

## **APPENDIX**

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FORM A

WINFIELD FIRE PROTECTION DISTRICT  
BOARD OF FIRE COMMISSIONERS  
ANNUAL REPORT OF ACTIVITIES AND  
BUDGET REQUEST

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(Date)

President \_\_\_\_\_  
Board of Trustees  
Winfield Fire Protection District  
27W530 High Lake Road  
Winfield, Illinois 60190

Re: **Annual Report of Activities and Budget Request of the Board of Fire Commissioners**

Dear \_\_\_\_\_:

Enclosed please find the Winfield Fire Protection District Board of Fire Commissioners' annual report of activities, as well as budget request, in accordance with Section 16.14 of the Fire Protection District Act (70 ILCS 705/16.14). Also enclosed is a copy of the Commission's current rules.

We look forward to your response to our suggestions within sixty (60) days of receipt, setting forth your acceptance or rejection of such suggestions, with specific reasons for either, as required by Section 16.14 of the Act. If you have any questions, please feel free to contact us.

Respectfully submitted,

**Board of Fire Commissioners  
Winfield Fire Protection District**

Chairperson: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Enclosures

FORM B

WINFIELD FIRE PROTECTION DISTRICT – STATE OF ILLINOIS  
FIREFIGHTER APPLICANT PERSONAL DATA QUESTIONNAIRE AND AUTHORIZATION FORM

FIREFIGHTER APPLICATION PACKET NUMBER: \_\_\_\_\_

1. **Name** \_\_\_\_\_  
last first middle

2. **List any other names you have used or been known by (include maiden name):** \_\_\_\_\_  
\_\_\_\_\_

3. **Address:** \_\_\_\_\_  
Number & Street City State Zip

4. **Home Phone No.** (\_\_\_\_\_) \_\_\_\_\_

5. **Business Phone No.** (\_\_\_\_\_) \_\_\_\_\_

6. **Driver's License State** \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_ **Class** \_\_\_\_\_

7. **Social Security No.** \_\_\_\_\_

8. **U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, are you an alien with evidence of intention to become a U.S. Citizen?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST ALL FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER**

9. **Address** \_\_\_\_\_  
Number & Street City State Zip

10. **Address** \_\_\_\_\_  
Number & Street City State Zip

11. **Address** \_\_\_\_\_  
Number & Street City State Zip

12. **Address** \_\_\_\_\_  
Number & Street City State Zip

13. **Address** \_\_\_\_\_  
Number & Street City State Zip

**EDUCATION**

14. **CIRCLE HIGHEST GRADE COMPLETED**

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

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

**MILITARY**

21. Are you now or have you ever been in the military service? Yes \_\_\_\_ No \_\_\_\_
22. Branch of service \_\_\_\_\_
23. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- Rank \_\_\_\_\_
24. Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**CONVICTION HISTORY**

25. Have you ever been convicted of a crime other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

26. List all traffic convictions and accidents you have had in the last four (4) years. (If more room is needed, please type on a separate page and attach).

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

**EMPLOYMENT HISTORY**

List all jobs you have had for the last ten (10) years. Include periods of unemployment. Put your present job first. Include military service in proper time sequence along with temporary or part-time jobs.

27. **Present employer's name:**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to Present **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year

28. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

29. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

30. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Do you object to our contacting them? \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

31. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Job Description** \_\_\_\_\_  
Do you object to our contacting them? \_\_\_\_\_  
**Employed** \_\_\_\_\_ to \_\_\_\_\_ **Salary** \_\_\_\_\_ **Per** \_\_\_\_\_  
month-year month-year

32. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Have you ever taken a firefighter examination or any other civil service examination?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Position on List \_\_\_\_\_  
Status \_\_\_\_\_

35. Are you currently on any eligibility list(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, indicate position applied for, status on list, and expiration date of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

36. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

37. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

38. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Explain your reasons for wanting to become a firefighter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

42. If accommodation is needed, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### SUBMISSION OF DOCUMENTATION AND CREDENTIALS

44. I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation.
45. I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates, such as EMT-A, Firefighter II, Firefighter III, Hazardous Materials I or II, may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

#### DOCUMENTATION

#### TIME OF SUBMISSION

Winfield Fire Protection District Authorization Form

With this application

Winfield Fire Protection District Physician's  
Certification of Safe Participation in the Job Task Test

With this application

Certified High School transcript or GED diploma  
(Do not send college certificates as substitutes)

With this application

Set of fingerprints

After eligibility list is created but before  
a conditional offer of hire

Valid driver's license

With this application

One of the following:

