

The Board of Fire & Police Commission for the City of Paris is updating its eligibility list for firefighters for the Paris Fire Department. Candidates interested in a firefighter career should complete an application packet available at City Hall, 206 South Central Avenue, Paris, Illinois, or on-line at [www.parisillinois.org](http://www.parisillinois.org). Out-of-state residents are welcome to apply. This challenging position is accompanied with an attractive benefit package. Successful candidates must be 21 years of age prior to appointment and possess a valid Illinois driver's license. In addition, successful candidates must pass a firefighter physical ability test, a written test, an oral interview, a background check, psychological examination, and medical examination. Deadline for submitting applications is 4:00 p.m. Aug. 18, 2021, at City Hall, Paris in care of Cathy Higgins. Testing begins at 9:00 a.m. Sunday, Aug. 22, 2021, at the Fire Training Center located north of Paris, 11200 Cherry Point Street. Equal Opportunity Employer.

ATTENTION APPLICANTS:

The deadline for submitting applications to the Board of Fire and Police Commissioners for the City of Paris in care of City Hall, 206 S. Central Avenue, Paris, IL 61944 is **4:00PM on *Wed, August 18<sup>th</sup>*, 2021**. **All attached paperwork must be submitted by the deadline or the application will be considered incomplete and the application will not be allowed to attend the testing process.**

**Application packet must be submitted in a sealed envelope addressed to the Board of Fire and Police Commissioners.**

Testing will be conducted on ***Sunday, August 22, 2021***, at **9:00AM** at the Fire Department Training Center at 11200 Cherry Point Road in Paris.

All applicants must present proof of identification prior to testing.

The written test will be administered at the Fire Training Center following the physical ability test.

CITY OF PARIS  
BOARD OF FIRE AND POLICE COMMISSIONERS

APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_  
NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY:  
\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

List your work history starting with your most current employer.

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

<u>Name &amp; Location</u>	<u>Did you graduate?</u>		<u>Degree Received</u>
	<u>Yes</u>	<u>No</u>	
High School: _____			_____
College: _____			_____
Graduate School: _____			_____
Trade or Business School: _____			_____

**GENERAL**

Subjects of special study or research work \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in National Guard or Reserves \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you've known at least one year.

Name	Address	Business	Years Acquainted

**OTHER:**

- Are you eligible to work in the U.S.? \_\_\_\_\_
- Are any of your relatives employed by the City? \_\_\_\_\_  
If yes, please state name and relationship \_\_\_\_\_

\_\_\_\_\_

**DRUG FREE WORKPLACE:**

The City of Paris is committed to providing a drug free work place. All job offers will be contingent upon successful completion of a drug screening test.

I do hereby voluntarily agree to undergo a urinalysis test for drugs. I give my consent to release the urinalysis drug testing results to the City of Paris to be used as part of my job application process.

\_\_\_\_\_  
**Signature of Applicant**

## APPLICANT'S STATEMENT

I certify that the answers given are hereby true and complete to the best of my knowledge. I understand that any false or misleading information given in my application or interview may result in discharge. I understand that neither this application nor any offer of employment constitutes an employment contract.

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Signature of Applicant

## **F.I.R.E. Personnel Testing Service Inc.**

A division of C.O.P.S. Testing Service, Inc.  
200 West Higgins Road, Suite 201  
Schaumburg, IL 60195

### **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 examination and testing as 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 descent. 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 pain.

**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 - This is 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 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. MAZE - 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 – Times 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 – Time 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 desired
- Wear loose, comfortable clothing
- Gym shoes are recommended

**SPECIAL NOTE**

- The events may not be given in the exact order listed.
- This test will be given regardless of weather.
- A compensation factor will 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.**

**Note to Candidate:**

To complete the attached form, please include the name and address of your physician on the top portion of the release form along with your name and social security number. Also, please complete the bottom portion of the form being sure to sign and date the form.



# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO: \_\_\_\_\_  
(Health Care Provider)

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

RE: \_\_\_\_\_ S.S. # \_\_\_\_\_  
(Candidate's name)

This release authorizes the physicians, dentists, nurses, chiropractors, therapists, hospitals, clinic, dispensaries, home health care centers or any other medical facility or health care provider or state, federal, or local government unit (such as the Social Security Administration), named above to discuss with, release to for copying and/or provide copies to:

Board of Fire and Police Commissioners  
City of Paris  
206 S. Central Avenue  
Paris, IL 61944

Any of the following: any and all records, reports, x-rays, photographs, notes, bills, payment schedules, prescriptions for any other results of investigation, diagnosis, treatment or prognosis concerning the injuries of the undersigned and any other condition of same.

A photocopy of the original of this authorization shall have the same effect as the original.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

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

BOARD OF FIRE AND POLICE COMMISSIONERS  
CITY OF PARIS  
206 S. CENTRAL AVENUE  
PARIS, IL 61944

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review or full disclosure of all records concerning myself to any duly authorized agent of the Board of Fire and Police Commissioners for the City of Paris, whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history or background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my suitability for employment by the City of Paris.

I agree not to hold any person who furnishes such information accountable as a result of furnishing said information.

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

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

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

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

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

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

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

Social Security #: \_\_\_\_\_

BOARD OF FIRE AND POLICE COMMISSIONERS  
CITY OF PARIS  
206 S. CENTRAL AVENUE  
PARIS, IL 61944

I, \_\_\_\_\_ do hereby certify that I have read the attached  
(Physician's name)  
sheet listing the physical agility testing procedures for the City of Paris, and I do  
hereby certify \_\_\_\_\_ is physically capable of  
(Candidate's Name)  
participating in this physical agility test.

Physician's Signature: \_\_\_\_\_

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

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

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

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