

# City of Effingham Fire Department

## Part Time Firefighter Applicant Checklist



### Step 1

The following application and documents must be fully completed and returned on or before September 9, 2019 at 4:00 PM to Effingham Fire Department Station 1 – 505 W Fayette Ave, Effingham, IL: Attn. Jenn Alwardt.

- \_\_\_\_\_ Application for Employment
- \_\_\_\_\_ Qualifications for Part Time Firefighter Applicant Form
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of High School Diploma or GED Certificate .
- \_\_\_\_\_ Copy of University Degree
- \_\_\_\_\_ Copy of Current and Valid Driver's License



### Step 2

The following documents must be fully completed and submitted to the Mandatory Orientation on September 16, 2019. *Note: These forms may be submitted with the above-noted items.*

- \_\_\_\_\_ Physical Ability Test Release of Liability Form
- \_\_\_\_\_ Physician's Certification of Physical Fitness

**NOTE:** Please ensure ALL documents are completed, signed, dated, and witnessed or notarized (if applicable) prior to submittal. Failure to do so may disqualify the applicant from testing.



## **PAID-ON-CALL / PART-TIME FIREFIGHTER TESTING - 2019**

The City of Effingham Fire Department will conduct entry level Paid –On-Call / Part –Time Firefighter testing for the purpose of establishing an eligibility list to fill existing and anticipated vacancies. Applicants must be between the ages of 18 and 55 years old, and reside within an 8.2 Mile Radius from Central Fire Station, 505 West Fayette Ave. Effingham, IL.

**The testing process will include a Mandatory Orientation session to be held at the Effingham Central Fire Station located at 505 W. Fayette Avenue. The Mandatory Orientation session will be Monday, September 16, 2019 at 6:00 PM.**

The testing process will include a written test and physical agility test to be conducted on September 21, 2019, with the location and date/time announced at the Mandatory Orientation session. The Effingham Fire Department is anticipating hiring eight (8) Paid-On-Call/Part-Time Firefighters from this eligibility process.

Application packets with detailed information concerning the examination process along with the Paid-On-Call / Part-Time Firefighter job description may be obtained at Effingham City Hall in the Utility Billing/Customer Service Office (main floor), 201 East Jefferson Avenue, or at the Central Fire Station, 505 West Fayette Avenue from 8 AM – 4PM – Monday through Friday.

Applications are also available on – line at [www.effinghamil.com](http://www.effinghamil.com) – select “Jobs” tab at the bottom of the page. Applications must be returned NO LATER than 4 PM, Monday, September 9, 2019.

## City of Effingham Fire Department Qualifications for Part Time Firefighter Applicants

- **Age:** Applicants, at such time as they file their application with the City, must be 18 years of age. Applicants who are between the ages of eighteen (18) and fifty-five (55) are eligible for membership. Proof of birth date will be required at time of application.
- **Education:** Applicants must have a high school diploma or a General Equivalency Diploma (GED).
- **Citizenship:** Applicants must have proof of United States citizenship: A United States birth certificate, naturalization papers, a United States passport or a Certificate of Live Birth Abroad of a United States Citizen.
- **Criminal record:** Applicants may have no felony convictions.
- **Drug use:** Applicants who use illegal drugs currently or have used them within (1) year of the date of application, including the use of marijuana or the illegal use/abuse of prescription drugs, shall be disqualified from further consideration. Drug use at any time prior to that period will be evaluated on a case-by-case basis and may be grounds for disqualification.
- **Good driving and employment record:** Applicants must possess a valid driver's license and have a good driving and employment record.
- Applicants must reside within an 8.2 mile radius of Central Fire Station, 505 W Fayette Ave, Effingham.
- Upon completion of the new hire process, candidates must pass a department physical.
- **Background Investigation:**
  1. Verification of qualifying credentials
  2. A review of any criminal record
  3. Verification of at least three personal references

I, \_\_\_\_\_, do hereby acknowledge that I

*(Please Print Name)*

have read and understand the qualifications set forth by the City of Effingham Fire Department for all Part Time Firefighter applicants. By my signature below, I agree that I meet all of these qualifications.