With this application

- Birth certificate issued by the State Department, Form FS-545
- Birth certificate issued abroad by the State Department, Form DS-1350
- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal
- Native American tribal documents
- U.S. citizen identification card, INS Form 1-197
- Identification card for use of a resident citizen in the U.S., INS Form 1-179

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

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature in Full \_\_\_\_\_

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

**WINFIELD FIRE PROTECTION DISTRICT  
AUTHORIZATION FORM**

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I, \_\_\_\_\_, hereby authorize the WINFIELD FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and to use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for employment made to the WINFIELD FIRE PROTECTION DISTRICT. I also consent to the release to the WINFIELD FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for employment with the WINFIELD FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I understand that I will undergo a job task test as part of the application process and that such job task test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the WINFIELD FIRE PROTECTION DISTRICT CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST form prior to participating in the job task test.

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

I hereby acknowledge and agree that as a condition of employment with the WINFIELD FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois driver's license, of the class required to operate all vehicles of the WINFIELD FIRE PROTECTION DISTRICT. Within forty-eight (48) months of my employment with the District, I must qualify for, obtain and maintain a State of Illinois Firefighter III certification. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District. At time of hire, I must qualify for, obtain, and maintain at all times a valid State of Illinois Firefighter II certification. I do further agree that my failure to obtain and maintain the requisite certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the District.

Signature \_\_\_\_\_

SUBSCRIBED and SWORN to  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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

**FORM C**

**WINFIELD FIRE PROTECTION DISTRICT  
CERTIFICATION OF SAFE PARTICIPATION IN JOB TASK TEST**

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**APPLICANT'S NAME:** \_\_\_\_\_  
Print full name, including middle initial

**ADDRESS:** \_\_\_\_\_

**DATE OF PHYSICIAN'S EXAMINATION:** \_\_\_\_\_

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As part of the Winfield Fire Protection District firefighter application process, applicants must participate in a job task test. The job task test will subject the applicants to vigorous physical exercise. The Winfield Fire Protection District does not assume any responsibility for any medical consequences that may arise from participating in the applicant selection process.

Prior to taking the test, the applicants are required to submit this Certification of Physical Condition signed by a physician. Attached please find a copy of the applicant information package which outlines the components of the job task test to assist you in completing this certification.

---

PLEASE CHECK AND COMPLETE ONE OF THE FOLLOWING PARAGRAPHS:

\_\_\_\_\_ I have examined \_\_\_\_\_ according to currently accepted medical standards, in light of the Winfield Fire Protection District's job task test components, and have determined that he or she is in appropriate physical condition to participate in the Winfield Fire Protection District job task test.

\_\_\_\_\_ I have examined \_\_\_\_\_ according to currently accepted medical standards, in light of the Winfield Fire Protection District's job task test components, and have determined that he or she is not in appropriate physical condition to participate in the Winfield Fire Protection District job task test.

\_\_\_\_\_  
Signature of Physician

Name of Physician \_\_\_\_\_

Registration Number \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

## FORM D

### WINFIELD FIRE PROTECTION DISTRICT PREFERENCE POINTS FOR FIREFIGHTER CANDIDATES

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After the preliminary eligibility list is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form. This claim must be made within ten (10) days after the posting of the preliminary eligibility list or the points will be deemed waived. Applicants may claim three (3) types of preference points:

1. **Experience Preference Points**

Any applicant who, on or after August 20, 1993, has been a paid-on-call certified firefighter II and/or paramedic of the Winfield Fire Protection District shall be awarded one-half point for each year of successful service, up to a maximum of five (5) points at the time of initial hire. Any applicant who, on or after August 20, 1993, has been a paid-on-call certified firefighter III of the Winfield Fire Protection District shall be awarded one (1) point per year of successful service, up to a maximum of five (5) points at the time of initial hire.

Applicants from outside the Winfield Fire Protection District who were employed as full-time certified firefighters II for at least two (2) years at another fire protection district or municipality shall have the same preference as Winfield Fire Protection District paid-on-call firefighters and shall be awarded one-half (1/2) point for each year up to a maximum of five (5) points. Applicants from outside the Winfield Fire Protection District who were employed as full-time certified firefighters III for at least two (2) years at another fire protection district or municipality shall have the same preference as Winfield Fire Protection District paid-on-call firefighters and shall be awarded one (1) point per year to a maximum of five (5) points at the time of initial hire. No experience preference points will be awarded to applicants for service with a private employer who had a contract for fire or ambulance service with another fire protection district or municipality.

