

**FIREFIGHTER  
VILLAGE OF OAK LAWN, ILLINOIS**

The Board of Fire & Police Commissioners is currently seeking qualified applicants for the full-time position of Firefighter without regard to race, color or ethnic origin.

Firefighter candidates will be required to successfully complete a written examination and an oral interview in order to be placed on the eligibility list.

**SALARY AND BENEFITS**

Starting salary \$52,540 the first year with increases to \$62,966 after one year to \$75,069 after three years. Benefits include hospitalization, dental, optical, life insurance, pension plan, deferred compensation plan, vacation and sick day benefit package, credit union and uniform allowance.

**SUMMARY OF QUALIFICATIONS**

- AGE:** At least twenty-one (21) years of age and under thirty-five (35) years of age, as of the closing date of the application filing period. Proof of age will be required at time of application.
- HEALTH:** Physically and psychologically qualified to sustain the labors and exposures of a Firefighter.
- VISION:** Minimum of 20/70 uncorrected vision, corrected to 20/20 in each eye, with normal color and depth perception.
- CHARACTER:** No convictions of felonies; good moral character.
- RESIDENCE:** United States citizen or legal resident. Oak Lawn residency not required.
- EDUCATION:** Successfully completed at least 60 semester (or 90 quarter) hours of credit from a regionally accredited college or university as of the date of filing the application for employment.

**and**

At time of application candidates must possess and maintain a valid CPAT (Candidate Physical Ability Test) card that was issued within 12 months of the closing date of the filing the application for employment.

**and**

Possess an Emergency Medical Technician-Paramedic (EMT-P) license from the State of Illinois as of the closing date for filing the application for employment. Applicants must maintain their annual EMT-P continuing education prior to employment.

**and**

Possess an OSFM Firefighter II Certificate or Basic Operations Firefighter Certificate

**LANGUAGE:** Speak, read and write the English language.

**DRIVER QUALIFICATIONS:** Possess a valid driver's license from state of residency.

**FEE:** A \$25.00 non-refundable test fee will be payable at time of written exam.

**FOR INFORMATION ABOUT OBTAINING AN APPLICATION**

Applicants to be notified by e-mail of date, time and location of all exams. Prior to appointment, eligible candidates must pass a pre-employment background check, medical and psychological exam. Pick up applications on **lower level** of Municipal Center, 9446 S. Raymond Ave., Oak Lawn, Monday through Friday, 8:30 a.m. to 5:00 p.m. Completed applications must be returned to the Commission office no later than 4:00 p.m. on April 25, 2014. For additional information, e-mail [kborgman@oaklawn-il.gov](mailto:kborgman@oaklawn-il.gov).

**BY ORDER OF THE BOARD OF FIRE & POLICE COMMISSIONERS  
VILLAGE OF OAK LAWN**

COMMISSION OFFICE  
9446 South Raymond Avenue  
Oak Lawn, IL 60453  
Phone (708) 499-7830



VILLAGE HALL  
9446 South Raymond Avenue  
Oak Lawn, IL 60453  
Phone (708) 636-4400

## **BOARD OF FIRE & POLICE COMMISSIONERS**

### **APPLICATION INSTRUCTIONS**

The completed application is to be returned to the Board of Fire & Police Commissioners, 9446 South Raymond Avenue, Oak Lawn, Illinois 60453 no later than 4:00 p.m. on Friday, April 25, 2014.

The following must accompany your application:

1. Copy of Birth Certificate.
2. Copy of EMT-P License.
3. Copy of CPAT (Candidate Physical Ability Test) Card.
4. Certified College transcripts verifying successful completion of 60 semester or 90 quarter hours of credit from a regionally accredited college or university as of the date of filing the application.
5. Three (3) character Letters of Recommendation. (Letters must be originals only, currently dated, signed and contain the address of the person writing the letter. Letters will not be accepted from any relative, i.e., spouse, parent, sibling, grandparent, etc.)
6. Signed Forms 1, 2, 3, 4 and 5 (attached).
7. Copy of DD 214 (Military discharge) if applicable.

