

APPLICATION PACKET

ENTRY LEVEL POSITION

MACOMB FIRE DEPARTMENT

CITY OF MACOMB, IL

Michael J. Inman
Mayor
Phone: 309/833-2558

Melanie Falk, MMC
City Clerk
Phone: 309/833-2575

Scott Coker
City Administrator
Phone: 309/837-0501

Lisa Scalf
City Attorney
Phone: 309/833-4373

John Bannon
Community Development Coordinator
Phone: 309/833-4944



City of Macomb

P. O. BOX 377
MACOMB, ILLINOIS 61455
FAX: 309/836-9558



May 3, 2021

Dear Applicant:

Enclosed is a packet of information and application relative to the upcoming testing process for the position of entry level Firefighter with the City of Macomb Fire Department. **Please pay particular attention to dates and list of required documents.**

Applicants are required to take an agility test and, if passed, a written exam. **These exams are scheduled for Saturday, August 28, 2021.** The physical agility test will be administered at 8:00 a.m. at the Macomb Fire Department, 219 West Jackson Street, Macomb, Illinois. Applicants must arrive at the testing location between 7:30 – 7:45 a.m. Applicants will be informed of the location for the written exam on testing day. Oral interviews (date to be determined) will be conducted with applicants who pass both the agility and written exams.

All applications and attachments must be completed, signed and on file by 5:00 p.m., on Friday, August 6, 2021. If submitting the application packet by mail, it must be postmarked on or before the application deadline date AND received at the Macomb Fire Department within five (5) calendar days of the deadline. Late or incomplete applications will not be considered.

Please return applications to:

FIRE & POLICE COMMISSION
Macomb Fire Department
219 West Jackson Street
Macomb, Illinois 61455
Office (309)736-7800
Fax (309) 837-7126

If you have any questions, please contact Assistant Chief Dan Meyer or Secretary Corrina Wells at Macomb Fire Department, Office (309)836-7800.

Thank you.

Sincerely,

Macomb Fire & Police Commission
Beau Ingledue, Chair

Michael J. Inman
Mayor
Phone: 309/833-2558

Melanie Falk, MMC
City Clerk
Phone: 309/833-2575

Scott Coker
City Administrator
Phone: 309/837-0501

Lisa Scalf
City Attorney
Phone: 309/833-4373

John Bannon
Community Development Coordinator
Phone: 309/833-4944



City of Macomb

P. O. BOX 377
MACOMB, ILLINOIS 61455
FAX: 309/836-9558



May 03, 2021

The Board of Fire & Police Commissioners of the City of Macomb, Illinois offers biennial testing for eligible applicants interested in being considered for appointment to the Macomb Fire Department.

All applicants must be at least 20 years of age, and under 35 years of age as of the date of testing in order to apply for employment with the Macomb Fire Department. Exceptions: The age limitation does not apply to any person previously employed as a full-time firefighter in a regularly constituted fire department of any municipality or fire protection district located in Illinois. Any person who turned 35 while serving as a member of the active or reserve components of any of the branches of the Armed Forces of the United States or the National Guard of any state, whose service was characterized as honorable or under honorable, if separated from the military, and is under the age of 40 as of the date of testing may apply for employment with the Macomb Fire Department.

Applicants who are 20 years of age are hereby notified that while their name will be placed on the final eligibility list, the Department and the Police and Fire Commission reserve the right to pass over them if they will not have attained the age of 21 by the hiring date for that round of hiring. Any applicant passed over in this manner for this reason shall retain his or her place on the list for the next round of hiring.

All applicants must possess a high school diploma or equivalent; must possess a valid driver's license; must pass physical and written examinations; must have visual acuity of 20/20 in each eye corrected (minimum) with normal color vision and depth perception; and must have good habits and be of moral character. To be considered for appointment, the candidate must pass medical and psychological evaluation, must pass a background investigation and either be licensed as an EMT or be eligible for licensing as an EMT. If hired, McDonough County residency is required within 90 days after completion of the probationary period.

