

FIREFIGHTER/PARAMEDIC

January 2027

SULLIVAN FIRE PROTECTION DISTRICT
115 WEST HARRISON STREET
SULLIVAN, IL 61951
PHONE: (217) 728-8714
E-Mail: cwright@sullfire.org

Sullivan Fire Protection District
115 West Harrison Street
Sullivan, IL 61951-1908
Phone (217) 728-8714 FAX (217) 728-7402
E-mail: cwright@sullfire.org

The Sullivan Fire Protection District is accepting applications for the position of Firefighter/Paramedic. Applications must be received to the District Office no later than **5pm on January 8, 2027.** Please read the enclosed information carefully and complete the application packet in its entirety. There are documents that must be signed, notarized, and returned with the packet. Applications are not accepted by fax, but may be returned by mail, email to cwright@sullfire.org, or in person. Please review the enclosed checklist to make sure all required materials are submitted with your application.

Requirements to apply for this position include high school graduation or equivalent, must be a U.S. citizen and Applicants must be at least twenty-one (21) years of age at the time of hire and under thirty five (35) years of age on the last date of submission of applications for original appointment unless otherwise provided by state or federal law.
Applicants must be a current certified State of Illinois EMT-Basic in good standing with IDPH and Sarah Bush Lincoln Health Center EMS SYSTEM at time of Hire. Candidate must obtain EMT-Paramedic and Basic Operations Firefighter certification within 30 months of hire. Starting Salary: $51,281.00 EMT-Basic or EMT-I; $58,578.00 EMT-Paramedic or FRN. An additional $1000.00 per year for Basic Operations Firefighter (BOF) Certification, and another $1,000 for FFIII, ATF. Please return just the completed application; the other attachments are for your information, to:

Sullivan Fire Protection District
115 West Harrison Street
Sullivan, IL 61951

If your application is submitted by the above date, **you will be expected to report for the orientation and examination** at the above location, time and place indicated below. An orientation session will begin **PROMPTLY** at 9 a.m. Applicants' spouses are encouraged to attend. The written examination will start at 10 a.m. Applicants arriving late will not be allowed to take the examination. **There will be no exceptions.** Please bring a driver's license or other form of photo identification with you. No further reminder or notice of the testing date will be sent.

Date: January 16, 2027

Time: 9:00 a.m. Orientation

10:00 a.m. Written Test - 70% minimum score necessary to continue with the testing process

2:00 p.m. Physical Ability Test

Physical Ability Examination

The Physical Ability Examination will be scheduled for the afternoon of January 16, 2027 at the Sullivan Fire Protection District, 115 West Harrison, Sullivan, IL. (Weather permitting)

Sweatpants and tennis shoes should be worn for this part of the test.

The Sullivan Fire Protection District
Firefighter Physical Ability Recruit Examination

You will be asked to perform five physical tasks and will be given specific instructions in the manner in which these tasks are to be completed. The five physical tasks are:

1. Ladder hang
2. Ladder carry
3. Ladder climb
4. Rescue drag
5. Obstacle course

The exam consists of "general" and "specific" related tests that are **PASS/FAIL**; if you fail any test you will not be allowed to continue with the hiring process. All participants must sign a release of liability medical release form prior to participating in the examination process.

Chief's Oral Interview/Commission's Oral Interview to be scheduled for January 16, 2027. Notification of time of interview will be given to all applicants on January 16, 2027.

Changes may not be made to the interview schedule and please ensure that you confirm your attendance.

For questions regarding the Firefighter examination process, contact Chief Chris Wright at (217) 728- 8714.

SULLIVAN FIRE PROTECTION DISTRICT
FIREFIGHTER/ PARAMEDIC

General Information

Starting Salary

$51,281.00* EMT-Basic, EMT-I, or A-EMT
$58,578.00* EMT-Paramedic, or FRN
Additional $1,000.00/year for Basic Operations Firefighter Certification.
Additional $1,000.00/year for Advanced Technician Firefighter Certification.
Candidates must obtain EMT-Paramedic and Basic Operations Firefighter certification within 30 months of hire.
*New salary will be determined upon ratification of the new CBA with IAFF 5536.

