



CITY OF CARBONDALE, ILLINOIS  
FIREFIGHTER APPLICATION PROCEDURES



- Written Exam:** Monday, May 8, 2017 at 8:00 a.m.  
Carbondale Civic Center - 200 South Illinois Avenue  
*LATE ATTENDEES WILL NOT BE ADMITTED*
- Physical Fitness Assessment** Monday, May 8, 2017 at 1:00 p.m.  
Carbondale Fire Station #2 - 401 North Glenview Drive
- Oral Interview Exam:** Tuesday, May 9, 2017 (for written exam & physical passers only)  
Carbondale Civic Center - 200 South Illinois Avenue
- Application Deadline:** Thursday, April 6, 2017 at 5:00 p.m.

***Eligibility Requirements:***

1. Must be U.S. citizen
2. Must be at least Twenty-one (21) and ***less than*** Thirty-five (35) years of age on or before the exam date.
3. Possess at least a high school diploma or GED certificate.
4. Live within a 9-mile radius of Carbondale within 6 months of hire date as prescribed by the Carbondale Revised Code, Title 1, Section 4-16.
5. Comply with the City nepotism ordinance and all other City ordinances.

***Application Procedures and Requirements for taking the Written Examination:***

To be eligible to take the written examination, the following must be received by the City’s Human Resources Office no later than ***Thursday, April 6, 2017 at 5:00 p.m.*** They are as follows:

- City of Carbondale Firefighter Employment Application
- A non-refundable \$15 application fee.

Applications may be obtained at City Hall, 200 S. Illinois Ave., Carbondale, Illinois or printed from the City’s website [www.explorecarbndale.com](http://www.explorecarbndale.com). Completed applications and the non-refundable application fee may be submitted to the City Clerk’s office located in City Hall, mailed to: City Clerk’s Office – City of Carbondale, PO Box 2047, Carbondale, IL 62901; or emailed to [chayes@ci.carbondale.il.us](mailto:chayes@ci.carbondale.il.us).

***A Candidate Preparation Manual will be mailed approximately 2 weeks before the examination date.***

***Preference Points:***

A maximum of five (5) preference points are available to applicants who were engaged in the U.S. military service for at least one year of active duty and who were honorably discharged or who are now or have been members on inactive or reserve duty. Preference points ***must be requested in writing*** and must include a copy of the DD-214. Requests must be received in the City Clerk’s office no later than ***Friday, April 28, 2017.*** Preference points will be included in the candidate’s final score and reflected on the Final Eligibility List.

### **Written Exam Information:**

Candidates must present a photo I.D. in order to take the written exam. The exam contains 166 questions and includes items to measure skills and abilities in reasoning, mechanical, logical thinking, reading comprehension, math, map reading, writing abilities and situational judgment.

### **Written Exam Scores:**

In order to participate in the Physical Fitness Assessment candidates must pass the written exam with a score of 70 or higher. Exams will be graded on site and scores will be posted outside of the City Clerk's office prior to the Physical Fitness Assessment. Candidates who do not meet the minimum exam score will not be eligible to participate in any other phase of the examination process.

### **Physical Fitness Assessment Requirements:**

The Physical Fitness Assessment will be conducted at **Carbondale Fire Station #2 located at 401 North Glenview Drive on Monday, May 8, 2017 at 1:00 p.m.** for candidates who have passed the written exam. It is designed to evaluate the basic physical condition of the candidate in endurance, strength, flexibility, agility and for fear of heights. All sections of the Physical Fitness Assessment must be passed successfully. Because the requirements are set to minimum standards, failure to pass any section would indicate the candidate is physically unfit for duty as an active member of the department. The assessment will then be terminated for that candidate. Candidates should wear appropriate physical fitness attire. In addition, sweatpants/pants will be required for the Confidence Course portion of the exam. The Physical Fitness Assessment will include the following: Push-Ups, Sit-Ups, Agility Run, Ladder Climb, Manikin Drag, Pike Pole Grip and Pull, and Confidence Course.

