



MT. VERNON FIRE DEPARTMENT

2024 APPLICATION PACKET

- 1. APPLICANT PACKET RECEIPT (1 page)**
(Print name, sign, and return)
- 2. NOTICE OF IMPORTANT DATES**
- 3. OUTLINE OF POSITION (4 pages)**
- 4. FIRE DEPARTMENT APPLICATION (3 pages)**
(Complete and return)
- 5. CERTIFICATE OF GOOD MORAL CHARACTER**
(3 copies to be completed and returned)
- 6. BACKGROUND WAIVER**
(Complete and return)
- 7. AGREEMENT**
(Complete and return)
- 8. AGILITY TEST - RELEASE OF ALL LIABILITIES**
(Complete and return)
- 9. MEDICAL EXAMINER'S CERTIFICATE**
(Completed by your physician and return)
- 10. PHYSICAL FITNESS TEST INFORMATION**

Mt. Vernon Fire Department
APPLICANT PACKET RECEIPT

I, _____, have received an application
(Print name)

packet for testing procedures at the Mt. Vernon Fire Department.

I understand that I must personally return this application and all requested documents, or have it postmarked, on or before October 1, 2024, in order to continue testing procedures.

APPLICANT SIGNATURE

Date completed Application received:	
MVFD personnel initials who reviewed all paperwork for completion:	

NOTICE OF IMPORTANT DATES

Firefighter Applications must be returned or postmarked to:

MT VERNON FIRE DEPARTMENT
714 SOUTH 42nd STREET
P.O. BOX 1708
Mt. Vernon, IL 62864

on or before:

OCTOBER 1, 2024

Physical agility tests will be:

OCTOBER 19, 2024 @ 8 AM
ROLLAND W LEWIS BUILDING @ CITY PARK
800 SOUTH 27TH STREET
MT VERNON, IL 62864

Immediately following successful completion of physical agility tests,
written firefighter examinations will be:

OCTOBER 19, 2024
MT VERNON POLICE DEPARTMENT
600 SOUTH 27TH STREET
MT VERNON IL 62864

NOTE: After you return your application, you will not receive notification that it has been received. You will only be contacted by the Fire Department if your application is incomplete. If you wish to know your application has been received, you may call the Fire Chief's office at 618-242-6880 Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Please wear comfortable clothing for the physical agility testing,
i.e., shorts, t-shirt, sneakers and socks.

OUTLINE OF FIREFIGHTER POSITION

The Fire and Police Commission of the City of Mt. Vernon is compiling a current eligibility list for the position of Firefighter, from which list future hires may be made.

Below is an outline of the various points that you should know about the position of Firefighter with the City of Mt. Vernon.

Please read the items over carefully so that there will be no misunderstanding of what you can expect and what will be expected of you.

YOU CAN EXPECT

SALARY

The starting salary is approximately \$61,662 annually (including holiday & FLSA pay) with step increases.

HEALTH INSURANCE

The City pays 100% of its employees' health insurance premiums. The employee, if he or she chooses, may obtain dependent coverage for full family, spouse only or children only. The City is self-insured through Cigna with Allied Benefit Systems as their third-party administrator.

VACATION

Vacation earned is as follows:

Two (2) weeks (five shifts) after one (1) year of service
Three (3) weeks (seven shifts) after seven (7) years of service
Four (4) weeks (ten shifts) after twelve (12) years of service

AFTER FIRST YEAR

After the first year the employee will earn:

Three (3) Personal Days off per calendar year.

One (1) No Accident Day off, if no avoidable accident occurred the prior year.

One (1) Birthday off yearly, same year as hire.

HOLIDAYS

The Firefighter position is that of no holidays off. Realizing this fact, the City will pay one hundred forty-four (144) hours of holiday pay annually to be paid bi-weekly above the base pay.

SICK LEAVE

Twelve (12) hours of sick leave will be earned for each full month of employment, up to a maximum total of fifteen hundred (1500) hours.