1. Starting salary is \$48,095.89 per year and is subject to change pursuant to the Collective Bargaining Agreement. The probationary period is for 12 months from completion of a fire academy.
2. Average work week of 53 hours, with time and one-half pay for all overtime.
3. 288 hours of paid sick leave per year.
4. Paid Days Off: After one year – 11 days, after 2 years – 14 days, after 5 years – 15 days, after 8 years – 16 days, after 12 years – 17 days, and after 15 years – 19 days.
5. Retirement Program: 50% of base salary after 20 years of service and the attainment of age 55.
6. Paid Employee Health Insurance Program: City pays 100% of individual and 75% of family health premium costs.
7. Paid in-service training by State of Illinois certified instructors.
8. The City furnishes all required initial clothing and pays a clothing allotment of \$675.00 per year thereafter.

All benefits and compensation itemized herein are subject to change pursuant to the applicable Collective Bargaining Agreement terms.

The City reserves the right to require reimbursement of training expenses on a pro-rate basis if the officer resigns within the first two years of employment.

APPLICATION FOR EMPLOYMENT

FIRE AND POLICE COMMISSION, CITY OF MACOMB, ILLINOIS

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

PLEASE PRINT

ANSWER ALL QUESTIONS COMPLETELY

EMPLOYMENT DESIRED

FIRE DEPARTMENT

PERSONAL INFORMATION

Name: _____
Last First Middle Maiden

Have you ever been known by or used any other name? If yes, what was that name?

Present Address: _____
Street City State Zip

Date of Birth: _____ Phone Number: _____

Email: _____

Prior Addresses: *Please specify below*

	Street Address	City	State	Dates of Residency	
				To	From
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

- | | Yes | No | |
|--|--------------------------|--------------------------|---------------------------------------|
| Do you have any relatives employed by the City? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, Who: _____ Relation: _____ |
| Do you have a valid drivers license? | <input type="checkbox"/> | <input type="checkbox"/> | If no, Explain: _____ |
| Have you received a high school diploma or GED? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever applied with the city before? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, when/for what position? _____ |
| Are you currently employed? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| If employed, may we inquire with your employer? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Are you currently on "lay-off" status and subject to recall? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Do you meet the age requirements on the date of testing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are you legally authorized to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> | |

Proof of Citizenship will be required upon employment.

MILITARY SERVICE If Applicable - *Optional*

Branch: _____ From: _____ to Discharge Date _____

Type of Discharge: _____

EMPLOYMENT EXPERIENCE Please list below your last four employers, starting with the most recent

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

List three persons not related to you, whom you have known for at least one year.

	Name	Phone	Address	Business	Years Known	Relationship
1.						
2.						
3.						

RECORD OR CONVICTION(S)

Please include traffic offenses.

	Date	Location	Type of Offence	Sentence
1.				
2.				
3.				
4.				
5.				

EDUCATION

Name/Location of School	Years Attended	Date Graduated	Major/Minor Subjects Studied
High School			
College			
College			
Other Training			

Specify any specialized training, apprenticeship, skills and extra-curricular activities _____

Describe any honors you have received _____

State any additional information you feel may be helpful in considering your application _____

ADDITIONAL INFORMATION

The following documents must accompany this completed application.

1. Proof of age, (*Birth Certificate Copy*) Must meet age requirement on date of testing.
2. DD214, if applicable (*Military Discharge Certificate Copy*)
3. Valid Drivers License (*Copy*)
4. Proof of highest education completed.

I, the undersigned, affirm that the information given by me on this application is true and correct and I hereby acknowledge that falsification of any part of this application may result in denial of employment or discharge after employment.

Date

Signature

NOTICE OF EXAMINATION MACOMB FIRE DEPARTMENT

The Board of Fire & Police Commissioners of the City of Macomb, Illinois hereby gives notice that examinations will be offered to all eligible applicants to create an Eligibility List for hiring for positions with the Macomb Fire Department.