Benefits (at time of testing)

- Vacation

At employment	1	24-hour shift
2 - 3 years	2	24-hour shifts
3 - 6 years	5	24-hour shifts
7 - 14 years	7	24-hour shifts
15 - on	10	24-hour shifts

- Sick Leave (9.23 hours/pay period = 10 24-hour shifts per year, Accumulative)
- Compensatory Time (FLSA) (4-24 hour shifts per year, Non-Accumulative)
- Family Hospitalization, Medical/Surgical, Dental and Vision Coverage
- AD&D Insurance
- Longevity Pay
- Employee Assistance Program
- Bereavement Leave
- Uniform Allowance

Residency Requirement

Within **1 Year** after employment, all newly appointed firefighters are required to move within the approved radius of 45 miles from the Sullivan Fire Station at 115 W. Harrison, Sullivan, IL.

SULLIVAN FIRE PROTECTION DISTRICT
JOB PROFILE

Job Title: Firefighter/Paramedic

Department: Fire Department

General Purpose: Performs a variety of hazardous tasks when engaged in combating, extinguishing and preventing fires; in answering emergency medical calls, extricating and rescuing individuals from fires and entrapment, treating the sick and injured, and in operation and maintenance of fire department equipment, apparatus, and quarters.

Supervision Received: Work is performed under the direct supervision of the station officer, with complete oversight of the entire shift by the chief.

Supervision Exercised: After training, Candidate could be tasked with performing as the initial Incident Commander until relieved by a higher ranking member and/or assigned to supervise a group of volunteer members in an assigned task. Candidates must be able to manage the firehouse if alone, and manage emergency responses without direct supervision.

Essential Duties and Responsibilities: Attends training courses, reads and understands assigned materials related to emergency medical care, firefighting and fire prevention. As paramedics you will be providing emergency medical care. Firefighters shall be required to become certified at the Basic Operations Firefighter level pursuant to the State of Illinois Firefighter Certification Standards.

Provide emergency and non-emergency care and transport throughout their assigned shifts on the ambulance.

Follow IDPH Regulations and Department/EMS System Protocols and maintain Continuing Education Requirements. Maintain a current State of Illinois Paramedic License. Failure to do so is grounds for termination.

Responds to fire alarms with a company; operates pumps, aerial ladders and auxiliary equipment; lays and connects hose; holds nozzles, directs fog or water streams; raises ladders, uses chemical extinguishers, bars, hooks, lines, and other equipment. Employee is comfortable wearing and using self-contained breathing apparatus.

Ventilates burning buildings by opening windows and skylights using power equipment or by chopping holes in roofs and floors; removes persons from danger, administers first aid to injured persons, performs salvage operations such as throwing salvage covers, vacuuming and removing water, cleaning up and removing debris.

Responds to vehicle accident scenes and performs extrication techniques using specialized heavy hydraulic equipment during emergency situations.

Participates in live fire, rope rescue, rappelling and hazardous materials training. Attends classes in firefighting and emergency medical care.

Performs general maintenance work in the up-keep of fire department property; prepares and submits reports and forms regarding alarms, supplies, equipment and other matters pertaining to his/her unit. Makes minor repairs to property and equipment; washes, hangs and dries hoses; washes, cleans and disinfects equipment and apparatus.

Relays orders, instructions and information accurately.

Tests fire hydrants and records flow information for department use.

Performs assigned fire inspections, preplans, checks building exits and related structures and appurtenances for compliance with fire prevention ordinances.

Responds to off duty calls when needed. The target of activity is 30% of paged out calls.

Performs related work as assigned.

Work Environment: This position involves both station duties and response work, performing typical station duties such as cleaning of the general living and office areas, and cleaning of the fire apparatus. The work shift will consist of 24 hours on duty and 48 hours off duty. The employee will be exposed to all types of weather conditions and temperature fluctuations, from bitter cold to extreme heat and humidity. The employee will be exposed to noise levels ranging from moderate to very loud, from open areas to very cramped confined spaces. The work environment will subject the employee to heavy traffic conditions both in responding to emergency calls and when attempting extrications at accident scenes. Although firefighting and rescue work are the most difficult and responsible areas of activity, the major portion of time is spent drilling and studying methods, techniques, and organization, and in routine duties in the care and maintenance of fire department property and equipment.

Tools and Equipment: The employee will be required to use a personal computer and telephone during station functions. In the field, the employee must drive a fire engine, aerial truck, rescue squad or ambulance. He/she must be comfortable wearing full turnout gear, including self-contained breathing apparatus. He/she will use axes, halligans, pry bars, hose, nozzles, electric and gas powered fans, ladders, ropes, saws (both hand- and gas- operated), portable radios, lights and any other equipment necessary to complete his/her tasks.

