

VILLAGE OF SAUK VILLAGE

PROBATIONARY FIREFIGHTER/EMT FIREFIGHTER/PARAMEDIC

EXAMINATION INSTRUCTIONS

In order to establish an Eligibility List for the position of Probationary Firefighter/EMT Firefighter/Paramedic, the Village of Sauk Village, Illinois, County of Cook, is providing to all interested parties a packet containing: (1) examination instructions, (2) application form (3) Release of Liabilities Certificate (4) application attachment (5) information on the elements of the selection process, and (6) a checklist for returning the application form/supporting documentation.

COMPLETED APPLICATION FORMS/SUPPORTING DOCUMENTATION

All completed applications with accompanying documentation must be returned in a sealed envelope by 4:00p.m. on Friday, July 19th, 2024, to the Sauk Village Police and Fire Commission, 21701 Torrence Ave, Illinois, 60411. Applicants must comply with the requirements in every respect. The following must be submitted:

- Completed, hand-printed application
- Copy of birth certificate
- Copy of current driver's license (if driving on a citation, please provide a copy of the citation with another form of photo identification)
- Copy of Social Security Card
- Copy of high school diploma or equivalent or college degree
- Official transcripts from registrar's office for college degrees must be in a sealed envelope
- Release of Liability Certificate. This form must be completed and signed by yourself and one witness.
- If exempt from maximum age limitation due to previous experience as a full-time, volunteer, paid-on-call or part-time firefighter, applicant must provide proof per Section 10-1-7 of the Illinois Municipal Code (65ILCS 5/10-1-7);

ORIENTATION

Orientation will take place on Saturday, July 20th, 2024, at the Sauk Village Senior Center, 21801 S. Torrence Avenue, Sauk Village, IL 60411. This process will begin at 8:30 a.m. Applicants who arrive after 8:30 a.m. WILL NOT be processed and will be required to re-apply.

WRITTEN EXAMINATION

The written examination will be administered to all applicants who have attended the mandatory orientation (see above). The examination will be administered at 9:00 a.m. on Saturday, July 20th, 2024, at the Sauk Village Senior Center, 21801 S. Torrence Avenue, Sauk Village, IL 60411. A valid photo ID will be required. Those applicants who fail to appear will not be allowed to participate in any other testing for this examination only. However, they may apply for any future examinations.

Applicants will be given their score on-site on the day of the exam. A score of 70.00% or above is required to pass the written exam.

ORAL EXAMINATION

Those applicants who pass the written exam will be given a date and time of their oral examination.

Those applicants who receive a passing grade on the written examination (score of 70.00% or above) will also be required to pass the oral examination, polygraph and psychological examination, medical/physical examination, functional capacity evaluation, and a police background investigation prior to appointment.

Both the written and oral examinations are scored. All other examinations are strictly PASS or FAIL.

MANDATORY STUDY GUIDE FOR WRITTEN EXAMINATION

A **mandatory Study Guide** is available at <https://acrobat.adobe.com/id/urn:aaid:sc:US:c16273b9-297f-4d50-9d68-f42a8b54e597>. This will be available through July 20th, 2024.

QUALIFICATIONS

1. Must be a United States citizen
2. Must have a valid Driver's License with the ability to obtain a class B non CDL within 3 months of employment and have a good driving record
3. Must have high school diploma or equivalent or college degree (official transcripts from registrar's office for college degrees must be in a sealed envelope)
4. Must have, at time of conditional offer, a valid CPAT with ladder climb not older than 6 months prior to conditional offer
5. Must be 21 years old by July 20th, 2024 and under 35 years of age at time of application and posting of final eligibility list unless exempt from maximum age limitation due to previous experience as a full-time, volunteer, paid-on-call or part-time firefighter, applicant must provide proof per Section 10-1-7 of the Illinois Municipal Code (65ILCS 5/10-1-7)
6. Must be an EMT Basic State of Illinois or National Certified at time of hire. Must be in Region 7 EMS at time of hire (if a paramedic); BOF/FFII Certified by the Illinois State Fire Marshal at time of hire
7. Paramedic is preferred (Paramedic time can be extended due to availability of classes and locations at the discretion of the Fire and Police Commission and Fire Chief. Candidates MUST pass the national exam within the 6 attempts.)