All applicants must be at least 20 years of age, and under 35 years of age as of the date of testing in order to apply for employment with the Macomb Fire Department. Exceptions: The age limitation does not apply to any person previously employed as a full-time firefighter in a regularly constituted fire department of any municipality or fire protection district located in Illinois. Any person who turned 35 while serving as a member of the active or reserve components of any of the branches of the Armed Forces of the United States or the National Guard of any state, whose service was characterized as honorable or under honorable, if separated from the military, and is under the age of 40 as of the date of testing may apply for employment with the Macomb Fire Department.

All applicants must possess a high school diploma or equivalent; must possess a valid driver's license, must pass physical and written examinations; must have visual acuity of 20/20 in each eye corrected (minimum) with normal color vision and depth perception; and must have good habits and be of moral character. To be considered for appointment, the candidate must pass medical and psychological evaluation, must pass a background investigation and either be licensed as an EMT or be eligible for licensing as an EMT. If hired, McDonough County residency is required within 90 days after completion of the probationary period.

STARTING SALARY \$48,095.89 per year

Application packets may be obtained at: Macomb Fire Department, 219 West Jackson Street, Macomb, Illinois 61455, Phone (309) 836-7800, or on-line at <https://cityofmacomb.com/employment-listings/> .

All applications and attachments must be completed, signed, and on file by 5:00 p.m., on Friday, August 6, 2021. If submitting the application packet by mail, it must be postmarked on or before the application deadline date AND received at the Macomb Fire Department, 219 West Jackson Street, Macomb, Illinois 61455 within five (5) calendar days of the deadline. Late or incomplete applications will not be considered.

Testing date is Saturday, August 28, 2021. Physical agility test will begin at 8:00 a.m. and take place at the Macomb Fire Department, 219 West Jackson Street, Macomb, Illinois; written test location is to be determined.

*The City of Macomb is an Equal Opportunity and Affirmative Action Employer
Minorities and women are encouraged to apply*



Comprehensive Options
for Police Selection

C.O.PS and F.I.R.E.

Personnel Testing Service

Specializing in Law Enforcement and Fire Service Testing Options



Firefighter Individual
Readiness Evaluations

FIREFIGHTER PHYSICAL ABILITY TEST FACT SHEET

The firefighter physical ability tests conducted by F.I.R.E. Personnel Testing Service are in compliance with Public Act 97-0251 regarding firefighter examinations and testing and is based upon industry standards. It measures an applicant's strength under both anaerobic and aerobic conditions.

1. **AERIAL LADDER CLIMB - This is a pass/fail event**

The applicant must climb a minimum of 50 feet, or a height specified by the municipality, up a ladder and back down again without repeated or prolonged stops during the ascent or decent. This test will be conducted using an aerial ladder. It is a test of the individual's balance and stability as well as fear of great height.

2. **SIT-UPS — Timed event — 35 minimum within 1 minute**

The individual must complete as many bent leg sit-ups as possible in one minute with hands held behind their head. This test assesses the endurance level of the applicant's abdominal muscles. Strong abdominal muscles are needed for maintaining good posture and minimizing lower back problems.

3. **SIT AND REACH— 16 inches minimum**

The applicant will sit flat on the floor with legs straight out in front of their body and arms extended out stretching forward to reach beyond their toes. Flexibility of the lower back and upper leg area will be measured. This is important for good job performance involving range of motion and is important in minimizing lower back problems.

4. **EXTENSION LADDER CLIMB This is a pass/fail event**

The recruit must climb and descend approximately 25 feet on a ladder with an air pack of approximately 25 pounds strapped to their back. This event tests for an individual's minimum distance endurance on arms and legs with added weight.

5. **VICTIM RESCUE Timed event -12 seconds or less**

The applicant will run a distance of 30 feet from the starting point to a vehicle, open the door and remove a 150 pound simulated victim from the front seat and drag it back to the starting point. This event simulates removing a person from a wrecked and/or burning car to a safe area.

6. **STRETCHER CARRY —This is a pass/fail event**
The individual will climb and descend a flight of stairs while grasping a weighted object of 75 pounds while holding their arms in a crooked position. This event simulates assisting in transporting a stretcher with a victim up or down a flight of stairs.