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

2. **Veteran's Preference Points**

Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) points. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge, and a sworn affidavit signed by the applicant. Veteran's and educational preference points shall not be cumulative.

3. **Educational Preference Points**

Applicants who have successfully obtained an associate's degree in the field of fire service or emergency medical services, or a bachelor's degree from an accredited college or university shall receive five (5) points provided that the applicant has not received Veteran's preference points. A certified transcript must be included with the request for preference points as proof of the attainment of degree.

**FORM E**

**WINFIELD FIRE PROTECTION DISTRICT  
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT**

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If you wish to claim preference points for the final eligibility list for hire with the Winfield Fire Protection District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the preliminary eligibility list. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

**A. Experience Preference Points (70 ILCS 705/16.07)**

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

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

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

2. **Winfield Fire Protection District  
Paid-On-Call Firefighter III**

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

3. **Full-time Firefighter II and/or Paramedic**

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

4. **Full-time Firefighter III**

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

**B. Veteran's Preference Points (70 ILCS 705/16.08a)**

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

Branch of Service: \_\_\_\_\_

Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Date of Honorable Discharge: \_\_\_\_\_

**C. Educational Preference Points (70 ILCS 705/16.08a)**

Please state the following information regarding your educational background and attach copies of certified transcripts as proof of the attainment of a degree:

College Attended: \_\_\_\_\_

Dates of Attendance (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

College Attended (if applicable): \_\_\_\_\_

Dates of Attendance (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Degree Awarded: \_\_\_\_\_



FORM F

WINFIELD FIRE PROTECTION DISTRICT  
BOARD OF FIRE COMMISSIONERS  
SUMMARY OF CANDIDATE'S PREFERENCE POINTS

(For internal use only)

Name of Candidate: \_\_\_\_\_

Number of Points

A. Experience Preference Points

Winfield Fire Protection District  
Paid-on-Call Firefighter II and/or Paramedic \_\_\_\_\_

Winfield Fire Protection District  
Paid-on-Call Firefighter III \_\_\_\_\_

Full-time Firefighter II \_\_\_\_\_

Full-time Firefighter III \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Does the award of experience preference points place the candidate above a veteran on the eligibility list?

Yes \_\_\_\_\_

No \_\_\_\_\_

B. Veteran's Preference Points

Has the candidate engaged in military or naval service for a period of at least one (1) year and received an honorable discharge from service or is he or she still engaged in military service?

Yes \_\_\_\_\_

No \_\_\_\_\_

C. Educational Preference Points

Has the candidate successfully obtained an associate's degree in a related field or a bachelor's degree from an accredited college or university in any field?

Yes \_\_\_\_\_

No \_\_\_\_\_

\*If candidate receives veteran's preference points, he or she may not also receive educational points.

**TOTAL PREFERENCE POINTS AWARDED TO CANDIDATE (max. 10):** \_\_\_\_\_

FORM G

WINFIELD FIRE PROTECTION DISTRICT  
VERIFICATION OF EMPLOYMENT DATA FORM

To the Employer:

\_\_\_\_\_ has requested preference points pursuant to Section 16.07 of the Fire (Applicant) Protection District Act, for the final eligibility list for hire with the Winfield Fire Protection District. Before the Commission awards these points, we ask that you complete the following form which we will use to verify information supplied to us by the applicant. Please use the date that the applicant obtained certification as the beginning date unless he or she had the certification prior to employment.

If you are unable to return this form by \_\_\_\_\_, please contact \_\_\_\_\_

\_\_\_\_\_.

Thank you very much,

Board of Fire Commissioners  
Winfield Fire Protection District

I, the undersigned, on behalf of \_\_\_\_\_, (hereinafter the "Department")  
(Fire Protection District or Municipality)

\_\_\_\_\_,  
(Address)

hereby certify that \_\_\_\_\_ was/has been employed with the Department in  
(Applicant)

the following capacities:

1. **Full-time Firefighter II and/or Paramedic**

Dates of service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_.

2. **Full-time Firefighter III**

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



**MILITARY**

13. Are you now or have you ever been in the military service? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Branch of service \_\_\_\_\_
15. Are you now or were you ever an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit?
- Yes \_\_\_\_\_ No \_\_\_\_\_ Rank \_\_\_\_\_
16. Unit \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all position(s) in the firefighting and/or paramedic field you have held.

