



Waukegan Civil Service Commission Board of Fire Commissioners *Application for Employment Full-Time Firefighter/EMT*

The Board of Civil Service Commissioners for the Waukegan Fire Department, Waukegan, Illinois, is seeking qualified applicants to establish a hiring eligibility list. Applications must be submitted on or before 4:00 p.m. local time on August 28, 2020 using this form. Minimum eligibility requirements have been established for this position by the Board of Civil Service Commissioners and/or applicable State statutes:

- Applicant must be at least 21 years of age at the time of hire.
- Applicant must be under 35 years of age as of the date of the written exam, unless the individual falls under one of the exceptions to the statutory maximum hiring age detailed in 70 ILCS 705/16.06 or 65 ILCS 5/10-2.1-6.
- Applicant must possess a high school graduation diploma or GED equivalent.
- Applicant must have a valid driver's license.

Applicants will be required to attend the following sessions, or be disqualified:

- The 1.5 mile run to be held on Saturday, September 19, 2020 at 7:30 a.m. at Weiss Field located 100 N Lewis Ave, Waukegan, IL 60085.
- The obstacle course to be held on Saturday, September 26, 2020 at 7:30 a.m. at Lakes Behavioral Health located 2615 Washington St, Waukegan, IL 60085. (parking garage)
- Written examination to be held October 3, 2020 at 9:00 a.m. at Waukegan High School located 1011 Washington St, Waukegan, IL 60085. (South parking lot)
- Interviews before the Board of Fire Commissioners to be held in October, 2020 (time, day and location to be announced).

Applicants must be of good moral character and meet all requirements of the Waukegan Civil Service Commission Board and the State of Illinois. Applicants must successfully complete all phases of testing to be placed upon the eligibility list. Placement upon the eligibility list does not guarantee future employment with the Waukegan Fire Department.

Persons requiring assistance completing the application may telephone or visit the Waukegan Fire Department Station #1 Administrative Offices: 1101 Belvidere Rd, Waukegan, Illinois (847-249-5410), Monday through Friday between 8:00 a.m. and 4:00 p.m. Or email fire@waukeganil.gov

Completed applications must be submitted to the Waukegan Fire Department Station #1 no later than 4:00 p.m. on Friday, August 28, 2020.

The Waukegan Fire Department considers all applicants for employment without regard to race, color, religion, sex, age, origin, handicap or disability in accordance with federal law. In addition, the Waukegan Fire Department complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction it maintains facilities.

This Application for Employment is the first step of the testing process. Please read each question carefully before answering and answer each question accurately. The application is not the sole criterion for hiring, various procedures are utilized to verify the accuracy of the information that you have provided. An applicant may be disqualified from further processing, employment, and/or terminated after appointment for failing to complete this form, or if he/she intentionally makes a false statement of material fact, practices, or attempts to practice, any deception or fraud in this application, examination, hiring process or appointment.

THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT ONLY.

I have read and understand the
above statements:

Yes No

You must read and understand the above statements before continuing.

First Name

Last Name

Middle Name

Maiden name or other names, including nicknames or aliases, that you have used or have been known by may be necessary to verify background information, previous employment and education:

Maiden names, other names or aliases:

E-mail Address (A receipt of this application will be sent to this address.)

Home Street Address

Apt. #

City

State

Zip Code

How long at present address?

Home Phone:

Mobile Phone:

Less than 1 years

1 to 5 years

More than 5 years

Past Address 1:

From:

To:

Past Address 2:

From:

To:

Past Address 3:

From:

To:

Are you a United States
Citizen?

Yes

No

Social Security #

If naturalized citizen, give date

PERSONAL REFERENCES

List three persons that you have known for at least five years. Do not list relatives or former employers:

Name 1

Address

City:

State:

Zip Code:

Phone Number:

Their Occupation

Number of Years Known:

Name 2

Address

City:

State:

Zip Code:

Phone Number:

Their Occupation

Number of Years Known:

Name 3

Address

City:

State:

Zip Code:

Phone Number:

Their Occupation

Number of Years Known:

Employment History

Starting with your present position, list all jobs held over the past ten years including part-time and full-time employment and military experience.

Employer

Supervisor

Address

Telephone

Job Title

From

To

Job Duties

Reason for Leaving

Employer

Supervisor

Address

Telephone

Job Title

From

To

Job Duties

Reason for Leaving

Employer

Supervisor

Address

Telephone

Job Title

From

To

Job Duties

Reason for Leaving

Employment History (continued)

Employer

Supervisor

Address

Telephone

Job Title

From

To

Job Duties

Reason for leaving

Please note any objections to our contacting any of the previously listed employers:

Are you engaged in any business as an owner or partner?

Yes No

If yes, please provide details:

Were you ever discharged or asked to resign from any employment?

Yes No

If yes, please provide details including dates:

Have you had any garnishments, wage assignments or judgements against you?