SHIFTS

Firefighters work twenty-four (24) hour shifts, with forty-eight (48) hours off between each twenty-four (24) hour shift.

EMT-PARAMEDIC

All Firefighters are required to be or become EMT-Paramedics. The City of Mt. Vernon will pay for tuition and textbooks at Rend Lake College to receive your EMT-Basic license, if you do not already have, and thereafter, the EMT-Paramedic license.

RESIDENCY REQUIREMENTS

Firefighters are required to reside within Jefferson County within six (6) months from date of hire.

PROCEDURE

1. All testing is mandatory. **Applicants will be REQUIRED to provide a driver's license for admittance to any part of the procedure.** Applicants shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the Applicant.
2. Physical agility test.
3. Written examination.
4. Written test will be given only to Applicants who have passed the physical agility test.
5. Oral interviews are given to Applicants who have passed all previous tests. The number of interviews held is determined by the Fire and Police Commission.
6. Applications must be returned to the Mt. Vernon Fire Department, 714 South 42nd Street, P. O. Box 1708, Mt. Vernon, IL 62864, or if returned by mail, postmarked by October 1, 2024. Failure to do so will disqualify applicant.
7. Thorough background investigation will be made on all Applicants. Applicants shall be required to sign a document authorizing release of all background information to the Fire and Police Commission.
8. When returning your application, please bring or include the following:
 - (1) Copy of birth certificate.
 - (2) Copy of high school diploma or G.E.D. certificate.
 - (3) Copies or proof of previous firefighter and/or EMT experience and certificates (if applicable).
 - (4) The signed waivers and release forms.
 - (5) **Original** medical release - completed.
 - (6) Any additional information or resume (optional).

Note: None of the above items will be returned to you so please send copies.

9. Applicants must be at least twenty-one (21) years of age on the test date, but under thirty-five (35) years of age on the test date or meet Illinois Public Act 097-0251 previous employment requirements.

10. All Applicants listed on eligibility list will be subject to medical examination and in-depth physiological examination.
11. Applicant must be U.S. citizen.
12. Applicant must possess a valid driver's license. Bring your driver's license to both the physical agility test location and written test location for identification purposes.
13. No correspondence acknowledging that your application was received will be sent to you prior to the testing date.
14. **Incomplete applications shall be rejected and disqualify candidates from testing. Final decision on rejections and disqualifications will be made by the Fire Chief or his designee.**

MT. VERNON FIRE AND POLICE COMMISSION

*George W. "Bill" Beck, Chairperson
Robert White, Secretary
Clarence Mays, Commissioner
Lance Cusumano, Commissioner
Paula Dodillet, Commissioner*

FIRE DEPARTMENT APPLICATION

Full Legal Name:		
Address:		
City/State/Zip		
Telephone:		If no phone, how can you be reached:
Email address:		

PERSONAL

Give the month, day, and year you were born.	
How long have you resided at the above address?	
If less than six months, list all previous addresses in the last six months.	
Have you ever been convicted of a felony or a crime involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, state when and where it occurred.</p> <p>State the felony or crime that you were convicted of.</p>	<p>When:</p> <p>Where:</p> <p>Felony/Crime:</p>
What is your Social Security number?	- -

EMPLOYMENT

Have you ever had any experience as a firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which state?	State:
If yes, when?	When:
What is your present occupation?	
Name and address of present employer Name: Address: Phone:	

Who were your employers for the past five (5) years, (including present employer?) Please list in chronological order with the most recent employer shown first.

Employer	Address	City/State	Phone	Supervisor	From:	To:

EDUCATION

Do you have a high school diploma or G.E.D.?	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.
If yes, provide the following information. School: Date graduated or received G.E.D.:	

REFERENCES

Give us three (3) names of property owners not related to you. **Do not** use the same names of those persons who sign your character certificates.

Name	Address	Telephone #
1.		
2.		
3.		