Physical Demands: While performing the duties of this job, the employee is frequently required to sit, talk, and hear. The employee is required to walk briskly; use hand to finger motions; handle or feel objects, tools, or controls; and reach with hands and arms both above the head and below the feet. The employee is often required to lift objects from a standing, crouching or lying position whose weight may exceed his/her own. He/she is required to lift and carry heavy fire equipment and tools, medical equipment and self-contained breathing apparatus some distance from the fire apparatus to the scene of the emergency.

The employee must occasionally lift and/or move objects in excess of 100 pounds. Specific vision abilities required by this job include 20/20 vision, corrected.

Physical Condition: Employees are required to maintain a good physical condition required to perform the above job requirements. Employee physicals including Pulmonary Function Testing and Mask Fit Testing are performed annually.

Required Minimum Qualifications:

Ability to read and write the English language.

Ability to learn the street system and physical layout of the city and county.

Ability to climb ladders and work at considerable heights, and also to work well below grade in dark, confined spaces.

Ability to learn a wide variety of firefighting duties and methods within a reasonable working test period.

Ability to adapt to a number of different situations that could all happen at the same time.

Ability to learn ambulance procedures and operations, learn patient care and how to deal with serious patient trauma.

Ability to establish and maintain effective working relationships with other employees and the general public.

Ability to understand and follow oral and written instructions.

Ability to learn to operate all fire and medical apparatus and equipment and to share knowledge of one's own individual skills and expertise.

Have good health and strength sufficient to perform arduous work, and motivation to maintain personal fitness and wellness.

Possess a positive mental attitude with the desire and motivation to achieve a higher position in the department through attendance at classes and self-study.

Ability to pass the State of Illinois requirement for licensure for driving and operating emergency vehicles.

Graduation from a standard high school or vocational school.

Disclaimer: The above statements are intended to describe the general nature and level of work being performed by the person assigned to this position. They are not intended to be an exhaustive list of responsibilities, duties and skills required. This job description does not constitute an employment agreement between the employer and the employee and is subject to change by the employer as the needs of the employer and the job requirements change.

Training Reimbursement:

A. The following shall take effect on January 1, 2023 and apply to all employees hired from said date.

B. During the first (5) five years after receiving initial training to obtain a Paramedic license and obtain Basic Operations Firefighter (BOF), should an Employee leave the employment of the Employer for any other reason other than layoff, termination, permanent disability, the Employee shall repay non-reimbursed monies spent by the Employer for training and non-reusable equipment provided.

C. Such reimbursement shall be pro-rated as follows:

1. Employee fails to complete training, 100% of the training costs shall be repaid.
2. Employee leaves within two (2) years after the completion of training and obtaining certification, 100% of training costs shall be repaid.
3. Employee leaves between two (2) and three (3) years after the completion of training and obtaining certification, 75% of training costs shall be repaid.
4. Employee leaves between three (3) and four (4) years after the completion of training and obtaining certification, 50% of training costs shall be repaid.
5. Employee leaves between four (4) and five (5) years after the completion of training and obtaining certification, 25% of training costs shall be repaid.

2025-2026 Sullivan Fire FT Sworn Salary Schedule (Paramedic/FRN)

	Pay Bracket					
	0-1 years	2-4 years	5-8 years	9-14 years	15-19 years	20+ years
YEARS						
1st year	58,578					
2nd year		66,602				
3rd year		66,602				
4th year		66,602				
5th year			73,668			
6th year			73,668			
7th year			73,668			
8th year			73,668			
9th year				78,983		
10th year				78,983		
11th year				78,983		
12th year				78,983		
13th year				78,983		
14th year				78,983		
15th year					84,284	
16th year					84,284	
17th year					84,284	
18th year					84,284	
19th year					84,284	
20th year						86,473
21st year						86,473
22nd year						86,473
23rd year						86,473
24th year						86,473
25th year						86,473
26th year						86,473
27th year						86,473
28th year						86,473
29th year						86,473
30th year						86,473

Rank Stipend	**Base**	**W/FO1, CoFo**	**W/FO2, AvCo**
Assistant Fire Chief	$7,500.00	$8,000.00	$8,500.00
Captain	$5,500.00	$6,000.00	$6,500.00

Additional $1000.00/year for FFII/BOF-Additional $1000.00/yr for FFIII/AOF (added 6-19-23)

Adopted: August 18, 2025
Effective: September 1, 2025
The new salary schedule will be updated upon ratification of the new CBA with IAFF 5536.

2025-2026 Sullivan Fire FT Sworn Salary Schedule (Non-Paramedic)

	Pay Bracket	
	0-1 years	2-4 years
YEARS		
1st year	$51,281	
2nd year		$54,323
3rd year		$54,323
4th year		$54,323

Additional $1,000 year for Basic Operations Firefighter Certification

Additional $1,000 year for Advanced Technician Firefighter Certification

The new salary schedule will be updated upon ratification of the new CBA with IAFF 5536.

