the Department of Children and Family Services, and any other reports government agencies or private entities that may provide insight as to the undersigned applicant. The applicant acknowledges that he or she consents and authorizes the City of Monmouth, its agents and or assigns, to conduct said criminal background check and to request any reports of his or her criminal history or otherwise.

Signed on the	day of	, 20	
	Applicant's Sig	nature	

SAMPLE-To be signed on date of hire

EMPLOYMENT/REIMBURSEMENT AGREEMENT

TO: The City of Monmouth

FROM: Ima Sample, Firefighter

FOR AND IN CONSIDERATION of the covenants and agreements of my employment as a firefighter with the City of Monmouth and other good an valuable considerations, the undersigned newly appointed firefighter does hereby covenant and agree to reimburse the City of Monmouth for the following costs and expenses incurred as the result of my employment should that employment terminate voluntarily at my option or choice within two (2) years from the date of my employment:

1. All expenses of the Fire Service Institute expended on my behalf; and

2. Costs expended from uniform purchases on my behalf; and

3. Costs expended for medical employment tests on my behalf.

I AGREE to reimburse these costs to the City within six (6) months of the effective date of the voluntary termination of my employment. If not paid within said six months, I agree to pay the court costs and reasonable legal fees incurred by the City of Monmouth in collection of the amounts to be reimbursed.

SIGNED: _	
WITNESS:	
DATE:	