I understand that misrepresentation of the facts on this or any other form shall automatically disqualify me from taking the examination and for appointment to the position I seek and is good cause for termination of my employment in the event of my appointment.

Signed: _____
Applicant

Subscribed and sworn to before me this _____ day of _____, 2024.

(Seal) _____
Notary Public

Note: You are required to immediately notify the Mt. Vernon Fire Department of any change in your address.

By mail: Sara Hayes
Mt. Vernon Fire Department
P. O. Box 1708
Mt. Vernon, IL 62864

By telephone: 618-242-6880

By email: sara.hayes@mtvernon.com

CERTIFICATE OF GOOD MORAL CHARACTER

To: Board of Mt. Vernon Fire and Police Commission

I, _____, of _____
(Printed name) (Complete Address)

_____,
(Telephone number), certify that I do not hold any elected or appointed position in any municipal, county or state government, nor in any branch of the United States Government.

I have known Mr./Ms. _____ for the past three (3) years and he/she is a person of good moral character, of correct and orderly deportment, of temperate, industrious habits, and in my opinion, is qualified in all respects for the position of Firefighter.

Additional comments: _____

I am am not related to the Applicant.

I further certify that I am willing that this Certificate of Good Moral Character be made public.

(Signature)

CERTIFICATE OF GOOD MORAL CHARACTER

To: Board of Mt. Vernon Fire and Police Commission

I, _____, of _____
(Printed name) (Complete Address)

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of the United States Government.

I have known Mr./Ms. _____ for the past three (3) years
and he/she is a person of good moral character, of correct and orderly deportment,
of temperate, industrious habits, and in my opinion, is qualified in all respects for the
position of Firefighter.

Additional comments: _____

I am am not related to the Applicant.

I further certify that I am willing that this Certificate of Good Moral Character
be made public.

(Signature)

BACKGROUND WAIVER

Date: _____

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Mt. Vernon Fire and Police Commission any and all information that you may have concerning me, my work record and my reputation.

Please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Mt. Vernon Fire Department.

I hereby release you and/or your employer from any liability and damage of any nature as a result of furnishing the information requested above.

Signature: _____

Address: _____

AGREEMENT

To: Mt. Vernon Board of Fire and Police Commissioners

I hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners of the City of Mt. Vernon during and after taking the examination, and during any probationary period I might be appointed to, and as a regular member of the Mt. Vernon Fire Department.

Dated this _____ day of _____, 2024.

Signature: _____

AGILITY TEST

RELEASE OF ALL LIABILITIES

The undersigned, for and in consideration of good and valuable consideration, receipt of which is hereby acknowledged, hereby releases, remises and discharges the City of Mt. Vernon, Illinois, a municipal corporation, its officers, servants, agents and employees of any and all claims, demands and liabilities to me, due to any and all injuries, losses and damages to my person which shall have been caused, or may at any time arise as the result of a certain fire examination agility test conducted by the Board of Fire and Police Commissioners of Mt. Vernon, Illinois; the intention hereof being to completely, absolutely and finally release the City of Mt. Vernon, Illinois and its officers, servants, agents and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Dated at _____ (City), _____ (State) on this _____ day of _____, 2024.

Signed: _____

Witness: _____

MEDICAL EXAMINER'S CERTIFICATE

Name of Applicant: _____

Address: _____

Telephone number: _____

This is to certify that I have made a medical examination of the above person and find that he/she is physically able to take part in a firefighter's very strenuous performance test consisting of bench press, sit-ups, chin-ups, push-ups, ankle-knee touch and sixty (60) yard obstacle dash. He/she may also participate in any additional or similar very strenuous exercise given by the Mt. Vernon Fire and Police Commission or testing bureau.

Signed: _____
Signature of Physician

Address: _____

Dated: _____



Comprehensive Options
for Police Selection

C.O.P.S. and F.I.R.E.

Personnel Testing Service

Specializing in Law Enforcement and Fire Service Testing Options



Firefighter Individual
Readiness Evaluations

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 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 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 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 – 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 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.