BATAVIA FIRE DEPARTMENT

800 E. WILSON STREET. BATAVIA, IL 60510
630-454-2100 FAX: 630-454-2101

RANDY DEICKE
FIRE CHIEF

JEFFERY D. SCHIELKE
MAYOR

Dear Applicant:

Please read all of the information provided. All application forms must be filled out correctly and completely, including the electronic application on the City website. Please print or type in all areas below except those requiring your signature. Applications not meeting the requirements will not be accepted. **INCLUDE A COPY OF YOUR DRIVERS LICENSE AND HIGH SCHOOL DIPLOMA OR GED.**

Applications are reviewed once a year. Applications will remain on file for a period of one (1) year from date of application.

Applicants must pass the following:

- Background Check
- Oral Interview
- Orientation
- CPAT
- Medical Physical

Failure to pass any of the above will eliminate the applicant from the hiring process.

Any questions should be addressed to Steve Hernandez at 630-454-2100 or shernad@cityofbatavia.net

Thank you for applying with the Batavia Fire Department. We look forward to meeting with you.

Sincerely,

Steve Hernandez
Recruitment Officer

GENERAL INFORMATION

The part-time firefighter is an integral part of the City of Batavia Fire Department. Personnel are a part of a team working with full-time staff on a 24/7, 365 days a year schedule.

Accepted applications must pass all required functions of the hiring process. Applications will be processed and the applicant will be notified if he/she has passed or failed.

Any questions should be addressed to: Steve Hernandez
Recruitment Officer
630-454-2100 shernand@cityofbatavia.net

1. Application

2. Requirements for acceptance into the Batavia Fire Department:
   A. Agree to a complete background check done by the Illinois State Police looking for, but not limited to, past driving records, convictions, drug related incidents or serious accidents.

   B. You must possess a CPAT card no older than one year prior to date of hire.

   C. A complete physical exam with drug screening and back test is performed by the City doctor.

   D. You must attend a Firefighter II Academy, if deemed necessary by the Training Committee. (This lasts approximately six months, and is held two nights per week and every Saturday.)

   E. You are required to attend Department training sessions as assigned by the Training Officer.

   F. Pay is based on a point system for alarms made while off duty. When you are working on duty at the station, you will be paid an hourly rate per City ordinance.

   G. You must follow the Chain of Command which is as follows:
      Fire Chief, Deputy Chief, Assistant Chief, Battalion Chief
      Captain, Lieutenant, Engineer, Firefighter

   H. You must be able to take orders and to complete the tasks given to you.

   I. You must earn a State of Illinois Emergency Medical Technician license by the end of probation.

   J. You must be able to pass your Firefighter II test given by the State of Illinois by the end of probation.

   K. You must have a permanent residency within ten (10) miles of the City of Batavia limits.

   L. If you feel that you cannot fulfill any of the above requirements, please advise us at this time and before we begin the training process. For further information contact Lt. Kuhn.

RECRUIT ORIENTATION

The following is a brief overview of the requirements set by the department for you as a recruit firefighter. You will find the probationary period adequate to obtain the goals and objectives listed in this packet. If at anytime, you become confused or need clarification regarding these requirements, please feel free to contact the Training Officer or his/her designee.

BASIC REQUIREMENTS

1. You will complete a twenty-four (24) month probationary period prior to your acceptance as a member of this department. During this time, you will be evaluated by the Fire Chief and the officers of the department based on information provided by the Training Department and their observations. The standards used in this evaluation are:

    1. Your attendance record.

    2. The interest and desire you show in the job.

    3. Your performance during training sessions (recruit & company) including written tests.

    4. Your progress on the checklist given to you when you start your probationary period.

2. You will complete all of the goals listed in the checklist. Each objective will be demonstrated and signed by a Shift Officer or a Department Instructor. **You will present the checklist to the Training Officer or his/her designee at the end of each month so that your progress can be evaluated and reported to the Fire Chief.** The completed checklist will be submitted no later than 12 months after you have started your probation.

3. Attendance for recruit classes and the company drills is mandatory. If you are excused, you must notify the instructor that you will be absent for the class and make arrangements to obtain the material covered at a later date. The recruit classes will provide the information necessary for you to challenge the Firefighter II examination given by the Illinois State Fire Marshal.

STATION DUTY

1. During your probationary period you are required to complete two (2) shifts per month as an extra person. These may be day or evening shifts as the decision is up to you and the duty shift officer.