Adopted: August 18, 2025
Effective: September 1, 2025

The following is provided by the company that provides the written exam:

Applicants may order the "**Comprehensive Examination Battery (CEB) Candidate Orientation Guide**" by clicking the following link: https://www.fpsi.com/product/ceb-candidate-orientation-guide/. The **CEB Candidate Orientation Guide** is a helpful tool to prepare for the exam and can be downloaded as a PDF file and saved or printed. Payments can be submitted via a PayPal account or on FPSI's site using a credit/debit card. Once payment is submitted, the download link will be located on the order details-checkout status page. Applicants must pay close attention to ALL instructions on both FPSI and PayPal's websites to access the instant download successfully!

SULLIVAN FIRE PROTECTION DISTRICT
MOULTRIE COUNTY, ILLINOIS

FIREFIGHTER/PARAMEDIC APPLICANT PERSONAL DATA QUESTIONNAIRE

---

1 **Name** _____
last first middle

2 **List any other names you have used or been known by** ***(include maiden name)***

_____

3 **Address** _____
Number & Street City State Zip

4 **Home Phone Number** _____ 5 **Business Phone Number** _____

6 **Driver's License No.** _____ 7 **Social Security No.** _____

8 **U.S. Citizen?** Yes _____ No _____

DOB:MM-DD-YYYY_____ **Email Address:**_____

LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN CHRONOLOGICAL ORDER

9 Address _____
Number & Street City State Zip

10 Address _____
Number & Street City State Zip

11 Address _____
Number & Street City State Zip

12 Address _____
Number & Street City State Zip

13 Address _____
Number & Street City State Zip

EDUCATION

14 CIRCLE HIGHEST GRADE COMPLETED

GED CERTIFICATE HIGH SCHOOL COLLEGE 1 2 3 4

GRADUATE SCHOOL M.A. Ph.D. OTHER

Name and Address of School (include City and State)

15 High School _____

Dates Attended: _____ Graduate: Yes / No

16 Undergraduate Education _____

Dates Attended: _____ Graduate: Yes / No

17 Graduate Education _____

Dates Attended: _____ Graduate: Yes / No

18 Trade Schools _____

Dates Attended: _____ Graduate: Yes / No

19 What college degrees have you attained? _____

20 List coursework relevant to position applied for: _____

MILITARY

21 Are you now, or have you ever been, in the military service of the United States?
Yes _____ No _____

Branch of Service _____

Service Serial Number _____ Highest Rank Held: _____

Give dates and locations of active duty _____

_____

Type of Discharge: _____

22 Are you now, or were you ever, an active member of any branch of the U.S. Military Reserve Forces or National Guard Unit? Yes _____ No _____

If yes, which branch? _____

Rank _____

Unit: _____ From _____ to _____

CONVICTION HISTORY

23 Have you ever been convicted of a crime other than minor traffic violations? (Applicants are not required to disclose expunged juvenile records) Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

24 List all traffic convictions and accidents you have had in the last ten years.

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

25 Have you ever been refused a driver's license? Yes _____ No _____

If yes, explain: _____

26 Have you ever had your driver's license suspended or revoked? Yes _____ No _____

If yes, explain: _____

EMPLOYMENT HISTORY

List all jobs you have held for the last ten years. Include periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence along with temporary or part-time jobs.

27 Present (most recent) employer's name: _____
Address _____
Number & Street City State Zip
Job Description: _____
Supervisor's Name: _____
Do you object to our contacting them? No _____ Yes _____
Reason for Leaving: _____
Employed _____ to _____ Salary: _____ per _____
month-year month-year

28 Employer's name: _____
Address _____
Number & Street City State Zip
Job Description: _____
Supervisor's Name: _____
Do you object to our contacting them? No _____ Yes _____
Reason for Leaving: _____
Employed _____ to _____ Salary: _____ per _____
month-year month-year

29 Employer's name: _____
Address _____
Number & Street City State Zip
Job Description: _____
Supervisor's Name: _____
Do you object to our contacting them? No _____ Yes _____
Reason for Leaving: _____
Employed _____ to _____ Salary: _____ per _____
month-year month-year

30 Employer's name: _____
Address _____
Number & Street City State Zip
Job Description: _____
Supervisor's Name: _____
Do you object to our contacting them? No _____ Yes _____
Reason for Leaving: _____
Employed _____ to _____ Salary: _____ per _____
month-year month-year

