



CITY OF MENDOTA

FIREFIGHTER/PARAMEDIC EMPLOYMENT OPPORTUNITY

The Board of Fire and Police Commissioners of the City of Mendota, Illinois is accepting applications to establish an eligibility list for the position of Firefighter/Paramedic with the Mendota Fire Department.

Applications can be picked up at Mendota City Hall, 800 Washington St or at Fire Station #1, 610 Main St., Mendota, IL. 61342. Or contact Mendota Fire Department at 815-539-3434 to have an application sent electronically.

Test date: December 21, 2024, Physical Agility test 7:30 A.M., Written test at 9:30 A.M.

If you have a current CPAT card with ladder endorsement you do not need to come to the Agility Test.

Test Location: Mendota Township High School 2300 W Main St Mendota, IL 61342

Deadline: Monday, December 16, 2024

Starting Salary: \$62,924.00

Residency: 50 mile residency from the city limits of Mendota

Position Requirements:

- At least 21 years of age and not older than 35 at the time of test, except per Illinois Statute ILCS 5/10-21.6.
- U.S. Citizen.
- Possess a high school diploma or equivalent.
- Possess a valid driver's license with a good driving record and have a non-CDL class B license within one year of employment.
- Applicants must be free of any bodily or mental defects, deformities, or diseases that might incapacitate him or her from performing normal firefighter/paramedic duties. Applicant must have at least 20/40 in both eyes corrected to 20/20 with glasses.
- Possess a valid Paramedic License from the Illinois Department of Public Health (IDPH) a conditional offer of employment.
- Possess a Firefighter II or Basic Operations Firefighter (BOF) from the Office of the Illinois State Fire Marshal at the conditional offer of employment. Or if Paramedic only will be required to attend IFSI Firefighter Academy (10 weeks) as soon as slots are available and successfully pass the course to continue employment
- Must successfully test into the MercyHealth EMS System after a conditional offer of employment.
- Must pass a full background check after a conditional offer of employment.
- Must successfully pass a psychological test and a polygraph test after a conditional offer of employment.
- Must successfully pass an NFPA physical after a conditional offer of employment.

Preference Points Information (maximum 10 points):

Military Veteran's (DD-214 required)	5 points
Associate degree in fire science or EMS	2 points
Bachelor's degree in related field	3 points
1/2 point per year of service with Mendota Fire Department	maximum 5 points

Police & Fire Commission

INSTRUCTIONS

IMPORTANT INSTRUCTIONS ABOUT THIS FILLABLE FORM!

Please be advised that while the Application Form is in a fillable PDF format, you **MUST** print, sign, and mail or drop off the full application packet.

Do not send filled from directly from URL! DOWNLOAD, PRINT, SIGN AND RETURN



PLEASE SIGN AND RETURN COMPLETED APPLICATION FORM TO

City of Mendota Police & Fire Commission

Mail: P. O. Box 710, Mendota, IL 61342

In person: City of Mendota 800 Washington Street, Mendota, IL 61342

APPLICATION FOR EMPLOYMENT

It is the policy of the City of Mendota to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job related disability or any other legally protected status. **Please carefully read and answer all questions.**

Failure to fully and legibly complete all information on this application could result in disqualification from further consideration. Attaching a résumé is encouraged, however, does not preclude this requirement.

