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
**After May 1st:** $67,500.75

**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 January 8th, 2024 – February 9th, 2024 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 February 9th, 2024. 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 February 9th, 2024 at 6 pm Sharp (No one will be allowed in the room after 6 pm)
- Oral Interviews: Monday, February 12th, 2024
- 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  
   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 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**

<table>
<thead>
<tr>
<th></th>
<th>CIRCLE HIGHEST GRADE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>GED CERTIFICATE</td>
</tr>
<tr>
<td></td>
<td>HIGH SCHOOL</td>
</tr>
<tr>
<td></td>
<td>COLLEGE 1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>GRADUATE SCHOOL</td>
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<tr>
<td></td>
<td>M.A.</td>
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<tr>
<td></td>
<td>Ph.D.</td>
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<tr>
<td></td>
<td>OTHER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Are you now or have you ever been in the military service of the United States?</th>
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<tbody>
<tr>
<td>21</td>
<td>Yes ________ No ________</td>
</tr>
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<thead>
<tr>
<th></th>
<th>Branch of service</th>
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</thead>
<tbody>
<tr>
<td>22</td>
<td>Service Serial Number              Highest Rank Held</td>
</tr>
<tr>
<td></td>
<td>Type of Discharge</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th></th>
<th>Give dates and location of active duty</th>
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</thead>
<tbody>
<tr>
<td>23</td>
<td>City and State</td>
</tr>
<tr>
<td></td>
<td>Period of Active Duty: From _______ To _______</td>
</tr>
</tbody>
</table>
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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<tbody>
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</table>

26 List all traffic convictions and accidents you have had in the last ten years.

<table>
<thead>
<tr>
<th>LOCATION (City-State)</th>
<th>APPROXIMATE DATE</th>
<th>VIOLATION</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
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</tbody>
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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

6
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-543;
- 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 State INS Form I-179.
49 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.

50 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.

__________________________________________
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.

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FORM 3

WILMINGTON FIRE PROTECTION DISTRICT
BOARD OF FIRE COMMISSIONERS
PREFERENCE POINTS CANDIDATE INFORMATION SHEET
PREFERENCE POINTS CLAIM FORM AND AFFIDAVIT

After the Initial Eligibility Register 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 (Form A). This claim must be made within ten (10) days after the posting of the Initial Eligibility Register or the points will be deemed waived.

Up to five types of preference points may be claimed by applicants:

1. **Experience Preference Points (Maximum 5 Points)**

   Any applicant who has been a paid-on-call certified firefighter II, firefighter III, EMT-B, EMT-I or EMT-P for the Wilmington 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 the posting of the initial eligibility list.

   Any applicants from outside the Wilmington Fire Protection District who were employed as full-time certified firefighters or paramedics for at least two (2) years at another fire protection district or municipality shall be awarded one (1) point for each year up to a maximum of five (5) points. No experience preference points will be awarded to an applicant for service with a private employer who had a contract for fire or ambulance service with a fire protection district or municipality.

   Proof of such service must include submission of copies of applicable certificates and a sworn affidavit by the applicant (see Form 3A). Note that proof of POC 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 (Maximum 5 Points)**

   Applicants who served in the United States military actively for at least one 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 by the applicant (see Form 3A).
If you wish to claim preference points for the Final Eligibility Register for hire with the District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the Initial Eligibility Register. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

A. Experience Preference Points (70 ILCS 705/16.0b(h)(5)) (Max. 5 points)

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

1. Wilmington Fire Protection District
   Paid-On-Call Firefighter and/or Paramedic

   Date of Service (month/date/year):_____________________________ to ________________

   OSFM Certification Dates (month/date/year):

   FF II: ________________   FF III: ________________

   EMT-B: ________________   EMT-I: ________________

   EMT-P: ________________

2. Full-time Firefighter and/or Paramedic—Another Fire Department

   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 ________________
STATE OF ILLINOIS
)
)
COUNTY OF ________________
)

CANDIDATE'S AFFIDAVIT

I, ________________________________, being first duly sworn

Name of Candidate

on oath, state that the information set forth in my Wilmington Fire Protection District Preference
Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or
material omission may result in my application no longer being considered by the District, removal
from the hiring list, and/or dismissal from the District.

________________________________________
Candidate's Signature

Subscribed and Sworn to
before me this _________ day
of __________________________ 20__

_______________________________
Notary Public

For District Use Only

Date Initial Eligibility Register was Posted: ______________________________________

Date of Submission of Claim Form: _____________________________________________

Received by: ________________________________________________________________