DISQUALIFICATIONS

The Board may refuse to examine an applicant or, after examination, to certify him as eligible:

1. Who is found lacking in any of the established preliminary requirements for the service for which he or she applies.
2. Who is physically unable to perform the duties of the position to which he or she seeks appointment.
3. Who is addicted to the use of intoxicating beverages or is found to have taken or used drugs and/or narcotics illegally.
4. Who has been convicted of a felony or any misdemeanor involving moral turpitude, as specified in Section 5/10-2.1-6 of the Board of Fire and Police Commissioners Act.

5. Who has been dismissed from any public service for good cause.
6. Who has attempted to practice any deception or fraud in his application.
7. Who may be found disqualified in personal qualifications or health.
8. Whose character and employment references are unsatisfactory.
9. Who does not possess a high school education or its equivalent and has not met the additional requirements as set forth above.
10. Who is or has been classified by his Local Selective Service Draft Board as a conscientious objector.

Any applicant deemed disqualified hereunder, shall be notified by the Board.

**BY ORDER OF THE BOARD OF FIRE AND POLICE COMMISSIONERS
FRANCINE ANDERSON, CHAIR**

BOARD OF FIRE & POLICE COMMISSIONERS

FIREFIGHTER APPLICATION POLICE OFFICER APPLICATION

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term 'DNA' ('does not apply') if the question does not apply.

POSITION APPLIED FOR

1. NAME (LAST) (FIRST) (MIDDLE)	2. LIST ANY OTHER NAMES, ALIASES you HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME IF APPLICABLE)
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3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)	4. HOME PHONE	5. SOCIAL SECURITY NO
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6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS
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7. DATE OF BIRTH	8. PLACE OF BIRTH (CITY, STATE & ZIP CODE)	9. SEX	10. HEIGHT FT. IN.
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11. WEIGHT	12. AGE	13. COLOR OF EYES	14. COLOR OF HAIR
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15. ARE YOU A U.S. CITIZEN IF "YES" <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED	IF "NATURALIZED", GIVE PARTICULARS
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16. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS & BROTHERS			
NAME	RELATIONSHIP	ADDRESS	OCCUPATION

SOCIAL STATUS

17. ARE YOU SINGLE? MARRIED SEPARATED WIDOWED DIVORCED

18. ARE YOU LIVING WITH YOUR SPOUSE? YES NO IF "NO" EXPLAIN

19. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

20. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	(EXPLAIN)	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

21. ARE YOU PAYING ALIMONY? YES NO IF "YES" EXPLAIN

22. IF DIVORCED, LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE

23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU, & STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM

24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN? YES NO IF "NO" EXPLAIN FULLY

25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? YES NO IF "YES" EXPLAIN

26. ARE YOU PAYING CHILD SUPPORT? YES NO IF "YES" EXPLAIN

EDUCATION

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
HIGH SCHOOLS			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE OR UNIVERSITY			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
BUSINESS COLLEGES			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
EXTENSION OR CORRESPONDENCE COURSES			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
30. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	
31. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD	

DRIVING HISTORY

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVERS LICENSE NO
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

RESIDENCES

37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO & YR)	TO (MO & YR)	ADDRESS OF RESIDENCE	CITY STATE & ZIP CODE
38. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION	

MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" BRANCH		
41. WHAT IS YOUR SERVICE SERIAL NO ?	42. HIGHEST RANK HELD	43. RANK AT DISCHARGE	
44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)	45. LIST PERIOD(S) OF ACTIVE SERVICE		
	FROM (DATE)	TO (DATE)	
46. GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)	47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?		
BE EXACT		47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	

48. IF YOU HAD NO MILITARY SERVICE EXPLAIN

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD E., I-A ETC.	50. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS, CITY, STATE, & ZIP CODE
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51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL	IF "YES" EXPLAIN
<input type="checkbox"/> YES <input type="checkbox"/> NO	

52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE US RESERVE FORCES	<input type="checkbox"/> YES	IF "YES"	BRANCH	UNIT	RANK
	<input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	ADDRESS		FROM TO

53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> YES	IF "YES" WHAT STATE	REGIMENT	UNIT
	<input type="checkbox"/> NO	RANK	TYPE OF DISCHARGE	FROM TO

54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST you IN THE NATIONAL GUARD OR RESERVE UNIT

CRIMINAL HISTORY

55. HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE

56. HAVE YOU EVER BEEN PLACED ON PROBATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME
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59. HAVE YOU EVER BEEN THE VICTIM OF A CRIME?	WAS THE CRIME REPORTED TO THE POLICE?	IF YOU WERE A "VICTIM" EXPLAIN
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE

61. (DOES NOT APPLY)

62. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

63. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU?
 YES NO

IF "YES" EXPLAIN

EMPLOYMENT HISTORY

64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS

65. ARE YOU NOW ON ANY ELIGIBILITY LIST?

YES NO

IF "YES" EXPLAIN

66. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED?