### **CPAT and Ladder Climb Completion:**

Proof of completion of the Candidate Physical Ability Test (CPAT) and Ladder Climb may be substituted for the Physical Fitness Assessment. Candidates who do not have the Ladder Climb endorsement but have completed the CPAT will only be required to complete the Ladder Climb at the Physical Fitness Assessment.

Completion of the CPAT and Ladder Climb must be **within 6 months** of the examination. Any certification completed later than 6 months will not be accepted and will be required to complete Physical Fitness Assessment. A copy of the CPAT certification and Ladder Climb endorsement must be received in the City Clerk's office by **Friday, April 28, 2017.**

Candidates who successfully complete the Physical Fitness Assessment, or provide proof of CPAT certification and Ladder Climb endorsement, will qualify to participate in the Oral Interview Exam.

### **Oral Interview Exam:**

Candidates who pass both the written exam and physical fitness assessment will be scheduled for the Board of Fire and Police Commissioners (BFPC) Oral Interview Examination. The BFPC is comprised of five residents of Carbondale, none of whom are employed by the City of Carbondale. In addition to the BFPC, the Fire Chief and Human Resources Manager will also be in attendance.

Oral Interviews will be held at the **Carbondale Civic Center located at 200 South Illinois Avenue on Tuesday, May 9, 2017.** Candidates will be notified of their oral interview appointment times by phone. Due to the number of candidates to be interviewed and the schedule of the BFPC, assigned interview dates and times cannot be changed. Please note that this **is not** a job interview. The oral interview exam is the final phase in the entire examination process.

Candidates will be notified by mail of exam results and Eligibility List ranking. Candidates who successfully complete the examination process will receive a background investigation questionnaire with a listing of required documents. Failure to submit the questionnaire and required documents could result in removal from the eligibility list. Fingerprinting is also required and may be completed at the Carbondale Police Department at 501 S. Washington or from most local police departments. Please note that there may be a fee.

**Eligibility List**

Candidates who pass the oral interview exam will be placed on the Firefighter Eligibility List. The Eligibility List is comprised of candidates who have passed the written exam, physical fitness assessment, and oral interview exam. Candidate's names are placed on the Eligibility List in ranking order based on their examination scores. Candidates will remain on the Eligibility List for a two year period.

Appointments for open positions are made from the Eligibility List. When a position comes open, candidates must have all of the required documents on file to be considered for an interview.

***NO CANDIDATE WHO IS ON THE ELIGIBILITY LIST MAY BE RE-EXAMINED UNTIL SUCH TIME HIS/HER ELIGIBILITY IS ABOUT TO EXPIRE. CANDIDATES REMAIN ON THE ELIGIBILITY LIST FOR TWO YEARS.***

***Note: Applicants with relatives who are currently employed with the City of Carbondale will not be eligible for hire within the same working department or division where a supervisor/subordinate relationship will result. Contact Human Resources for details.***

**Process for candidates that may be recommended for appointment:**

Background Investigation, Medical (including drug testing), baseline, training (240 hours if applicable).

**JOB SUMMARY**

This is a regular, full-time position with the City of Carbondale's Fire Department. Firefighters are responsible for protecting life and property from loss of fire and emergencies during natural and unnatural disasters. Firefighters are also responsible for the care and maintenance of fire fighting apparatuses, equipment and the fire stations. Firefighters report directly to the Fire Chief or his designee.

***THE CITY OF CARBONDALE IS AN EQUAL OPPORTUNITY EMPLOYER***



# FIREFIGHTER APPLICATION FOR EMPLOYMENT



City of Carbondale  
200 S. Illinois Avenue  
P.O. Box 2047  
Carbondale, Illinois 62902-2047  
(618) 549-5302  
Fax (618) 457-3283  
[www.explorecarbondale.com](http://www.explorecarbondale.com)

***Applications must be received in the City Clerk's Office by Thursday, April 6, 2017 by 5:00 p.m.***

## AN EQUAL OPPORTUNITY EMPLOYER

*If you require further accommodations to participate in the application or examination process, please inform the City Clerk's Office by the closing date on the job announcement.*

### PLEASE TYPE OR PRINT- ANSWER ALL QUESTIONS- USE INK ONLY

An incomplete application may delay action or disqualify you.