2. You are strongly encouraged to schedule yourself for station duty as frequently as possible after you have been approved. Each shift you work will increase your exposure to the department and its operations. You will find that by responding to incidents with the members of the department, the material covered in class will be easier to understand.

3. You must be on time and in uniform on the date you have scheduled yourself to work. The department expects all recruits to cooperate with each other when selecting shifts, one recruit per shift will be allowed. Any disputes in the selection of shifts will be referred to the Scheduling Officer. If you are unable to work a shift, contact the shift officer as soon as possible.

MEETING AND DRILLS

1. There is one monthly departmental drill held on a scheduled Monday of each month. These are used to conduct department business, tours of buildings in Batavia, and both practical and classroom training topics.

MISCELLANEOUS

1. Any information pertinent to an alarm or incident this department responds to is considered confidential and will not be discussed outside of the station. If you have any questions as to how and why an incident was handled, feel free to ask the shift officer or officer in-charge at that particular incident.

2. **PHOTO COPY OF CURRENT DRIVERS LICENSE REQUIRED WITH APPLICATION.**

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that all the statements made in this application are accurate to the best of my knowledge. I understand that any false statements on this application shall be considered sufficient cause for dismissal.

I authorize the City of Batavia to investigate any of the information contained herein, including the contacting of my references and the disclosure by the Batavia Police Department of all information pertaining to any conviction listed on file under my name, and release them from any and all liability for damages for the furnishing of any information concerning me.

I also agree to release any former employer from any liability for releasing any employment information on me.

I agree to submit to a Physical Examination, which I will be required to pass before being finally accepted for employment. I also agree that in the event of employment, I will submit to further medical examinations when required by the City of Batavia.

I agree to provide a current home address and phone number at the time of the interview.

Upon separation of employment, I authorize the City of Batavia to withhold from my final check(s) any monies owed to them by me.

I further agree to comply with all the rules and regulations of the City of Batavia and the Batavia Fire Department now in force or any that may be established.

☐ Please check the box if you have read and agree to the information above.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

1. I agree to respond to incidents when available.

2. I agree to attend the required training sessions unless excused.

3. I agree to work the shift duty program when scheduled which includes nights, weekends, and holidays.

4. I also agree to follow the rules and regulations contained in the Batavia Fire Department Policy Manual and/or any rules of the Fire Department Officers.

5. I understand that I must take a Firefighter Certification Curriculum so as to become a Certified Firefighter II.

☐ Please check the box if you have read and agree to the information above.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

THIS PAGE FOR FIRE DEPARTMENT USE ONLY

References checked by: _____

Recommend for employment? _____ YES _____ NO

Interview Committee Signatures:

1. _____ 3. _____

2. _____ 4. _____

Physical Ability Test: _____ PASS _____ FAIL

Signature _____

Background check completed:

Doctor _____ Date _____

Appointed _____ Sworn In _____

Background/Application reviewed by:

Fire Chief: _____

Deputy Chief: _____

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____

LAST NAME **FIRST NAME** **MIDDLE NAME** (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, **City of Batavia** will use the services of the Batavia Police Department or of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. Either agency will provide a report to **City of Batavia.** If the Batavia Police Department does not perform the background check, the **City of Batavia** uses *Backgrounds Online, a consumer-reporting agency,* as an agent to perform background verifications.

Backgrounds Online will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, and current and former employers, military records, and education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above **to City of Batavia, Batavia Police Department** and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **City of Batavia** if employment is denied because of information, obtained by Backgrounds Online, from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **City of Batavia.** I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Backgrounds Online*, 1915 21ST Street, Sacramento, CA 95811, phone: 800-838-4804. Backgrounds Online's website may be found at http://www.backgroundsonline.com

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE City Of Batavia. AND ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

☐ **California, Minnesota and Oklahoma Applicants only:**
Check box if you request a copy of any consumer report ordered on you.

Signed _____ **Today's Date** _____

Printed Name _____ **Position Applied For** _____

Social Security Number _____-_____-_____ **Date of Birth** ____/____/____ **Driver's License Number** _____ **State** _____

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

May we contact your current employer? ____Yes _____No

If under 18 years of age, parental/legal guardian signature required

_____ _____
Print Parent or Legal Guardian Name Date

_____
Signature of Parent or Legal Guardian

APPLICATION FOR EMPLOYMENT

Please return to:

CITY OF BATAVIA
Human Resources
100 North Island Avenue
Batavia, IL 60510

Received

Date: _____

By: _____

We welcome you as an applicant for employment with the City. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Batavia to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, gender, sexual orientation, age, marital status, veteran status, or physical or mental disability. This policy applies to all phases of full, part-time, temporary and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Batavia. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information, which you believe qualifies you for the position for which you are applying. Please use typewriter or ink. If you have any questions about the status of your application please call Human Resources at (630) 454-2070.