YES NO

IF "YES" EXPLAIN

67. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION?

YES NO

IF "YES" EXPLAIN

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT?

DATE

69. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

<p>70. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS IF "YES" EXPLAIN</p>	
<p>71. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF "YES" EXPLAIN</p>

72. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE. IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS

1	EMPLOYERS NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
2	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
3	EMPLOYERS NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
4	EMPLOYERS NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
5	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
6	EMPLOYERS NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

EMPLOYMENT (CONTINUED)

	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
7	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
8	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
73	INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT		74	EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.	

CREDIT HISTORY

75. LIST THREE COMMERCIAL or BUSINESS CREDIT REFERENCES (Include Bank or Charge Account, or Firms You Have Borrowed Money for Any Purpose)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE
		\$	OPENED CLOSED
		\$	
		\$	

76. HAVE YOU EVER BEEN SUED YES NO IF "YES" GIVE DETAILS

77. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) & WHETHER IN ARREARS

AMOUNT OF ORIGINAL DEBT	AMOUNT NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		

78. HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" EXPLAIN

ACQUAINTANCES

79. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

	NAME	ADDRESS		HOME PHONE
1	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
	NAME	ADDRESS		HOME PHONE
2	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
	NAME	ADDRESS		HOME PHONE
3	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

80. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLE MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES

1	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN

81. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

THUMBPRINT

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation may include testing for drugs/ narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the municipality to which you are applying.

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

QUESTION NUMBER	CONTINUATION OF ANSWER
SIGNATURE	DATE

STATE OF _____)
) SS.
COUNTY OF _____)

_____, being first duly sworn, upon his/her oath, states that he/she has signed the foregoing BOARD OF FIRE & POLICE COMMISSIONERS POLICE OFFICER APPLICATION; that there are no willful misrepresentations, or falsifications contained therein; and that all of my answers contained therein are true and correct to the best of my knowledge and belief.

Signature in full of Applicant

SUBSCRIBED and SWORN to before me this _____ day of

_____, 20_____.

NOTARY PUBLIC

My Commission expires:

VILLAGE OF SAUK VILLAGE
PROBATIONARY FIREFIGHTER/EMT FIREFIGHTER/PARAMEDIC TESTING
RELEASE OF ALL LIABILITIES CERTIFICATE

The undersigned, for good and valuable considerations, hereby releases, remises and discharges the Village of Sauk Village, a municipal corporation, its officers, agents, and employees of and from any and all claims, demands, and liabilities to me and on account of any and all injuries, losses and damages, to my person that shall have been caused, or may, at any time, arise as a result of Village of Sauk Village Police Department tests conducted by the Board of Fire and Police Commissioners of said Village of Sauk Village, the intention hereof being to completely, absolutely, and finally release said Village of Sauk Village, and its officers, agents, and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Signature of Participant: _____

Witnessed by: _____

Date: _____

ATTACHMENT NO. 1

Please answer the following additional questions, which are included as an integral part of your Firefighter/EMT Firefighter/Paramedic application.

1. DRUGS. Are you currently using any controlled substance or marijuana contrary to law?

Yes

No

If yes, explain:

2. Have you ever possessed or used any controlled substance or marijuana contrary to law?

Yes

No

If yes, explain:

AUTHENTICATION SECTION

STATE OF _____

SS:

COUNTY OF _____, being first duly sworn, upon his/her oath, states that he/she has signed the foregoing POLICE OFFICER APPLICATION; that there are no willful misrepresentations, or falsifications contained therein; and that all of my answers contained therein are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

SUBSCRIBED and SWORN to before me this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires:

VILLAGE OF SAUK VILLAGE

FIREFIGHTER/EMT FIREFIGHTER/PARAMEDIC APPLICATION

ELEMENTS OF THE SELECTION PROCESS

1. **Written Examination** – The written exam is scored on-site. A minimum score of 70.00% is required to continue in this testing process.
2. **Oral Examination** - Applicants who have successfully passed the written examination will be scheduled to take the oral examination. If you pass the written exam, you will be given a date and time.
3. **Eligibility List** - The Board of Fire and Police Commissioners will post an eligibility list with an expiration date as a result of the selection process. Only those persons named on this list will be considered for appointment as Probationary Firefighter/EMT Firefighter/Paramedic.

