The Board of Fire and Police Commissioners for the City of Paris is updating its eligibility list for firefighters for the Paris Fire Department.

Candidates interested in a firefighting career should complete an application packet available at Paris City Hall, 206 South Central Avenue, Paris, IL or on-line at www.parisillinois.org. Out-of-state residents are welcome to apply. This challenging position is accompanied with an attractive benefit package that includes term life insurance, group health insurance, retirement, holiday, vacation time, sick days and personal days.

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's agility test, a written test, an oral interview, a background check, a physical examination and a psychological examination.

Deadline for submitting applications is 4 p.m. Oct. 2, 2026, in care of Cathy Hess, Paris City Hall, 206 South Central Ave., Paris IL 61944.

Testing begins 8:00 a.m. Saturday Oct. 10, 2026, at the Allen Football Field located on Buena Vista St.

The City of Paris is an 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 Ave., Paris, IL 61944 is 4 p.m. on Friday Oct..2, 2026. **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 begins 8 a.m. Saturday Oct. 10, 2026, at the
Allen Football Field on Buena Vista Street in Paris.
All applicants must present proof of identification prior to testing,

The written test will be administered at the Allen Football Field 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:

	Name & Location	Did you graduate? Yes	No	Degree Received
High School:				
College:				
Graduate School:				
Trade or Busines 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:

1. Are you eligible to work in the U.S.?_____
2. 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.

_____

Signature of Applicant

Firefighter Physical Ability Test
Equipment to be provided by the Municipality

Event	Equipment Needed per Maze*
Maze	A 40' X 50' room, minimum Two sets of air tanks and masks (masks are to be darkened with tape) Two 100' hemp ropes (lifeline) One overstuffed couch One overstuffed chair One 9' X 12' rug or salvage cover Pile of old clothes Two 8'L X 30"W X 30"H folding tables One 2" X 12" X 8' board One 50' length of 1½" hose

*** More than 25 applicants will require the use of two rooms and twice the equipment for the maze.**

Aerial Ladder Climb	One aerial ladder truck (minimum 50' extension) with safety harness and safety line
Extension Ladder Climb	Two 25' (minimum) extension ladders Two sets of air tanks or 25 lbs. of hose roll with harness or slink for backpack
Stretcher Carry	Stairs – minimum of 10 steps
Equipment Transport	Two sets of air tanks and one 50-foot length (1 ½ inch) hose roll

If the municipality is providing personnel to assist with the physical ability test, a minimum of six (6) is required.

Equipment to be furnished by COPS and FIRE Testing Service:

Liability release forms, score sheets, stop watches, clipboards, pens, Stretcher Carry weight, Sit & Reach box, and weighted equipment for Victim Rescue.

COPS AND FIRE
TESTING SERVICE

TRUSTED TESTING SOLUTIONS FOR DEPARTMENTS AND COMMUNITIES

FIREFIGHTER PHYSICAL ABILITY TEST FACT SHEET

The firefighter physical ability tests conducted by COPS and FIRE 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 – This is a pass/fail event**
   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.

1251 N. Plum Grove Road, Suite 160 • Schaumburg, Illinois 60173 • 847-310-2677
E-mail: email@copsandfiretesting.com • Website: www.copsandfiretesting.com

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. **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. **EQUIPMENT TRANSPORT – Time event – 25 seconds or less**
The applicant, while wearing an air tank on his/her back, will pick up a 50 foot, 1 ½ inch hose roll and run for a distance of 100 yards. This event is used to assess the applicant's ability to carry moderate weight while exerting him/herself.

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 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.

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

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: _____