The Wilmington Fire Protection District is seeking qualified applicants to establish an eligibility list for the position of Firefighter/Paramedic with the District.

Starting Salary: $65,854.39

QUALIFICATIONS

- Applicant must be at least 21 years of age and under 35 years of age at the time of submission of an application unless otherwise provided by state or federal law
- Be a citizen of the United States
- Have a high school diploma or equivalent (GED)
- Possess a valid class B non CDL driver’s license in the State of Illinois
- Be certified as a Basic Operations Firefighter or Firefighter II through the Office of the State Fire Marshall in the State of Illinois prior to conditional offer.
- Be certified as a Paramedic in the State of Illinois (IDPH EMT-P) prior to conditional offer.

Applications will be available to qualified candidates June 29th, 2023 – August 11th, 2023 between the hours of 8:00am-3:00pm, Monday-Friday at Station #1, 501 N. Main Street, Wilmington, IL. You may also download the application online at www.wilmingtonfire.org under the Employment tab.

Completed application must be returned to the above address IN PERSON no later than 3:30 pm on August 11th, 2023. Failure to complete the application in its entirety shall be grounds for rejection from the process. Applicants must attend the following:

- Orientation/Written Exam: Friday August 11th, 2023 at 6 pm Sharp (No one will be allowed in the room after 6 pm)
- Oral Interviews: Monday August 14th, 2023
- Physical Ability: Must have a CPAT card with ladder climb issued no more than 365 days prior to conditional offer.

The Rules and Regulations of the Board of Fire Commissioners, Wilmington Fire Protection District, will govern all facets of the hiring process, a copy of which is available for viewing at the District’s Station#1. If you have any questions please call (815)-476-6675.

Wilmington Fire Protection District
501 N. Main Street
Wilmington IL. 60481

Proudly serving our community since 1868
WILMINGTON FIRE PROTECTION DISTRICT  
WILL COUNTY, ILLINOIS  

FIREFIGHTER/EMT-B  
FIREFIGHTER/PARAMEDIC  
APPLICANT PERSONAL DATA QUESTIONNAIRE  

1. Name ____________________________  
   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 Number ____________________________  
5. Business Phone Number ____________________________  

6. Driver's License No. ____________________________  
7. Social Security No. ____________________________  

8. U.S. Citizen?  
   Yes ____________________________  
   No ____________________________  

   If no, have you applied for United States citizenship?  
   Yes _______  No _______  

LIST ALL FORMER ADDRESSES FOR THE PAST TEN 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

Name and Address of School (include City and State)  Date(s) Attended  Graduate Yes / No

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 applied for:

MILITARY

21 Are you now or have you ever been in the military service of the United States?

Yes ________ No ________

22 Branch of service

Service Serial Number _______________ Highest Rank Held _______________

Type of Discharge ____________________________

23 Give dates and location of active duty ____________________________

City and State ____________________________

Period of Active Duty: From ____________________ To ____________________
24 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 ____________________________
Unit __________________ From __________ To ____________

CONVICTION HISTORY

255 Have you ever been convicted of a crime other than minor traffic violations?
Yes ________ No ________
If "Yes," explain below:

<table>
<thead>
<tr>
<th>DATE</th>
<th>POLICE AGENCY</th>
<th>OFFENSE</th>
<th>DISPOSITION OF CASE</th>
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26 List all traffic convictions and accidents you have had in the last ten years.

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<tr>
<th>LOCATION (City-State)</th>
<th>APPROXIMATE DATE</th>
<th>VIOLATION</th>
<th>DISPOSITION</th>
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267 Have you ever been refused a driver's license? Yes ________ No ________
If yes, explain: ________________________________
Has your driver’s license ever been suspended or revoked? Yes ___ No ___

If yes, explain:________________________________________________________________________

EMPLOYMENT HISTORY

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

29 Present (most recent) employer’s name ____________________________________________

Phone ____________________________________________________________________________

Address __________________________________________________________________________

Number & Street   City  State  Zip

Job Description _____________________________________________________________________

Supervisor’s Name _________________________________________________________________

Do you object to our contacting them? ______________________________________________

Reason for leaving __________________________________________________________________

Employed ___________ to ___________ Salary ___________ Per ___________

month-year        month-year

30 Employer’s name ___________________________________________ Phone _____________

Address __________________________________________________________________________

Number & Street   City  State  Zip

Job Description _____________________________________________________________________