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Signature

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Date



## Effingham Fire Department Physical Ability Test

As part of the Effingham Fire Department Paid-On-Call Firefighter recruitment process, all Paid-On-Call applicants are required to participate and successfully complete a physical ability test. The Physical Ability Test is a sequence of events that must be successfully completed in a continuous manner.

The Physical Ability Test is a Pass/ Fail exam. Because the exam tests an individual's physical abilities to perform the job duties of a firefighter, you are required to wear exercise type or comfortable clothing that will not interfere with your ability to take part in the Physical Ability Test. In addition, you should bring work type gloves, and insure you are wearing long pants and NO open heel or open toe shoes. Watches and loose fitting jewelry is NOT permitted to be worn during the Physical Ability Test.

The Physical Ability Test will consist of the following:

### **EVENT 1- Aerial Ladder Climb:**

*Applicants must climb the Aerial Ladder that will be set at 50" with a 75 degree angle. This is NOT a timed test, however, if the applicant makes prolonged stops during the ascent or descent or does not reach the aerial tip, this will constitute a failure of the testing process and further participation will cease.*

### **EVENT 2 – Stair Climb:**

*This event tests the applicant's ability to perform critical tasks of climbing stairs with fire gear and equipment. Candidate will don a bunker coat and carry a high rise pack bundle up and back down the stairs of the high rise simulator located at the Regional Training Center- this is to be completed 3 times. You will be permitted to use the handrail for balance –momentarily, however, if you use the handrail for weight bearing you will receive a verbal warning- two verbal warnings will constitute a failure and further participation in the process will cease- additionally, failure to perform the task as outlined above will constitute a failure.*

### **EVENT 3 – Forcible Entry:**

*This tests the applicant's ability to simulate a critical task of using force to open a locked door or breach a wall. The applicant will be required to use a ten (10) pound sledgehammer to forcibly strike a truck tire lying on the ground for a total of six (6) strokes. If the applicant loses control of the sledgehammer or fails to strike the tire six (6) times- this will constitute a failure and further participation will cease.*

#### **EVENT 4 – Hose Drag:**

*This event simulates the critical task of advancing fire hose. The applicant will grasp the nozzle attached to a hose line of 200' – advance the hose 200', stop turn and return the nozzle past the original starting point and set down the nozzle. Failing to advance the hose as directed will constitute a failure and further participation will cease.*

#### **Reminders:**

- Long pants are to be worn.
- Bring work type gloves to wear during testing.
- NO open toe or open heel shoes are permitted to be worn.
- NO watches or loose fitting jewelry are permitted to be worn.
- The events are NOT TIMED, the only event where running is permitted is during the hose drag event.
- If you have any questions concerning the events listed, please contact the fire department at (217)342-5346.

**Effingham Fire Department  
Part Time Firefighter Physical  
Agility Test Release of All Liabilities**

The undersigned, recognizing that the Physical Agility Test is an integral part of the examination for the position of PART TIME Firefighter for the City of Effingham, Illinois, hereby releases, remises and discharges the City of Effingham and the Effingham Fire Department Officers and Training Committee, its members and employees of any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person which shall have been caused, or may at any time arise as the result of certain fire department examinations conducted by the Training Committee of the Effingham Fire Department or city officials of said Effingham, Illinois. The intention hereof being to completely, absolutely and finally release said City of Effingham, Illinois, the Training Committee of the Effingham Fire Department, and its members and employees from any and all liability arising wholly or partially from the cause aforesaid.

*I have read, understand and have signed the "Effingham Fire Department  
PART TIME FIREFIGHTER Physical Agility Test Release of all Liabilities. "*

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**THIS MUST BE SIGNED IN THE PRESENCE OF A FIRE  
DEPARTMENT EMPLOYEE BEFORE YOU WILL BE PERMITTED  
TO PARTICIPATE IN THE PHYSICAL AGILITY TEST.**

# City of Effingham Fire Department

## FIREFIGHTER PHYSICIAN'S CERTIFICATE OF PHYSICAL FITNESS

The undersigned does hereby certify that he/she has examined \_\_\_\_\_  
and has found that he/she is physically capable of participating in the physical agility test  
consisting of various strenuous exercises as described in the pages attached to this form.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ M.D.