7. **M A Z E — This is a pass/fail event**
The recruit, with an air tank and blackened face piece (will not be connected to air tanks), will be required to crawl on their hands and knees, following a life-line through a pre-arranged course with obstacles. Any action on the part of the individual to raise or remove the mask prior to completion of the event, or to release both hands from the lifeline, or loss of direction, will result in failure of the event. This event is testing for claustrophobia and how well the individual can handle a life threatening emergency situation.

8. **FLEXED ARM HANG - Timed event - 30 seconds minimum**
The applicant will mount a chinning bar with his/her palms facing away from their body and then adjust their body to a position where the chin is level with the bar. On command he/she is released from the supports and proceeds to maintain their position as long as possible. Timing will continue until their arms are extended to 135 degrees. This event is used to assess the individual's upper body and arm strength.

9. **STAIR CLIMB - Timed event - 35 seconds or less**
Individual with a 25 pound pack strapped to their back will run up 60 stairs and down 60 stairs hitting each step. Simulates running up stairs through a high rise building warning or assisting residents of impending danger.

ADDITIONAL INFORMATION:

- **EAT A LIGHT MEAL IF SO DESRED**
- **WEAR LOOSE, COMFORTABLE CLOTHING**
- **GYM SHOES ARE RECOMENDED**

*** * * SPECIAL NOTE * * ***

The events may not be given in the exact order listed.

This test will be given regardless of weather.

A compensation factor may be worked into the scoring to adjust for adverse weather conditions.

It is strongly recommended that every applicant take a few minutes to loosen up before starting the test.

GENERAL WAIVER AND RELEASE

. . . Please Read Carefully Before Signing . . .

I hereby agree to release and hold harmless the City of Macomb, its employees (elected or appointed), the City of Macomb Board of Fire and Police Commissioners, and any and all of their agents, from and against any claim or claims arising as a result of the conduct of any background investigation they may determine appropriate and necessary upon and of me to ascertain my fitness for the position sought; or any tests taken or to be taken by me for and to determine my fitness for the position sought; and to generally and specifically waive and agree to hold harmless those persons, firms, corporations, and other entities who supply requested information during the conduct of an investigation of fitness for the position being sought.

I understand physical and psychological examinations are required prior to beginning employment. All test scores are the property of the commission and are not available to applicants. I also understand that if hired, I will be required to maintain permanent residence within the boundaries of McDonough County, Illinois within 90 days after completion of my probationary period.

Date

Signature

RETURN COMPLETED APPLICATION TO:

**Macomb Fire Department
City of Macomb
219 W Jackson Street
Macomb, IL 61455**

Note: Please notify the Macomb Fire Department Office of any change in your address and/or contact information.

RELEASE FORM

In connection with my application for employment with the City of Macomb, I understand and hereby agree that investigative inquiries are to be made on myself which may include, but are not limited to: consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain, These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the City of Macomb may request information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, municipalities, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any and all liability and responsibility for doing so.

This authorization, in original, copy, or facsimile form, shall be valid for this and any future reports that may be requested, regarding this application.

I hereby authorize investigations of all statements made by me with no liability arising there from, to the City of Macomb, or any of its agents, and hereby agree to hold harmless the City of Macomb or any of its agents.

Printed Name: _____ Date: _____

Signature: _____

TO: Affirmative Action Office
City Hall
232 E. Jackson Street
P.O. Box 377
Macomb, IL 61455

VOLUNTARY EQUAL OPPORTUNITY INFORMATION

The City of Macomb compiles summary data from its applicants regarding characteristics related to equal employment opportunity. For the purpose of statistical analysis only, we are requesting that you complete and return this form. This is voluntary information, if provided, will neither enhance nor detract from your opportunity for employment. Return of this form is optional and may be returned separately from the application, if you so choose. Thank you.

Position applied for: _____

Department: _____

Name: _____ **Sex:** ___Female ___Male

Citizenship: ___Native U.S.A. ___Naturalized ___Non-U.S.A. Citizen

EEO Class:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Are you a veteran? Yes No **Discharge Date:** _____

Advertisement source?

Publication name: _____

Other: _____

Signature: _____

Date: _____

Macomb FireFighter Applicant

Drug Usage and Hiring Guidelines

The Macomb Fire Department will use the following guidelines for rejection of fire fighter applicants.