31 Employer's name: _____
Address _____
Number & Street City State Zip
Job Description: _____
Supervisor's Name: _____
Do you object to our contacting them? No _____ Yes _____
Reason for Leaving: _____
Employed _____ to _____ Salary: _____ per _____
month-year month-year

32 Have you ever been suspended or terminated, other than from an economic layoff, from any prior employment? Yes _____ No _____

If yes, please explain: _____
_____
_____

33 Have you ever resigned from any employment position because of misconduct or unsatisfactory performance, or while under investigation? Yes _____ No _____

If yes, please explain: _____
_____
_____

34 Have you ever taken a civil service exam? Yes _____ No _____

Agency: _____ Date: _____

Status: _____

35 Are you currently on any eligibility list(s)? Yes _____ No _____ Position on List: _____

If yes, indicate position applied for, status on list and expiration date of each: _____
_____
_____
_____

REFERENCES

Please list three adults, not related to you and not former employers, who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

36 Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____

37 Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____

38 Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____

39 List organizations, of which you are a member, that relate to the position that you're applying for:

_____

_____

_____

_____

_____

40 Explain your reasons for wanting to become a firefighter and paramedic:

_____

_____

_____

_____

_____

_____

_____

_____

41 Please review the enclosed job description for the position you are applying for, and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.

Yes _____ No _____

If accommodation is needed, please explain: _____

_____

_____

42 Person(s) to be notified in case of emergency.

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

43 l understand that I must provide the Fire Commission with my official transcripts of my high school and post-high school education as evidence of completion **before I am eligible for placement on the District's eligibility list** These official transcripts are attached to this application.

44 I understand that if I am placed on any eligibility list, I will be fingerprinted, and a set of my fingerprints will be furnished to the Illinois Department of State Police and to the Federal Bureau of Investigation**.**

45 All applicants must produce a valid driver's license or state identification card and one document listed below:

- A birth certificate issued by the State Department, Form FS-545;
- A birth certificate issued abroad by the State Department. Form DS-1350;
- An original or certified copy of a birth certificate issued by a state, county or municipal authority, bearing a seal;
- Native American tribal documents;
- A United States citizen identification card, INS Form I-197, or
- An identification card for use of a resident citizen in the United State INS Form I-179.

46 I further understand that it is my obligation to provide the Commission with up-to-date credentials and that the Commission will develop its eligibility list in accordance with the credentials on file with it.

47 I understand that I must submit a Sullivan Fire Protection District Candidate Physical Agility Test Waiver (p 22) before I may participate in the physical ability test.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE SULLIVAN FIRE PROTECTION DISTRICT.

Dated at _____Illinois, this _____day of _____ 20 __

Printed Name: _____

Signature: _____

CONTINUATION SHEET

Question No. Continuation of Answer

SULLIVAN FIRE PROTECTION DISTRICT

AUTHORIZATION FORM

I, _____, hereby authorize the SULLIVAN FIRE PROTECTION DISTRICT ("DISTRICT") and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the DISTRICT. I also consent to the release to the DISTRICT of any and all medical records prepared during the medical examination I am required to undergo for employment with the DISTRICT.

I further release from liability any person or persons providing or receiving any such information in connection with this pre-employment investigation.

I understand that I will undergo a physical ability test as part of the application process and that such a physical ability test shall subject me to vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test and that I must submit the DISTRICT'S CERTIFICATION OF PHYSICAL CONDITION form prior to participating in the physical ability test.

I also agree to indemnify and hold harmless the DISTRICT, its Board of Fire Commissioners, the individual trustees and commissioners, employees and agents against any claim or loss whatsoever, including but not limited to attorneys' fees and any cost of defense which arises directly or indirectly out of any injury which I might sustain in the physical ability test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the DISTRICT, the individual trustees and commissioners, employees and agents for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorneys' fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the DISTRICT, its trustees and commissioners as well as its employees and agents.

Signature _____

SUBSCRIBED and **SWORN** to
before me this _____ day of
_____ 20___

_____
Notary Public

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed with us.

SULLIVAN FIRE PROTECTION DISTRICT
CANDIDATE PHYSICAL AGILITY TEST WAIVER OF CLAIM FOR INJURY

Applicants with a Verification of Successful Completion of CPAT with Ladder Climb at time of test are exempt from this section.

APPLICANT'S NAME: _____

ADDRESS: _____

EXAMINATION DATE: _____

As part of the Sullivan Fire Protection District ("District") firefighter application process, applicants must participate in a physical ability test. The physical ability test will subject the applicants to vigorous physical exercise. The District does not assume any responsibility for any medical consequences that may arise from participating in the applicant selection process.