Yes No

If yes, please provide details including dates:

Education and Training

Highest degree earned

High school GED Associates
Bachelors Masters Doctorate

High School

Location

Graduate?

Yes No

Graduation Date:

OR

GED Date:

College/University

Degree Program:

Degree Earned, if any:

Date Earned:

College/University

Degree Program:

Degree Earned, if any:

Date Earned:

College/University

Degree Program:

Degree Earned, if any:

Date Earned:

College/University

Degree Program:

Degree Earned, if any:

Date Earned:

Describe any specialized training, experience, qualifications or skills which you feel make you especially suited for this job:

Driver's License Information

Do you currently have a valid driver's license?

Yes No

State issued

Number

Expiration

During the last 10 years, has your license been suspended or revoked?

Yes No

When?

For how long?

Reason

Have you ever been convicted of driving under the influence of alcohol or drugs?

Yes No

Explain

Were you ever involved in any vehicular crashes?

Yes No

Describe details including dates

Were police reports completed for these crashes?

Yes No

List police agencies

U.S. Military Experience

Were you ever rejected from the Armed Forces?

Yes No

Describe the details

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Branch of service

Length of service

Highest rank

Discharge status

Date of discharge

Reserve status

Please attach a copy of your DD214 or service record.

Were you ever convicted in a court martial or were you subject of a summary court, or any other disciplinary action?

Yes No

Describe the details including dates.

Please list any specialist schools while in the Armed Forces.

Please list any commendations and citations awarded to you as a member of the Armed Forces.

General Information

Have you ever been convicted of a misdemeanor or felony crime?

Yes No

Describe the details - indicate date, nature and place of offense and the sentence received.

Have you ever filed bankruptcy?

Yes No

Describe the details including dates.

Have you received any traffic citations in the past five years?

Yes No

List all convictions in the past five years.

Do you use, or have you ever used, narcotics, marijuana, barbiturates, amphetamines or other illegal drugs?

Yes No

Describe the details.

Have you paid, promised to pay, or given any money or material services or consideration to any person, directly or indirectly, toward procuring your appointment to this Department?

Yes No

Describe the details.

Please list any civic, professional or social organizations to which you belong.

Do you have any knowledge or information, in addition to the information specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment with a fire department, including but not limited to employment, education, subversive activities, family, association, criminal record, traffic violations, residences or otherwise, please list below:

Narrative

Why do you feel you are qualified for this position? (50 word minimum)

Certification

By signing this application below, I certify that all of my answers in this application are true and correct. I agree to verification of all my statements and answers in this application before any hiring decision is made. I authorize investigation of my past employment history as well as any investigation into my criminal and driving history, credit and character.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, psychological testing and polygraph, physical examination and a drug screening test.

I further understand and agree that any false, misleading or incomplete information given in my application, interviews or other pre-employment questionnaires and procedures, regardless of when discovered by the Waukegn Fire Department, will be sufficient basis for my disqualification for employment or if employed, the termination of my employment with the Waukegan Fire Department. I agree the Waukegan Fire Department shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

I hereby attest that I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is full and correct in every respect. I further acknowledge that I have read and understand all of the information above and agree to the terms therein.

Applicant's signature

Date



Waukegan Civil Service Commission

100 N. Martin Luther King Jr Ave

Waukegan, Illinois 60085

Office: 847-599-2550

Robert Brown
Chairman

Charles Perkey
Co-Chairman

Michael Jackson
Commissioner

Hector Rodriguez
Commissioner

Diane Verratti
Commissioner

George Bridges, Jr.
Fire Chief

Gene Decker
Deputy Fire Chief

Brett Stickels
Training Battalion Chief

Authorization for Release of Information

I, _____, hereby consent and authorize the Waukegan Civil Service Commission, its representatives, or agents bearing this release to obtain any information in your files pertaining to, but not limited to, my employment records, driving records, criminal records, criminal records, civil case history. I also consent to your release of any and all public information that you may have concerning me, my work record, by background, my reputation, my criminal history records and personal references.

I hereby release any representative or agent of the Waukegan Fire Department from liability or damages pursuant to any State or Federal laws. I hereby release you as the custodian of such records and your organization, City including its officers, employees, or other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which, at any time, may result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand my rights under Title 5, Unites States Code, Section 552a, the privacy act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Waukegan Fire Department in conjunction with employment procedures.

A photocopy or fax copy of this release will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. This authorization will remain valid for six months of the date of my signature.

Signature _____

Name(Printed) _____

Address _____

Telephone _____

Date of Birth _____

Social Security No. _____

Date: _____

Please attach copies of the following required additional documents:

- Birth Certificate
- Driver's License
- High School Diploma or GED
- Other degrees if applicable

Print and submit the application above, with the required additional documents attached, to Waukegan City Hall Clerk's Office at 100 N. Martin Luther King Jr Ave, Waukegan, IL 60085.