An Equal Opportunity Employer
www.mendotafire.com

Job ID #: 2024-718	POSITION APPLYING FOR:				HR DEPT USE ONLY	DMR	DNMR	
	Check here if you are currently a certified firefighter applying as a lateral transfer. Please submit copies of certifications with application. Candidates for Firefighter should review attached requirements				Citizenship			
How did you hear about this job posting? <i>Please be specific.</i>	<input type="checkbox"/> Radio/Media _____		<input type="checkbox"/> Job Board _____		Education			
	<input type="checkbox"/> City Employee _____		<input type="checkbox"/> Other _____		Experience			
					Residency			
					Other			
PERSONAL DATA	Last Name:		First Name:		Middle Initial	Social Security Number		
	Present Mailing/Street Address				Permanent Mailing Address (if different)			
	City	County	State	Zip Code	City	County	State	Zip Code
	Home Telephone No. (Area Code) Number		Cell Phone No. (Area Code) Number		E-mail Address:			
	Previous Addresses for past (5) years:							
	Are you 21 years of age or older?		Have you ever been convicted of a felony?		If yes, explain			
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Are you a US Citizen?		If no, are you legally authorized to work in the US and can you comply with the following requirement*?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	*To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire; or upon your first day of work if your employment period will be less than three (3) days.							
	Do you have a current commercial driver's license (CDL)?		<input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please attach a copy		Do you have a valid driver's license? State _____ License No.: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever worked for the City of Mendota or other Illinois government entity? Yes No		If yes, when:		Have you ever been disciplined or discharged for making threats or any incident involving violence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Position: _____ Department: _____				Have you ever been disciplined, discharged for forced to resign for any other reason? If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, reason for leaving:							
	Do you have relatives employed with the city of Mendota?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and relationship:					
Have you applied for employment with the City of Mendota before?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		What is your salary expectation?				
<input type="checkbox"/> Yes <input type="checkbox"/> No								
EDUCATION & TRAINING	High School Name / Address		City		County	State	Zip Code	
	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Diploma, Degree, Certificate or Equivalency Diploma					
	Secondary School Name / Address		City		County	State	Zip Code	
	Type of School (Check One) <input type="checkbox"/> Vocational Schools, Technical Institutes, Community, Military Schools, and junior colleges		<input type="checkbox"/> All Other Colleges/Universities		Major Field of Study	Degree/Certificate Type (if no, total credits)	Academic Standing (Overall GPA out of possible total (e.g. 3.2/4.0) or average grade (e.g. B+ or 85%):	
	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Secondary School Name / Address		City		County	State	Zip Code	
	Major Field of Study:		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree/Certificate Type (if no, total credits)			
	Type of School (Check One) <input type="checkbox"/> Vocational Schools, Technical Institutes, Community, Military Schools, and junior colleges		<input type="checkbox"/> All Other Colleges/Universities		Academic Standing (Overall GPA out of possible total (e.g. 3.2/4.0) or average grade (e.g. B+ or 85%):			
	List other relevant technical education, training, computer skills or experience you would like City of Mendota to consider relevant to your job qualifications:							
List academic honors, scholarships, fellowships; memberships in academic honorary societies; participation in/offices held in job related activities.								

Please list all employment for the past ten (10) years with most recent employment first; be sure to include complete mailing address. For additional work history or other experience, skills or qualifications, please attach using separate piece of paper.

EMPLOYMENT RECORD

Employer:				LENGTH OF EMPLOYMENT	
Address:				FROM:mm/yyyy	TO: mm/yyyy
Telephone		Position			
Supervisor		Supervisor's Position		Hours Per Week:	

PRINCIPAL RESPONSIBILITIES:

May We Contact Your Current Employer? YES NO REASON FOR LEAVING:

Employer:				LENGTH OF EMPLOYMENT	
Address:				FROM:mm/yyyy	TO: mm/yyyy
Telephone		Position			
Supervisor		Supervisor's Position		Hours Per Week:	

PRINCIPAL RESPONSIBILITIES:

May We Contact Your Past Employer? YES NO REASON FOR LEAVING:

Employer:				LENGTH OF EMPLOYMENT	
Address:				FROM:mm/yyyy	TO:mm/yyyy
Telephone		Position			
Supervisor		Supervisor's Position		Hours Per Week:	

PRINCIPAL RESPONSIBILITIES:

May We Contact Your Past Employer? YES NO REASON FOR LEAVING:

Employer:				LENGTH OF EMPLOYMENT	
Address:				FROM:mm/yyyy	TO:mm/yyyy
Telephone		Position			
Supervisor		Supervisor's Position		Hours Per Week:	

PRINCIPAL RESPONSIBILITIES:

May We Contact Your Past Employer? YES NO REASON FOR LEAVING:

Personnel Board	<h1 style="margin: 0;">Applicant Consent and Release Form</h1>
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REFERENCES	Work related references (Do not include relatives)		
	CHECK ONE <input type="checkbox"/> Occupational Reference <input type="checkbox"/> Personal Reference (<i>only if no Work Reference</i>)	NAME	OCCUPATION
	ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE
			EMAIL
	CHECK ONE <input type="checkbox"/> Occupational Reference <input type="checkbox"/> Personal Reference (<i>only if no Work Reference</i>)	NAME	OCCUPATION
	ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE
			EMAIL
	CHECK ONE <input type="checkbox"/> Occupational Reference <input type="checkbox"/> Personal Reference (<i>only if no Work Reference</i>)	NAME	OCCUPATION
	ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE
		EMAIL	

CONSENT AND RELEASE - PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application or interview(s) are true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information or omission of facts given in my application or interview(s) may be justification for refusal to hire or termination of employment.