This form must be signed before you will be permitted to participate in the Sullivan Fire Protection District physical agility testing process.

You will be asked to perform five physical tasks and will be given specific instructions in the manner in which these tasks are to be completed. The five physical tasks are:

1. Ladder hang
2. Ladder carry
3. Ladder climb
4. Rescue drag
5. Obstacle course

I have read and understand the physical effort which this physical agility test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Sullivan Fire Protection District's physical agility test. I voluntarily participate as part of my application for employment.

Last Name: _____ First Name: _____ MI: _____
(please print name above)

Applicant Signature: _____

Date: _____

SULLIVAN FIRE PROTECTION DISTRICT
PREFERENCE POINTS CANDIDATE INFORMATION SHEET
(2027 TEST)

After the Initial Eligibility Register is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form (Form A). This claim must be made within ten (10) days after the posting of the Initial Eligibility Register or the points will be deemed waived.

Up to five types of preference points may be claimed by applicants:

1. **Experience Preference Points (Maximum 5 Points)**

Any applicant who has been a paid-on-call certified firefighter II, BOF, firefighter III, EMT-B, EMT-I or EMT-P for the Sullivan Fire Protection District shall be awarded one-half point for each year of successful service, up to a maximum of five (5) points at the time of the posting of the initial eligibility list.

Any applicants from outside the Sullivan Fire Protection District who were employed as full-time certified firefighters or paramedics for at least two (2) years at another fire protection district or municipality shall be awarded one(1) point for each year up to a maximum of five (5) points. No experience preference points will be awarded to an applicant for service with a private employer who had a contract for fire or ambulance service with a fire protection district or municipality.

Proof of such service must include submission of copies of applicable certificates and a sworn affidavit by the applicant (see **Form 3A).** Note that proof of POC or full-time service may be verified by the District. Also note that an applicant may not receive experience preference points for a certificate if the amount of points awarded would place the applicant before a veteran on the eligibility list. Finally, no person shall be awarded more than the maximum of five (5) points for experience.

2. **Veteran's Preference Points {Maximum 5 Points}**

Applicants who served in the United States military actively for at least one year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) points. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge and a sworn affidavit by the applicant (see **Form 3A).**

3. **Educational Preference Points {Maximum 5 Points}**

Applicants who have successfully obtained a bachelor's degree in the field of fire service, or emergency medical services from an accredited college or university shall receive five (5) preference points. Applicants who have successfully obtained an associate's degree in the field of fire service, or emergency medical services from an accredited community college shall receive three (3) preference points. A copy of a diploma must be included with the request for preference points as proof of the attainment of degree. (See **Form 3A).** No one may be awarded more than five (5) educational preference points.

4. **Paramedic Preference Points (Maximum 5 points)**

Persons who have obtained certification as an Illinois Emergency Medical Technician - Paramedic (EMT-P) shall receive five (5) preference points. A copy of a current IDPH paramedic license must be submitted as proof of the certification. (See **Form 3A.)**

5. **Residency Preference Points (Maximum 5 points)**

Applicants who maintain their principal personal residence within the boundaries of the Sullivan Fire Protection District at the time of application shall receive five (5) preference points. Proof of residency must be shown in order to be eligible for the award of points.

FORM 3A
SULLIVAN FIRE PROTECTION DISTRICT
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT
(2027 TEST)

If you wish to claim preference points for the Final Eligibility Register for hire with the District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the Initial Eligibility Register. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

A. <u>Experience Preference Points (70 ILCS 705/16.0b(h)(5))) (Max. 5 points)</u>

Please state the relevant dates of successful service in the following capacities and attach Firefighter II, Firefighter III and/or EMT Certificates; do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

1. **Sullivan Fire Protection District**
   Paid-On-Call Firefighter and/or Paramedic

   Date of Service (month/date/year): _____ to _____

   OSFM Certification Dates (month/date/year): _____

   FF II/Basic FF: _____ FF III/Advanced FF: _____

   EMT-B: _____

   EMT-P: _____

2. **Full-time Firefighter and/or Paramedic-Another Fire Department**

   Name of Department/District: _____

   Address: _____

   Phone Number: _____

   Date of Service (month/date/year): _____ to _____

   Name of Department/District: _____

   Address: _____

   Phone Number: _____

   Date of Service (month/date/year): _____ to _____

B. Veteran's Preference Points (70 ILCS 705/16.06b(h)(1)) (Max. 5 points)

Please state the following information regarding your military service and attach form DD-214 (long form) and proof of honorable discharge:

