

Application Packet Instructions and Checklist

Completed application packets must be emailed to zprewett@rochelleil.us OR dropped off by the applicant at the Rochelle Fire Department, 401 5th Avenue, Rochelle, IL. Fill out all forms completely. Packets are due no later than 6:00 pm on July 19th, 2023. Applicants will NOT be allowed to submit/amend any part of the application packet after this deadline. Application packets that are not complete will be set aside and applicants will not be allowed to test.

This application packet contains:

1. This Form
2. The Qualifications for Testing
3. The Testing Schedule
4. The Testing Procedure Description
5. A multi-page Employment Application Form
6. Waiver/Authorization for criminal background check

When submitted, packets MUST include ALL of the following:

- Completed Employment Application
- Signed Waiver/Authorization for criminal background check
- Proof of Citizenship of the United States of America (Birth Certificate, Passport, etc.)
- Copy of Birth Certificate
- Proof of High School Graduate/GED (Diploma or Transcripts)
- Copy of Valid Driver's License
- Copy of Social Security Card
- Copy of CPAT Card/Certificate completed on or after July 21st, 2022

Qualifications to Test

1. Must show proof of being a citizen of the United States of America
2. Must provide a copy of birth certificate
3. Must be at least 20 years of age at the time of application, 21 years at time of appointment
4. Cannot have attained the age of 35 at the time of testing (unless meeting an exception provided by 65 ILCS 5/10-1-7.1.c)
5. Must provide a copy of High School or G.E.D. graduation
6. Must show proof of valid driver's license
7. Must provide a copy of Social Security Card
8. Must meet all requirements established by the Board of Fire and Police Commissioners
9. All tests begin on time. If you are late, you will not be allowed to take the test.
10. Successful applicants must be at least an Illinois EMT-Basic, NREMT-Basic, or RN (Registered Nurse) by time of appointment.
11. Must submit a valid CPAT completed within the last calendar year.

Testing Procedures

Orientation

1. Orientation will start promptly at 8:00 am, July 22nd, 2023 in the Rochelle Fire Department basement
2. You must be present and on time at Orientation to test.

Written Test

1. The Written Test will take approximately 2 hours.
2. The test will have three parts: listening comprehension, reading comprehension, and mathematics.
3. Pencils and scratch paper will be provided; calculators and recording devices are not allowed.
4. Minimum passing score in accordance with **P.A. 97-0251** and the written test provider is 70%.
5. This test is scored on a scale of 100 points and is worth 60% of the final score.
6. Written test results will be posted at the Rochelle Fire Department and emailed to the email on file within 48 hours of the written test.

Oral Interview

1. You must meet all testing requirements and have passed the written test to be interviewed.
2. You will be notified of your interview date/time with at least one week notice.
3. The interview will last approximately 20 minutes.
4. The interview is scored on a scale of 100 points and is worth 40% of the final score.
5. Minimum passing score on the oral interview is 70%.
6. Oral Interview scores and preliminary total scores will be posted at the Rochelle Fire Department and emailed to the email on file within 48 hours of the written test.

Preference Points (Maximum 14 points)

Preference points will be awarded in the following categories in accordance with **P.A. 97-**

- 0251:**
1. Veterans Points: 5 points
 2. Paramedic: 5 Points for holding a valid Illinois EMT-P or NREMT-P license
 3. Education: 2 points for either (maximum 2 points)
 - AAS or AS in Fire Science or Paramedic Studies from an accredited College or University
 - B.S./B.A. in any field from an accredited College or University
 4. Residency within City of Rochelle/Ogle-Lee Fire Protection District: 2 points
 5. Experience: Whole years of experience as IL FFII/Basic Operations Firefighter on a regularly constituted Illinois fire department: $\frac{1}{2}$ point per *whole year*, maximum 5 points.

Documentation of Preference Points *must* be submitted prior to scheduled oral interview dates. You will receive additional information regarding preference points documentation submission following the publishing of the written exam results.

All tests are the property of the Rochelle Fire Department.

All tests will begin on time, if you are late, you will not be allowed to test.



Application for Employment

City of Rochelle

420 North Sixth Street
Rochelle, IL 61068
815-562-6161

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security _____

 Last First Middle

Address _____

 Street City State ZIP

Telephone # _____ Mobile/Beeper/Other# _____ E-Mail Address _____

Referral Source _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates & positions _____ Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for work.... ____/____/____ What is your desired salary range?..... \$ _____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Driver's License number required if driving may be required in the job for which you are applying _____ State _____

Employment History - Starting with your most recent employer, please provide the following information:

Employer _____ Telephone # _____	Dates Employed _____
Address _____	Starting Compensation _____
Starting job title/final job title _____	Final Compensation _____
Immediate supervisor & title _____	Commission/Bonus/Other Compensation _____
Why did you leave? _____	May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Summarize your work & responsibilities _____	

Employer _____ Telephone # _____	Dates Employed _____
Address _____	Starting Compensation _____
Starting job title/final job title _____	Final Compensation _____
Immediate supervisor & title _____	Commission/Bonus/Other Compensation _____
Why did you leave? _____	May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Summarize your work & responsibilities _____	

Employer _____ Telephone # _____	Dates Employed _____
Address _____	Starting Compensation _____
Starting job title/final job title _____	Final Compensation _____
Immediate supervisor & title _____	Commission/Bonus/Other Compensation _____
Why did you leave? _____	May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Summarize your work & responsibilities _____	

Skills & Qualifications

Summarize any special training, skills, licenses, and/or certifications that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience)

<input type="checkbox"/>	Word Processing _____	Years _____	<input type="checkbox"/>	E-Mail _____	Years _____
<input type="checkbox"/>	Spreadsheet _____	Years _____	<input type="checkbox"/>	Internet _____	Years _____
<input type="checkbox"/>	Presentation _____	Years _____	<input type="checkbox"/>	Other _____	Years _____

Education Background

Starting with your most recent school attended, provide the following information.

School Name/City/State	Years Completed	Degree/Diploma	GPA	Major
		Diploma _____ Degree _____ Certification _____ GED _____ Other _____		
		Diploma _____ Degree _____ Certification _____ GED _____ Other _____		
		Diploma _____ Degree _____ Certification _____ GED _____ Other _____		

References

List the name and telephone number of any business/work references who are not related to you and are not previous employers. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for a secure work with this employer is true, complete, and correct. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, and public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law. I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form to this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete, or misinterpreted in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms on the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ / _____ / _____