The above items will remain the property of the Oak Lawn Board of Fire & Police Commissioners and will not be returned.

**PLEASE NOTE:** APPLICATION MUST BE COMPLETELY FILLED OUT, ALL ENTRIES MUST BE ADDRESSED. IF ANY OF THE REQUIRED FORMS OR LETTERS ARE NOT SUBMITTED AT TIME OF APPLICATION, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND BE REJECTED FOR FURTHER CONSIDERATION. IF A QUESTION DOES NOT APPLY, THE APPLICANT SHOULD PLACE N/A ON THE LINE FOR THAT QUESTION AND CONTINUE.

**AUTHORIZATION FOR RELEASE OF INFORMATION  
TO THE OAK LAWN POLICE DEPARTMENT AND BOARD OF  
FIRE AND POLICE COMMISSIONERS**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Oak Lawn Fire Department. As part of the employment process, the Board of Fire and Police Commissions of the Village of Oak Lawn ("Board") needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. This Authorization is intended to provide full and free access to any and all information or documents in your possession relating to me, for the specific purpose of allowing the Oak Lawn Police Department ("Department") on behalf of the Board to conduct a background investigation so that the Board can determine my suitability for employment.

I give my consent for full and complete disclosure to the Police Department and the Board of any and all public and private information, including any files or records which are deemed to be confidential, and/or sealed, that you may have concerning me. I authorize any representative of the Police Department or the Board bearing this Authorization, or a copy thereof, to obtain any and all such information in your files pertaining to me, specifically including, but not limited to:

**(Please initial next to each number)**

- \_\_\_\_\_ 1. my employment records;
- \_\_\_\_\_ 2. my military service records;
- \_\_\_\_\_ 3. my medical and psychiatric/psychological records;
- \_\_\_\_\_ 4. my educational records;
- \_\_\_\_\_ 5. my financial and consumer credit records;
- \_\_\_\_\_ 6. my criminal history record, including any arrest and conviction records;
- \_\_\_\_\_ 7. any information contained in investigatory files, internal affairs investigations files and discipline records;
- \_\_\_\_\_ 8. any efficiency ratings, complaints or grievances filed by or against me;
- \_\_\_\_\_ 9. my attendance records and;
- \_\_\_\_\_ 10. my polygraph examinations.

I direct every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of medical records, having control of any documents, records and other information pertaining to me, to release such information upon request of the Police Department or the Board.

I release every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of medical records, including its officers, employees or agents, both individually and collectively, from any and all liability for damages of whatever kind, including any liability or damages pursuant to any state or federal laws, which may result at any time to me, my heirs, my family or associates, because of compliance with this Authorization and request to release information, or any attempt to comply with it. I direct you to release such information

upon request of the Police Department or the Board regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the acceptance and processing of my application for employment by the Board and additional consideration consisting of the agreement by the Police Department and the Board to maintain all information received under this Authorization confidential, as provided for below in this paragraph, and for other adequate and valuable consideration, the sufficiency of which is acknowledged, I agree to release, indemnify and hold harmless the Village of Oak Lawn, its officials, agents and employees, the Oak Lawn Police Department, its agents and employees, and the Oak Lawn Board of Fire and Police Commissioners, its commissioners, agents and employees, from any and all claims and liability for damages associated, directly or indirectly, with my application for employment or in any way connected with the collection of information pursuant to this Authorization. I understand that the information obtained by the Oak Lawn Police Department and the Board under this Authorization shall remain confidential, except for its use by the Board in examining my qualifications to hold or retain the position applied for and such information may be released or destroyed only as required by law, or as approved by the applicant and the Board.

I understand my rights under Title 5, United 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 Board in conjunction with employment procedures.

I have also been advised that I have the right, under Section 1681d(b) of the Fair Credit Reporting Act to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of any investigation.