******* KEEP THIS PAGE FOR YOUR RECORDS *******

Candidate Preparation Manuals

Includes detailed recommendations on important concepts, such as the most effective test-taking strategies and methods, specific information about CPS HR test forms, and what to expect on the day of the test administration. Also includes several practice questions covering each section of the test, along with helpful tools, like a sample answer sheet and template test instructions for candidates to prepare before the day of the test.

Practice Tests

Simulates full-length versions of CPS HR tests and have been designed to replicate the look and feel of test-day material. Contains practice items across the same sections contained in our test forms. When candidates have completed the online practice exam, they will receive a breakdown of their scores by section. (Candidates will not receive a list of the questions and answers.) In addition, candidates can re-take the exam one additional time at no cost.

<https://secure1.cpshr.us/crcv/Default.aspx?ID=TR120378>

Copy the above link to access study materials after submitting the application. The materials purchased are valid until October 3, 2020.

Preference Points Submission Process

The City or its assigned testing agent shall send written notice to qualified applicants on the Initial Eligibility List of the opportunity to apply for preference points within 10 business days of posting the Initial Eligibility List. Candidates will be permitted to submit Preference Points between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday. Candidates must use the forms located on the following five (5) pages to submit their points. All submissions must include the Candidate Affidavit for Preference Points. All Preference Points must be submitted to to Waukegan City Hall Clerk's Office at 100 N. Martin Luther King Jr Ave, Waukegan, IL 60085.



Waukegan Civil Service Commission

Board of Fire Commissioners

100 N. Martin Luther King Jr Ave

Waukegan, IL 60085

847-599-2550

Candidate Affidavit for Preference Points

I, _____, being duly sworn on oath, state that the information set forth in my Waukegan Fire Department Preference Point Claim Form(s) is true and correct. I understand that misrepresentations, falsifications or material omissions may result in my application no longer being considered by the Commission, removal from the hiring register and/or dismissal from the Commission.

Applicant's Signature

FOR BOARD USE ONLY BELOW LINE

Date of Initial Eligibility Roster Posting: _____

Date of Submission of Claim Form(s): _____

Received by: _____



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847-599-2550

Application for Military Preference Points

All persons who have at least one (1) year of active military service and who were honorably discharged or remain on inactive service or reserve duty shall receive five (5) preference 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.

To qualify for the military preference, applicants who are eligible for credit shall make such claim in writing within ten (10) days after posting of the initial eligibility list, and provide documentation proving such claim, or the claim will be waived.

I, _____, do hereby wish to exercise my right to have credit for Military Service preference points applied.

Branch of Service: _____

Dates of Service From: _____ to _____
(month/date/year)

Unit: _____

Rank: _____

PLEASE ATTACH A COPY OF YOUR MILITARY FORM DD-214 (LONG FORM).

Signature of Applicant

Date



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Waukegan, IL 60085

847-599-2550

Application for Bilingual Speaking (Spanish)

All persons who submit for bilingual Spanish speaking shall complete a proficiency exam upon request.

To qualify for the Bilingual speaking preference, applicants who are eligible for credit shall make such claim in writing within ten (10) days after posting of the initial eligibility list, and provide documentation proving such claim, or the claim will be waived.

I, _____, do hereby wish to exercise my right to have credit for Bilingual Spanish Speaking.

Signature of Applicant

Date



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Waukegan, IL 60085
847-599-2550

Application for Residency Preference Points

All persons whose primary residence is within the City Of Waukegan, County of Lake, or been a resident of Waukegan 5 or more years may receive preference points.

To qualify for the Residency Preference, applicants who are eligible for credit shall make such claim in writing within ten (10) days after posting of the initial eligibility list, and provide documentation proving such claim, or the claim will be waived.

I, _____, do hereby wish to exercise my right to have credit for Residency preference points applied.

Primary Residence Address: _____

PLEASE ATTACH A COPY OF PROOF OF RESIDENCY (UTILITY BILL, TAX BILL, MORTGAGE, ETC.).

Signature of Applicant

Date



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Board of Fire Commissioners

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Waukegan, IL 60085
847-599-2550

Application for Experience Preference Points

All persons who are or have been a fire cadet, volunteer, paid on call, or career firefighter, EMT-B, EMT-I or EMT-P may be awarded preference points.

To qualify for the experience preference, applicants who are eligible for credit shall make such claim in writing within ten (10) days after posting of the initial eligibility list, and provide documentation proving such claim, or the claim will be waived.

A candidate may not receive all experience preference points if the amount of points awarded place the candidate before a veteran on the eligibility list. In event of an equal number of points, the veteran shall be given first preference.

I, _____, do hereby wish to exercise my right to have credit for experience points applied.

Fire Cadet Hire Date: _____

Paid-On-Call Hire Date: _____

Firefighter II Certification Date: _____

EMT-PCertificationDate: _____

Firefighter III Certification Date: _____

EMT- B or I Certification Date: _____

Signature of Applicant

Date