Supervisor’s Name _________________________________________________________________

Do you object to our contacting them? ______________________________________________

Reason for leaving __________________________________________________________________

Employed ___________ to ___________ Salary ___________ Per ___________

month-year        month-year
Employer's name ______________________ Phone _________

Address __________________________________________

Number & Street  City  State  Zip

Job Description _______________________________________

Supervisor's Name ________________________________

Do you object to our contacting them? __________________________

Reason for leaving ___________________________________

Employed ______________ to ______________ Salary ______________ Per __

month-year  month-year

Employer's name ______________________ Phone _________

Address __________________________________________

Number & Street  City  State

Zip

Job Description _______________________________________

Supervisor's Name ________________________________

Do you object to our contacting them? __________________________

Reason for leaving ___________________________________

Employed ______________ to ______________ Salary ______________ Per __

month-year  month-year

Employer's name ______________________ Phone _________

Address __________________________________________

Number & Street  City  State  Zip

Job Description _______________________________________

Supervisor's Name ________________________________

Do you object to our contacting them? __________________________

Reason for leaving ___________________________________

Employed ______________ to ______________ Salary ______________ Per __

month-year  month-year

7
34 Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? If yes, please explain: ________________________________

35 Have you ever resigned from any employment position because of misconduct or unsatisfactory performance or while under investigation? Yes __________ No ___

If yes, explain: ________________________________________________________________

36 Have you ever taken a civil service exam? Yes ________ No ________

Agency __________________ Date ______________ Position on List ______

Status __________________________

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

38  Name __________________________  Address __________________________
    Home Phone _______________  Business Phone _________________________
    Occupation ___________________  Relationship _________________________

39  Name __________________________  Address __________________________
    Home Phone _______________  Business Phone _________________________
    Occupation ___________________  Relationship _________________________

40  Name __________________________  Address __________________________
    Home Phone _______________  Business Phone _________________________
    Occupation ___________________  Relationship _________________________

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

____________________________

____________________________

____________________________

____________________________

42  Explain your reasons for wanting to become a firefighter and/or paramedic:

____________________________

____________________________

____________________________

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

Yes ____________ No ____________

If accommodation is needed, please explain: __________________________________________

________________________________________

________________________________________

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

Name ____________ Address __________________________

Phone ____________ Relationship __________________________

Name ____________ Address __________________________

Phone ____________ Relationship __________________________

Name ____________ Address __________________________

Phone ____________ Relationship __________________________

I understand that I must provide the Fire Commission with a copy of my high school diploma, high school equivalent or post-high school education as evidence of completion before I am eligible for placement on the District’s eligibility list.

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.

Prior to employment, all applicants must produce a valid driver’s license or state identification card and one document listed below:

- A birth certificate issued by the State Department, Form FS-545;
- A birth certificate issued abroad by the State Department, Form DS-1350;
- An original or certified copy of a birth certificate issued by a state, county or municipal authority, bearing a seal;
- Native American tribal documents;
- A United States citizen identification card, INS Form I-197, or
- An identification card for use of a resident citizen in the United States INS Form I-179.
I further understand that it is my obligation to provide the Commission with up-to-date credentials and that the Commission will develop its eligibility list in accordance with the credentials on file with it.

I understand that I must submit a Wilmington Fire Protection District certification of physical condition form signed by my physician before I may participate in the physical ability test.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL 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 ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE WILMINGTON FIRE PROTECTION DISTRICT.

Dated at _____________ Illinois, this ______ day of _____________, 20_____

Signature in Full ________________________________
WILMINGTON FIRE PROTECTION DISTRICT
AUTHORIZATION FORM

I, __________________________________________, hereby authorize the WILMINGTON FIRE
PROTECTION DISTRICT ("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 employment made to the DISTRICT. I also consent to the release to the DISTRICT of any and all medical records prepared during the medical examination I am required to undergo for employment with the 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 physical ability test as part of the application process and that such physical ability 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 DISTRICT's CERTIFICATION OF PHYSICAL CONDITION form prior to participating in the physical ability test.

I also agree to indemnify and hold harmless the DISTRICT, its Board of Fire Commissioners, 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 physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the 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 DISTRICT, its trustees and commissioners as well as its employees and agents.

SUBSCRIBED and SWORN to before me this ________ day of ____________________________, 20___.

Signature ________________________________

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 confidentiality, and will be used only to help assure the best use of your abilities if you are employed with us.