1. Name: _____ (Last) _____ (First) _____ (Middle)

2. Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

E-Mail: _____

3. Type of work or title of job you are seeking: _____

4. Telephone Number: _____ (Days) _____ (Evenings)

5. Type of Employment Desired: ☐ Full-time ☐ Part-time ☐ Seasonal

6. Times Available: ☐ Days ☐ Evenings ☐ Nights ☐ Weekends ☐ Holidays

7. Presently Employed? ☐ Yes ☐ No

If yes, may we contact your Employer? ☐ Yes ☐ No

8. Do you possess a valid Illinois Driver's License? ☐ Yes ☐ No

If applicable, do you possess a valid Illinois Commercial Driver's License? ☐ Yes ☐ No

CDL Class _____

9. Are you legally authorized to work in the United States? ☐ Yes ☐ No

10. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: (Attach if necessary)

In answering this question, you are not obligated to disclose sealed, annulled or expunged convictions, or convictions that were pardoned by the Governor.

A criminal conviction will not necessarily be a bar to employment; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Failure to honestly answer these questions will result in discontinued consideration of the application or termination of employment.

11. Are you presently working for the City? ☐ Yes ☐ No

Position: _____

12. Have you previously worked for the City? ☐ Yes ☐ No

Position: _____ From: _____ To: _____

13. Do you have any relatives who work for the City? ☐ Yes ☐ No

Name _____ Relationship _____

Name _____ Relationship _____

14. If hired, when will you be able to begin work? _____

15. Military Service: Branch _____ From: _____ To: _____

Duties:

16. Education and Training:
Please indicate the last three schools that you have attended.

School Name	Years Completed	Degree or Diploma	GPA/Class Rank	Course of Study

17. Employment Information:
Begin with your present employer and work back. Account for all time during the past ten years, including periods of unemployment. List any other work experience that may qualify you for this position. Attach additional pages if necessary.

Employer: _____ Address: _____ Supervisor: _____ Name and Title Your Title: _____ Your Duties:	From: _____ Mo. _____ Year To: _____ Mo. _____ Year Total: _____ Years _____ Months ☐ Full-Time ☐ Part-Time Hrs/Wk _____ Last Salary: _____ Reason for Leaving:
Employer: _____ Address: _____ Supervisor: _____ Name and Title Your Title: _____ Your Duties:	From: _____ Mo. _____ Year To: _____ Mo. _____ Year Total: _____ Years _____ Months ☐ Full-Time ☐ Part-Time Hrs/Wk _____ Last Salary: _____ Reason for Leaving:

Employer: _____ Address: _____ Supervisor: _____ Name and Title Your Title: _____ Your Duties:	From: _____ Mo. _____ Year To: _____ Mo. _____ Year Total: _____ Years _____ Months ☐ Full-Time ☐ Part-Time Hrs/Wk _____ Last Salary: _____ Reason for Leaving:

18. Please list any job related special qualifications, training or experience, which you have, and feel should be considered in reviewing your application:

19. Emergency Contact: In case of emergency, please notify:

Name: _____ Address: _____

Phone: _____ Relationship: _____

20. Professional References: Please list the names of three supervisors/co-workers who you have known for at least one year:

Name	Address	City/State	Telephone

21. Referral Source: How did you hear about this job?

☐ City Web Site ☐ Walk-In ☐ Newspaper (please specify) _____

☐ Other (please specify) _____

Please Read Carefully Before Signing: I certify that all the statements in this application are accurate to the best of my knowledge. I understand that any false statements on this application shall be considered sufficient cause for dismissal.

I authorize the City of Batavia to investigate any of the information contained herein, including the contacting of my references. I also authorize the Batavia Police Department to disclose and/or release any information on any conviction listed on file under my name and release the Batavia Police Department from any and all liability for damages for the furnishing of any information concerning me.

If I receive a conditional offer of employment from the City, I agree to submit to a physical examination, which includes a pre-employment drug test, which I will be required to pass before being finally accepted for employment.

I further agree to comply with all the rules and regulations of the City of Batavia now in force or any that may be established.

Applicant's Signature:_____ **Date:** _____

Thank You for Applying