17. **Present Position with the Winfield Fire Protection District** \_\_\_\_\_
- Prior position with the Winfield Fire Protection District \_\_\_\_\_
- \_\_\_\_\_
- Employed** \_\_\_\_\_ to Present  
month-year
18. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_
- Address** \_\_\_\_\_  
Number & Street City State Zip
- Job Description** \_\_\_\_\_
- Reason for leaving \_\_\_\_\_
- Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year
19. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_
- Address** \_\_\_\_\_  
Number & Street City State Zip
- Job Description** \_\_\_\_\_
- Reason for leaving \_\_\_\_\_
- Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year
20. **Employer's name** \_\_\_\_\_ **Phone** \_\_\_\_\_
- Address** \_\_\_\_\_  
Number & Street City State Zip

**Job Description** \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employed** \_\_\_\_\_ to \_\_\_\_\_  
month-year month-year

21. Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

22. Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Have you ever taken a civil service exam? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Position on List \_\_\_\_\_

Status \_\_\_\_\_

24. Are you currently on any eligibility list(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **REFERENCES**

Please list three (3) adults not related to you and not former employers, who have known you for more than three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

25. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

26. Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

27. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

**MISCELLANEOUS**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Explain your reasons for wanting to become an officer with the Winfield Fire Protection District: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Please review the job description for the officer's position for which you are applying, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes \_\_\_\_\_ No \_\_\_\_\_

31. If accommodation is needed, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE WINFIELD FIRE PROTECTION DISTRICT. I FURTHER UNDERSTAND AND AGREE THAT MY PERSONNEL FILE MAY BE REVIEWED BY THE COMMISSIONERS AND CHIEF OR CHIEF'S DESIGNEE.**

Dated at \_\_\_\_\_ Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature in Full \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**WINFIELD FIRE PROTECTION DISTRICT  
AUTHORIZATION FORM**

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I, \_\_\_\_\_, hereby authorize the WINFIELD FIRE PROTECTION DISTRICT and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, and all other information which may bear favorably or unfavorably upon my application for promotion made to the WINFIELD FIRE PROTECTION DISTRICT. I also consent to the release to the WINFIELD FIRE PROTECTION DISTRICT of any and all medical records prepared during the physical examination I am required to undergo for promotion with the WINFIELD FIRE PROTECTION DISTRICT. I further release from liability any person or persons providing or receiving any such information in connection with this pre-promotional investigation.

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

I hereby acknowledge and agree that as a condition of continued employment with the WINFIELD FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois driver's license, of the Class required to operate all vehicles of the WINFIELD FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of promotion or just cause for my dismissal from employment with the District. I understand that the Board of Fire Commissioners has provided recommended, but not required, certification/coursework for the position for which I have applied.

Signature \_\_\_\_\_

SUBSCRIBED and SWORN to

before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

FORM I

WINFIELD FIRE PROTECTION DISTRICT  
PREFERENCE POINTS FOR OFFICER CANDIDATES

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

**Veteran's Preference Points**

Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) points. Proof of such service must include a copy of Military Form DD-214 as proof of active service, evidence of the honorable discharge, and a sworn affidavit signed by the applicant. After completion of the promotional testing process, the Board will prepare an initial eligibility list.

Applicants who are eligible for and elect to utilize their military preference credit must make a claim for such credit in writing to the Board of Fire Commissioners on its standard form within ten (10) days after the posting of the initial eligibility list or such claims shall be deemed waived. The Board shall award veteran's preference points to those eligible veterans timely claiming the credit in accordance with 70 ILCS 705/16.08a; 65 ILCS 5/10-2.1-10 and 10-2.1-12.

**No person shall receive veteran's preference for a promotional appointment after receiving one (1) promotion from an eligibility list on which he or she was allowed military preference.**



FORM K

WINFIELD FIRE PROTECTION DISTRICT  
SUMMARY OF PROMOTIONAL CANDIDATE'S PREFERENCE POINTS

(For internal use only)

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Name of Candidate: \_\_\_\_\_

**Veteran's Preference Points**

Number of Points Claimed: \_\_\_\_\_

Total Points Awarded: \_\_\_\_\_

**ADDENDUM G211**

**WINFIELD FIRE PROTECTION DISTRICT  
CERTIFICATION/COURSEWORK  
FOR PROMOTIONAL TESTING FOR OFFICER RANKS**

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**Lieutenant**

- Graduation from college level courses in modern firefighting techniques and fire department administration
- State of Illinois Certified Fire Officer I

**Captain**

- State of Illinois Certified Fire Officer II
- State of Illinois Fire Prevention Principles
- State of Illinois Certified Fire Investigator