Branch of Service: _____

Unit: _____

Rank: _____

Date of Service (month/date/year): _____ to _____

Date of Honorable Discharge: _____

C. Educational Preference Points (70 ILCS 705/16.06b(h)(3)) (Max. 5 points)

Please state the following information regarding your educational background and attach copies of diplomas as proof of the attainment of a degree:

College Attended: _____

Dates of Attendance (month/date/year): _____ to _____

Degree Awarded: _____

D. Paramedic Preference Points (70 ILCS 705/16.06b(h)(4)) (Max. 5 points)

Persons who have obtained certification as an Illinois Emergency Medical Technician - Paramedic (EMT-P) shall receive five (5) preference points. A copy of a current IDPH license must be submitted as proof of the certification.

License Number: _____

Date first issued (month/date/year): _____

Expiration Date (month/date/year): _____

Please indicate your current resource hospital: _____

E. Residency Preference Points (70 ILCS 705/16.06b(h)(6) (Max. 5 points)

Please provide your primary residence address and attach at least two documents that indicate proof of your residence within the boundaries of the Sullivan Fire Protection District:

Home Address: _____

Length of Residence at this Address: _____

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

CANDIDATE'S AFFIDAVIT

I, _____being first duly sworn
Name of Candidate

on oath, state that the information set forth in my Sullivan Fire Protection District Preference Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the District, removal from the hiring list, and/or dismissal from the District.

_____
Candidate's Signature

Subscribed and Sworn to
before me this _____ day
of _____ 20 __

_____
Notary Public

For District Use Only

Date Initial Eligibility Register was Posted: _____

Date of Submission of Claim Form: _____

Received by: _____

Form 4

SULLIVAN FIRE PROTECTION DISTRICT
VERIFICATION OF EMPLOYMENT DATA FORM

To the Employer:

_____ has requested preference points pursuant to Section 16.06b(h) of the Fire
(Applicant)
Protection District Act, for the final eligibility list for hire with the Sullivan Fire Protection District. Before the Commission awards these points, we ask that you complete the following form which we will use to verify information supplied to us by the applicant. Please use the date that the applicant obtained certification as the beginning date unless he or she had the certification prior to employment.

If you are unable to return this form by _____ please contact Fire Chief Chris Wright at (217) 728 -8714.

Thank you very much,

Board of Fire Commissioners
Sullivan Fire Protection District

I, the undersigned, on behalf of _____ (hereinafter the "Department")
(Fire Protection District or Municipality)

_____
(Address)

hereby certify that _____was/has been employed with the Department in
(Applicant)
the following capacities:

1. **Full-time Firefighter II/Basic FF and/or Paramedic**

   Dates of service (month/date/year): _____ to _____

2. **Full-time Firefighter Ill/Advanced FF**

   Date of Service (month/date/year): _____ to _____

Signed this _____ day of _____

_____
Signature

_____
Print Name

_____
Title

Form 5

SULLIVAN FIRE PROTECTION DISTRICT
INITIAL EMPLOYMENT AGREEMENT - TUITION REIMBURSEMENT

This Agreement is made and entered on the date set forth next to the signature of each party hereto, by and between_____ (the "Employee") and the Sullivan Fire Protection District (the "District "), Moultrie County, Illinois.

IT IS HEREBY AGREED:

TERMS AND CONDITIONS

1. Upon execution of this Initial Employment Agreement (the "Agreement"), the Employee is hereby authorized to be offered a Certificate of Appointment by the Board of Fire Commissioners as a probationary employee as long as the Employee is qualified. This offer of a Certificate of Appointment is contingent upon the Employee passing the employment medical and psychological examination. Such probationary period extends for one (1) year from the first day of actual work on the job and excludes periods of training, or injury or illness leaves, including duty related leave, that are greater than thirty (30) days in duration.

2. During this probationary period, the Employee is an "at will" employee and may be dismissed at any time for any reason by the Board upon recommendation of the Chief of the District.

3. Compensation and fringe benefits during this probationary period are as set forth in the District's policies.

4. Employee shall be assigned to training and duties pursuant to the ordinances, resolutions, rules and regulations, and practices of the District.

LIQUIDATED DAMAGES

5. Employee hereby recognizes the cost to the District of hiring and training, and in consideration of this Agreement, hereby agrees to reimburse the District for the costs of the Employee's hiring and training pursuant to the provisions of this Agreement.