Print M.D.  
Name: \_\_\_\_\_

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

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

Physician's  
DEA No.: \_\_\_\_\_

Please do not use a substitute form. If this form is not completed and signed by your Medical Doctor or his/her designee, you will not be allowed to test.



# APPLICATION FOR EMPLOYMENT

**City of Effingham**  
**Effingham Fire Department**  
 201 East Jefferson Avenue  
 P.O. Box 648  
 Effingham, Illinois 62401

### Introduction and Directions

Your application will be considered with others without regard to race, color, religion, sex, marital status, national origin, age, ancestry, handicap, disability, or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment.

1.	Department for which you are applying (check one)	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Police Department
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### Personal Information

2.	Name		
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
3.	Present Address		
	<i>(Street)</i>	<i>(Apartment/Unit #)</i>	
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
4.	Home Phone No:	Area Code:	Cell Phone No: Area Code:
5.	E-mail Address:		
6.	Date of Birth:	Social Security No.:	
7.	Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe in full where convicted and disposition of the case.		
10.	Do you speak, read and/or write any foreign languages?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, which languages?		
	<i>(Note: The purpose of this question is to help assist the department in assigning work when dealing with police or fire department matters involving citizens who do not speak English.)</i>		
11.	Are you willing to participate in pre-employment testing related to the position for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.		
12.	Do you have the ability to perform the essential functions of the position for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.		
13.	Are there any workplace accommodations that would assure you better job placement and/or better enable you to perform your job duties to maximum capacity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain.		

### Employment History

14.	Have you ever worked for the City of Effingham?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Please provide details under employment history.</i>		
15.	Have you ever applied for a position with the City of Effingham?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, when?	Department:	



16.	Are you presently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give accurate employment record of all part-time and full-time positions. Start with your current or most recent job and list all former jobs.			
16a.	Company Name:	Telephone: <i>Area Code</i>	
	Address:	Employed (month and year)	
		From:	To:
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work.		
16b.	Company Name:	Telephone: <i>Area Code</i>	
	Address:	Employed (month and year)	
		From:	To:
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work.		
16c.	Company Name:	Telephone: <i>Area Code</i>	
	Address:	Employed (month and year)	
		From:	To:
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work.		
16d.	Company Name:	Telephone: <i>Area Code</i>	
	Address:	Employed (month and year)	
		From:	To:
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work.		
We may contact the employers listed above unless you indicate those you do not want us to contact.			
Do not contact the following:			
	Employer Name:		
	Reason:		
	Employer Name:		
	Reason:		
<b>Military Service Record</b>			
17.	Have you served in the U. S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, in what Branch?		
	Dates of Service:	From:	To:
	Rank:	Type of Discharge:	

**Education, Training and Experience**

18.	School	Name and Address	Number of Years	Did you Graduate?	Degree/Diploma
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Training and Experience**

19.	School	Name and Address	Number of Years	Did you Graduate?	Degree/Diploma
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**References**

20.	(List two each)	Name and Address	Phone No.
	Work		
	Work		
	Personal		
	Personal		

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. If employed, I consent to submit to and cooperate in any questioning, any searches of my assigned vehicle, locker or

bags and other belongings on or in City property that the City, in its discretion, may request. I understand that refusal to submit to or cooperate in these procedures will result in disciplinary action, up to and including immediate discharge.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Effingham and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City of Effingham or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the City Administrator, with the approval of the City Council, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City of Effingham. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City of Effingham in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City of Effingham during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, and will be required during my employment only when job-related and consistent with business necessity. I understand that refusal to submit to any physical or medical examination ordered by the City of Effingham will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the City of Effingham and is exclusively the City of Effingham's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City of Effingham.

Signature	Date