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Apt. # City State Zip Code  
Phone Number \_\_\_\_\_  
Home Work Cell  
Last four (4) digits of your Social Security Number \_\_\_\_\_

Disclosure of the last four (4) digits of your social security (SSN) is voluntary. The SSN is used to track your application and exam materials.

Are you at least 21 and less than 35 years of age?  Yes  No

***\*\* please note that you must meet the age requirement on or before the testing date.\*\****

Email Address \_\_\_\_\_

**Please notify the City Clerk's Office if any of your contact information changes.**

POSITION APPLYING FOR: FIREFIGHTER

I learned of this job opening through (check all that applies):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> City Employee (Name) _____ | <input type="checkbox"/> Website     |
| <input type="checkbox"/> Friend or Relative         | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> Channel 16                 | <input type="checkbox"/> Other _____ |

**Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Provide a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information that you provide to determine which applicants will be invited to the examination/interview for this position.**

## GENERAL INFORMATION

Have you ever been employed by the City of Carbondale?     Yes    No    Dates: From \_\_\_\_\_ To \_\_\_\_\_

Do you have relatives employed by the City?     Yes    No

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

If yes, indicate (name, department): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Commercial driver's license number (if applicable): \_\_\_\_\_

List any other licenses and certifications you currently hold:

\_\_\_\_\_  
 \_\_\_\_\_

***Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States.***

## EDUCATION AND TRAINING

|                       | Name, City and State | Did you graduate?  | Type of Degree | Course or Major            |
|-----------------------|----------------------|--|----------------|----------------------------|
| High School           |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED<br>If no, highest grade completed<br>_____ | N/A            | N/A                        |
| Technical School      |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |                            |
| College or University |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Graduation Mo. & Yr.<br>_____  |                | Credit Hours Earned: _____ |

***\*\*All experience, training and education hours must be completed by the application deadline.\*\****

Have you completed an internship/apprenticeship?     Yes    No    If yes, list \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Office machines you can operate? \_\_\_\_\_

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

List any special training or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means: \_\_\_\_\_  
 \_\_\_\_\_

List any foreign languages that you speak and/or comprehend: \_\_\_\_\_

Check the appropriate skill level

**Speak**

- Fluent
- Good
- Fair

**Comprehend**

- Fluent
- Good
- Fair

## EMPLOYMENT EXPERIENCE

LIST BELOW ALL THE JOBS YOU HAVE HELD IN THE PAST 10 YEARS BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ACCOUNT FOR PERIODS OF UNEMPLOYMENT. ATTACH SUPPLEMENTARY PAGES OR USE WHITE PAPER.

|  |                        |  |  |
|--|------------------------|--|--|
| Dates of employment (month-year)                       |                        | Exact Title or Position  |  |
| From   | To                     |  |  |
| Starting Salary or earnings                            | Average hours per week | Name of employer (firm, organization, etc.)                        | Address of employer (including ZIP Code, if known) |
| Final Salary or earnings                               | # Employees Supervised |  |  |
| Name of Immediate Supervisor/ Area Code & Phone Number |                        | Kind of business or organization (manufacturing, accounting, etc.) |  |
| Reason for leaving                                     |                        |  |  |
| Description of duties and accomplishments in your work |                        |  |  |
|  |                        |  |  |
|  |                        |  |  |
|  |                        |  |  |
| Dates of employment (month-year)                       |                        | Exact Title or Position  |  |
| From   | To                     |  |  |
| Starting Salary or earnings                            | Average hours per week | Name of employer (firm, organization, etc.)                        | Address of employer (including ZIP Code, if known) |
| Final Salary or earnings                               | # Employees Supervised |  |  |
| Name of Immediate Supervisor/ Area Code & Phone Number |                        | Kind of business or organization (manufacturing, accounting, etc.) |  |
| Reason for leaving                                     |                        |  |  |
| Description of duties and accomplishments in your work |                        |  |  |
|  |                        |  |  |
|  |                        |  |  |
|  |                        |  |  |
| Dates of employment (month-year)                       |                        | Exact Title or Position  |  |
| From   | To                     |  |  |
| Starting Salary or earnings                            | Average hours per week | Name of employer (firm, organization, etc.)                        | Address of employer (including ZIP Code, if known) |
| Final Salary or earnings                               | # Employees Supervised |  |  |
| Name of Immediate Supervisor/ Area Code & Phone Number |                        | Kind of business or organization (manufacturing, accounting, etc.) |  |
| Reason for leaving                                     |                        |  |  |
| Description of duties and accomplishments in your work |                        |  |  |
|  |                        |  |  |
|  |                        |  |  |
|  |                        |  |  |

## MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.?  Yes  No

If so, what branch of Service? \_\_\_\_\_ What was your rank? \_\_\_\_\_

Does your military experience have any relationship to the job for which you are applying? \_\_\_\_\_

## REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

## NOTICE TO ALL APPLICANTS

### Residency Requirements:

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 1-7 must establish residency within the City Residency Boundary within a six (6) month period following the date of hire and remain residents within the Residency Boundary as a condition of continued employment.

The Residency Boundary includes all of Carbondale, Murphysboro, DeSoto and Makanda Townships and portions of Somerset and Pomona Townships in Jackson County, and portions of Grassy, Carterville and Blairsville Townships in Williamson County.

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 8 and 9 must establish residency within Carbondale's corporate limits within six (6) month period following the date of their hire and remain residents within Carbondale's corporate limits as a condition of continued employment.

For further information, contact the Human Resource's Office.

## AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Carbondale representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Carbondale. I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above, are knowing, intelligent, and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to the City of Carbondale.

I hereby authorize the Carbondale Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the Human Resources Division of the City of Carbondale. I agree to release all parties from liability for any damages that may result from furnishing the same to the Human Resources Division of the City of Carbondale. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Human Resources Division of the City of Carbondale.

I am willing and understand employment with the City of Carbondale is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Carbondale.

I understand that as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date of application*

***Notice: All applications must be signed and dated in order to be accepted for consideration.***

***Applications must be received in the City Clerk's Office by Thursday, April 6, 2017 by 5p.m.***

# VOLUNTARY SURVEY

The City of Carbondale Prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, ancestry, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your Application for employment or personnel file.

**Your Cooperation Is Voluntary. Inclusion Or Exclusion Of Any Data  
Will Not Affect Any Employment Decision**

Job Applying For: **FIREFIGHTER**

Date:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is VOLUNTARY.

|   |            |
|---|------------|
| <b>Check One:</b> <input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>   | <b>AGE</b> |
| <b>Check one of the following: (Ethnic Origin)</b>  |            |
| <input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Hispanic</b> <input type="checkbox"/> <b>American Indian/Alaskan Native</b>               |            |
| <input type="checkbox"/> <b>Black</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>Asian/Pacific Islander</b>                          |            |
| <b>Check if any of the following are applicable:</b>  |            |
| <input type="checkbox"/> <b>Vietnam Era Veteran</b> <input type="checkbox"/> <b>Disabled Veteran</b> <input type="checkbox"/> <b>Handicapped Individual</b> |            |





City of Carbondale  
City Clerk's Office  
Firefighter Examination  
Application Fee Payment Form  
**Deadline: Thursday, April 6, 2017**  
**Examination Date: Monday, May 8, 2017**

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**FORM OF PAYMENT (PLEASE DO NOT SEND CASH IN THE MAIL)**

\_\_\_\_\_ Check      \_\_\_\_\_ Money Order  
(Make payable to the City of Carbondale)

**CREDIT CARD PAYMENTS**

\_\_\_\_\_ Visa      \_\_\_\_\_ Master Card      \_\_\_\_\_ Discover

|   |
|---|
| <p><b>Mail completed form to:</b></p> <p><b>City of Carbondale</b><br/><b>City Clerk's Office</b><br/><b>P.O. Box 2047</b><br/><b>Carbondale, IL 62902-2047</b></p> |
|---|

Credit Card Number: \_\_\_\_\_

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

**Amount: \$15.00 (non-refundable)**

Signature: \_\_\_\_\_

***By signing above you are authorizing the City of Carbondale to process your credit card for the non-refundable Fire Examination Application Fee of \$15.00.***