6. In the event that the Employee passes the medical and psychological examination, yet fails to accept a Certificate of Appointment, Employee agrees to pay the District its costs of hiring Employee in the amount $___ which shall be considered liquidated damages.

7. If the Employee does not pass the medical and psychological examination, the Employee may not receive a Certificate of Appointment and will not be liable for any costs of hiring or training.

8. In the event that the Employee accepts his or her Certificate of Appointment yet fails to complete his or her probationary period due to any cause other than "termination" as defined below, Employee agrees to pay the District its costs of hiring and training Employee in the amount of $_____ which shall constitute liquidated damages.

9. The term "termination" as used in this Agreement shall mean any discontinuance of the Employee's employment initiated by the District, and shall also include discontinuance of employment due to injury or illness resulting in the Employee's permanent inability to perform the normal duties of the position held by the Employee at the time of commencement of such injury or illness.

10. Complete payment of the liquidated damages shall be made within twelve (12) months of cessation of employment in equal monthly installments of no less than one-twelfth (1/12) of the total liquidated damages, commencing on the first day of the month following the month during which cessation of employment occurs, and payable on or before the first day of each month thereafter. The District may subtract any liquidated damages from any sums due to the Employee from the District as wages or vacation pay at the time said Employee's payment of liquidated damages first becomes due and owing. The Employee agrees that in the event of his or her failure to make any payment required pursuant to this Agreement in a timely manner, the total amount of the liquidated damages obligation then remaining unpaid, shall immediately become due and payable. The Employee further agrees that in the event the District incurs legal fees or other costs of collection in an effort to collect any delinquent sums owing pursuant to this Agreement, the Employee will pay such expenses in addition to the portion of the liquidated damages then due.

11. Except in the case of a probationary firefighter taking a position with another fire department, the Board may waive any of the terms in paragraphs 6, 8, and 10, including the amount of liquidated damages.

MISCELLANEOUS

12. Employee understands that he or she has the right to have this document examined by an attorney prior to execution.

13. If any paragraph or portion of a paragraph is found to be unlawful by a court, the remaining portion of the paragraph or remaining paragraphs shall still constitute a valid enforceable Agreement.

14. A. The following shall take effect on January 1, 2023 and apply to all employees hired from said date.

B. During the first five (5) years after receiving initial training to obtain a Paramedic license and to obtain Basic Operations Firefighter (BOF), should an employee leave the employment of the Employer for any other reason other than layoff, termination, permanent disability, the Employee shall repay non-reimbursed monies spent by the Employer for training and non-reusable equipment provided.

C. Such reimbursement shall be prorated as follows:

- Employee fails to obtain certification, 100% of the training costs shall be repaid.
- Employee leaves within two years (2) years after the completion of training and obtaining certification, 100% of the training costs shall be repaid.
- Employee leaves within three years (3) years after the completion of training and obtaining certification, 75% of the training costs shall be repaid.
- Employee leaves within four years (4) years after the completion of training and obtaining certification, 50% of the training costs shall be repaid.
- Employee leaves between four (4) and (5) years after the completion of training and obtaining certification, 25% of the training costs shall be repaid.

Dated this _____day of _____ 20____.

_____	_____	_____
President, Board of Trustees Sullivan Fire Protection District	Secretary, Board of Trustees Sullivan Fire Protection District	Employee

SULLIVAN FIRE PROTECTION DISTRICT
FULL TIME TESTING PACKET TURN IN CHECKLIST

Please use the following checklist to ensure all the necessary documents are included with your application. This specific sheet does not need to be turned in.

Turn in, or have postmarked, by 5pm on January 8, 2027.
If you are turning in your packet by hand we have a notary at the station Monday - Thursday from 8am - 4pm. We suggest calling the station at (217) 728-8714 before coming to make sure she is available. If you are mailing a packet in you will need to get the pages notarized yourself.

_____ Completed Applicant Personal Data Questionnaire (pages 12 - 20)

_____ High School Transcript

_____ Post-High School Transcript, if applicable

_____Copy of Valid Driver's License

_____ Copy of Birth Certificate or one other form of ID from page 18

_____ Copy of Valid EMS License

_____ Authorization Form - notarized (page 21)

_____ Physical Agility Test Waiver (page 22) *or* Valid CPAT card with ladder climb

_____ Form 5 Initial Employment Agreement - Tuition Reimbursement (pages 29-30)

If applicable, turn in up to 10 days after the initial list is posted

_____ Form 3A Preference Point Claim - notarized (pages 25-27)

_____ Form 4 Verification of Employment Data (page 28)