ANY USE OF ILLEGAL DRUGS FALLING UNDER THE FOLLOWING CATEGORIES MAY RESULT IN REJECTION.

1. Any illegal drug use within the last two years.
2. Any illegal use of opiates/narcotics (heroin, morphine, etc.) or abuse of prescribed opiates/narcotics.
3. Any illegal use of amphetamines/methamphetamines
4. Any illegal use of cocaine, crack cocaine, free-based cocaine/paste and any illegal injection of cocaine
5. Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.)
6. Participating in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of the time frame.
7. Any illegal use of drugs after submitting an application with any fire fighting agency within the last five years.
8. Any illegal use of drugs while employed by a fire fighting agency regardless of the time frame.
9. Any illegal use of non-prescribed oral or injectable steroids over five sequences/cycles within the last two years.

YOU CANNOT BE A MACOMB FIREFIGHTER IF:

1. You do not possess or cannot obtain a valid driver's license.
2. You do not meet the age requirements on the date of testing.
3. You are not a U.S. citizen
4. You have plead guilty to, been convicted of, or otherwise placed on deferred sentence to the offense of D.U.I. within the past five years or have two or more D.U.I. convictions.

5. You have plead guilty to, been convicted of, or otherwise placed on deferred sentence to any felony charges—Traffic or criminal.
6. You have possessed or consumed any illegal drug in the past year.
7. You have ever manufactured, sold, offered to sell, distributed, or transported for sale any illegal drugs/narcotics.
8. You have been convicted of any crime involving falsity.
9. You have been dishonorably discharged from the armed services.
10. You have been convicted of a domestic violence related crime.
11. You are not eligible to be licensed as an EMT.

YOU ARE NOT LIKELY TO BE HIRED AS A MACOMB FIREFIGHTER IF:

1. Your traffic history shows a continuing and/or recent pattern of poor decision making.
2. Your financial affairs or personal life shows a history of poor judgment and refusal to confront problems (Example: Nonpayment of child support, ignoring overdue bills etc.).
3. You have recently or are currently misrepresenting yourself or ignoring any laws (Example: Not paying taxes, using a false address for school tuition purposes etc.).
4. You have a pattern of involvement with illegal drugs.
5. Your work history shows a pattern of unexcused absences, discipline, or discharge.
6. People who know you have doubts about your honesty, integrity, or character.
7. You have been involved in significant misdemeanor activity.

Applicants are also cautioned that government clearances or success in another firefighting agency selection processes are no guarantee of success in our process. This list is not all inclusive and is intended only as a general guideline.

**CHECKLIST OF REQUIREMENTS
FOR APPLICANT USE
(Macomb Fire Dept. – Entry Level)**

Applicant's Name: _____

<u>Form</u>	<u>Signed</u>	<u>Returned</u>
Signed Application, Release Form and General Release Form	_____	_____
Release of Liability (Physical Fitness Test Waiver)	_____	<i>Bring to testing site</i>

ADDITIONAL DOCUMENTATION:

In order for your application to be considered complete, copies of the following are required. Do not send originals. These documents become the property of the Board of Fire and Police Commissioners.

Copy of Birth Certificate	_____
Copy of Driver's License	_____
Copy of proof of highest education completed	_____
Copy of DD214 (Military long form), if applicable	_____
Application on file prior to applicable deadline	_____

PHYSICAL FITNESS TEST WAIVER AND RELEASE*
MACOMB BOARD OF FIRE AND POLICE COMMISSIONERS

I hereby acknowledge that I understand that a physical fitness test is required prior to beginning employment with the Fire and Police Commission of the City of Macomb, Illinois.

I further warrant that I am physically fit and able to take said physical fitness test. As such, I hereby agree to waive any and all liability and release and hold harmless the City of Macomb, its employees (elected or appointed), the City of Macomb Board of Fire and Police Commissioners, and any and all of their agents from and against any claim or claims arising as a result of my performance of the physical fitness test.

Date

Signature

Printed Name

****Submit at testing site***