A photocopy or FAX copy of this Authorization form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to pay any and all charges or fees concerning this Authorization and can be billed for such charges at the address listed on this form.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OAK LAWN FIRE & POLICE COMMISSION  
PRE-EMPLOYMENT MEDICAL TEST AUTHORIZATION**

The undersigned applicant for the position of Firefighter or Police Patrol Officer in the Village of Oak Lawn acknowledges that he or she has been advised that as part of the pre-employment medical examination for application to the Oak Lawn Fire or Police Department he or she will be given a test to detect the presence or absence of habit forming drugs including but not limited to marijuana, cocaine and heroin and an exam for the existence of Acquired Immune Deficiency Syndrome (AIDS).

The applicant acknowledges that the results of the tests will be considered by the Oak Lawn Board of Fire & Police Commissioners in its evaluation of his or her application and hereby consents both to the testing and such use of the results as may be reasonably necessary in the evaluation of his or her application.

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(Signature)

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(Printed Name)

**OAK LAWN FIRE & POLICE COMMISSION  
BACKGROUND INVESTIGATION APPLICANT INFORMATION**

In order for the Board of Fire and Police Commissioners to supply the State of Illinois and FBI with the correct information at time of fingerprinting of all Firefighter and Police Patrol Officer applicants, please provide (print) the following information.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (City & State) \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Color of Hair \_\_\_\_\_

Color of Eyes \_\_\_\_\_

Skin Tone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number & State \_\_\_\_\_

\_\_\_\_\_

**OAK LAWN FIRE & POLICE COMMISSION  
AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Oak Lawn Fire Department. As part of the employment process, the Board of Fire and Police Commissioners of the Village of Oak Lawn is required to do a background investigation including an investigation of my credit history.

I give my consent for the Board of Fire and Police Commissioners of the Village of Oak Lawn to obtain from appropriate credit reporting agencies a pre-employment evaluation report disclosing my credit history.

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# FIREFIGHTER APPLICATION CHECK LIST

YES      NO

- \_\_\_\_\_    \_\_\_\_\_    Have you enclosed a copy of your Birth Certificate?
- \_\_\_\_\_    \_\_\_\_\_    Have you enclosed a copy of your Candidate Physical Ability Test (CPAT) card?
- \_\_\_\_\_    \_\_\_\_\_    Have you enclosed a copy of your EMT-P license?
- \_\_\_\_\_    \_\_\_\_\_    Have you enclosed a certified or clear copy of the front & back of transcripts showing at least 60 semester or 90 quarter hours of successfully completed college credit from a regionally accredited college or university?
- \_\_\_\_\_    \_\_\_\_\_    Have you enclosed your three letters of recommendation? Are all three of your letters originals currently signed, dated, and do they contain the address of the person writing the letter?
- \_\_\_\_\_    \_\_\_\_\_    Have you completed and returned forms 1, 2, 3, 4 and 5 (this form)?
- \_\_\_\_\_    \_\_\_\_\_    Have you enclosed a copy of your DD 214 (Military discharge) if applicable?
- \_\_\_\_\_    \_\_\_\_\_    Have you fully completed the application?
- \_\_\_\_\_    \_\_\_\_\_    Have you entered "N/A" in any area of the application that does not apply to you?
- \_\_\_\_\_    \_\_\_\_\_    Have you signed page 7 of your application?

**IF ANY OF THE REQUIRED FORMS OR LETTERS ARE NOT SUBMITTED IN THE PROPER FASHION AT THE TIME OF APPLICATION, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND BE REJECTED FOR FURTHER CONSIDERATION.**

Candidates Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DAY PH# \_\_\_\_\_ EVENING PH# \_\_\_\_\_ E-MAIL \_\_\_\_\_

I understand that if I have not provided all of the necessary information my application will be rejected from further consideration.

\_\_\_\_\_

SIGNATURE