Additional elements of the testing process are listed below and you are notified that sensitive or confidential aspects of your personal life may be explored prior to any appointment as a Probationary Firefighter/EMT Firefighter/Paramedic. Candidates will be notified of the date and time of these examinations. The results of all examinations are retained by the Commission and are stored in a secure area. Access is restricted to only those persons entitled to view these records.

4. **Preference Points** – After the Initial Eligibility List is established, applicants will have ten (10) days to apply for the allowable preference points (*see below*):
 - **Military Veterans**: Applicants who served in the United States military for at least 1 year and who were honorably discharged shall receive 5 points. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service and evidence of honorable discharge at time of application to qualify;
 - **Education**: Applicants who have successfully obtained an Associate's Degree in the field of Fire Service or Emergency Medical Services 1 point -OR- a Bachelor's Degree in any field from an accredited college or university, shall be awarded 2 points. Official transcripts must be submitted at time of application to qualify;
 - **Paramedic/Firefighter Certification**: Applicants who have obtained Advanced Technician Firefighter / Firefighter III certification or a State of Illinois or nationally certified Paramedic (EMT-P) license shall be awarded 3 points for attaining any or all named statuses listed above. Proof of licensure must be submitted at time of application to qualify;
5. **Polygraph Examination** - You will be required to submit to a polygraph examination for detection of deception with test questions from the following areas:
 - Work History
 - Honesty
 - Criminal History
 - Use of Force History
 - Alcohol/Drug History
 - Driving Record

A trained and licensed individual will conduct the polygraph examination. No fees will be charged to you. The polygraph examination is not used as a single determinant of employment status. Admissions made during the conduct of the polygraph examination may result in the rejection of an applicant.

6. **Psychological Examination** - You will be required to submit to a psychological examination by a trained and licensed individual for emotional stability and psychological fitness. No fees will be charged to you.
7. **Medical Examination** - You will be required to submit to a medical examination by a medical doctor licensed to practice medicine to certify general health. No fees will be charged to you.
8. **Background Investigation** - Criminal investigators of the Sauk Village Police Department trained in background investigations will conduct a background investigation. This background investigation routinely involves interviews with families and neighbors and will include but is not limited to:
 - Verification of qualifying credentials
 - Review of any criminal history
 - Verification of personal references
9. **Duration of the Selection Process** - Any applicant that is determined to be ineligible for appointment will be notified in writing within 30 days of such decision.

The duration of the selection process in elements listed 1 through 4 is usually completed within 90 days. You will be notified when and where to appear to submit to a polygraph, psychological, and medical examination and when a background investigation is begun. These elements are performed when you are being considered for an appointment as a Probationary Firefighter/EMT Firefighter/Paramedic due to the staffing needs of the Sauk Village Fire Department.

10. **Re-Application** - There is no limit to the number of times you can apply for participation in the selection process of Probationary Firefighter/EMT Firefighter/Paramedic. You may re-apply for any subsequent selection process announced by the Board of Fire and Police Commissioners.

Important Disclaimer for Potential Applicants: As part of this application form, you will be required to submit various documents, records and/or additional forms. Be sure to allow sufficient time to gather this documentation and fully complete the application before the deadline. In other words, do not wait until one day before the deadline to collect and submit additional required documentation. In order for your application to be accepted, all materials must be submitted and received prior to the deadline.

NOTICE

This document provides a listing of the elements of the selection process and is meant only for use as a general overview to help explain the testing and selection process. The Rules and Regulations of the Village of Sauk Village Board of Fire and Police Commissioners solely apply to the selection process.

CHECKLIST

This is a checklist to use to ensure you have provided the **Village of Sauk Village** all necessary documents. To help expedite the application review process, please have all documentation in the order listed on this checklist.

YOUR APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING IS MISSING OR INCOMPLETE. THERE WILL BE NO EXCEPTIONS.

- Completed, hand-printed application (with notarized affidavit)
- Completed Release of Liability Certificate. (This form must be completed and signed by yourself and one witness.)
- Certificate for EMT Basic State of Illinois
- Copy of birth certificate
- Copy of current driver's license (if driving on a citation, please provide a copy of the citation with another form of photo identification)
- Copy of high school diploma or equivalent or college degree(s)
- A copy of your Social Security Card