I hereby agree and consent to taking physical or other examinations when requested to do so by the City of Mendota. I understand that City of Mendota employees or applicants for employment are subject to testing for substance and drug use, including marijuana.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations including, but not limited to, law enforcement agencies and licensing agencies, having relevant information or knowledge to provide it to The City of Mendota or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, the City of Mendota will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an examination or an interview is intended to create an employment contract between the City of Mendota and me for either employment or for the providing of a benefit.

An offer of employment with the City of Mendota is contingent on my providing sufficient documentation necessary to establish my identity to work in the United States. I also understand that a job offer is contingent upon successfully passing a drug and alcohol test and criminal background check. Other screenings may be conducted depending on position (i.e. a credit check may be completed for positions holding financial responsibility.). Appropriate notification and paperwork will be provided.

The city's preferred method of communication regarding employment application status is via email notifications. Please indicate your preference regarding receipt of electronic communications by initialing the appropriate statement below:

I consent to receive electronic communications regarding the status of my employment application and have provided a valid email address. I understand the City is not responsible for non-receipt of information or information delayed due to Spam filters.

I do not consent to receive electronic communications regarding the status of my employment application and prefer to receive application notifications via U.S. Mail. I understand the City is not responsible for Postal Service delays or lost mail.

In signing this form, I certify that I understand all the questions and statements in this application.

APPLICANT'S SIGNATURE	DATE
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VOLUNTARY Self-Identification / Equal Employment Opportunity

We are an Equal Opportunity Employer and do not discriminate on the basis of ethnicity, color, religion, gender, gender identity, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or local law. The information below will be used only in the compilation of data for Equal Opportunity reporting. Completion of this form is VOLUNTARY and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form. Applicants requiring reasonable accommodation for any part of the application and hiring process should contact the Human Resources Department as noted on each vacancy announcement. Determinations on requests for reasonable accommodation are made by the Human Resources Director and will be made on a case-by-case basis.

VOLUNTARY Applicant Information	
Last Name:	Date:
First Name:	Middle Initial:
Position sought: (List only one.)	

Sex: (Please Check One) Male Female

EEO ETHNICITY CATEGORY (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Two or More Races** - All persons who identify with more than one of the six races
 - American Indian or Alaska Native**
 - Native Hawaiian or Other Pacific Islander**
 - Asian**
 - Hispanic or Latino**
 - Black or African American**
 - White**

VETERAN STATUS (Please check if it describes your veteran status.)

Are you a veteran? Yes No

IMPORTANT NOTICE TO APPLICANT: PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. A COPY OF THIS FORM WILL BE PROVIDED AT ANY TIME UPON REQUEST

NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES

This form, which you should read carefully, has been provided to you because the City of Mendota may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment with the City of Mendota, if any, for other employment-related purposes.

The City of Mendota recognizes the importance of maintaining a safe workplace with honest, trustworthy, qualified, reliable and non-violent employees who do not present a risk of serious harm to their co-employees or others. For the benefit of all employees and the City, in furthering these interests and enforcing the City's policies, the City may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the City in whole or in part, at the City's discretion.

The City's applicant background checks and employee investigations may also include the use of consumer reporting agencies to gather and report information to the City in the form of consumer or investigative consumer reports regulated by federal law. Such reports, if obtained will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Federal law defines a "consumer reporting agency" as any person (or entity) which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information on consumers for the purpose of furnishing reports to third parties. The City is not a consumer reporting agency.

The types of reports that may be requested from consumer reporting agencies under this policy, include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If the City requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive such a notice if the investigation is performed by the City or a person or entity other than a consumer reporting agency.

If any adverse decision is made with regard to your application for employment or subsequent employment with the City, if any, based entirely or in part on the information contained a consumer report or investigative consumer report prepared by a consumer reporting agency, you will be notified and given a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, no employment decision will be based solely on this information.

Your consent is required by law before the City may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, in the City's discretion. Your signature on the enclosed Consent Statement indicates that you have carefully read and understand that the City may request and review consumer reports and investigative consumer reports regarding you, consistent with this policy, both in connection with your application for employment and during the course of your employment, if any, and that you consent to the release of such consumer reports or investigative consumer reports to the City for employment purposes, including any future decisions concerning your, employment, promotion, reassignment or retention as an employee of the City of Mendota. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing.

Limitations on the City's ability to conduct lawful investigations of applicants and employees for purposes of promoting a safe workplace and otherwise maintaining an honest, trustworthy, qualified, reliable, and non-violent workforce, are not acceptable. The City of Decatur employees are consequently expected to maintain their consent to the City's potential use of consumer and investigative consumer reports in keeping with this policy and are otherwise expected to cooperate fully with the City's lawful efforts to obtain such information. Refusal to consent to a consumer report or investigative consumer report as required by this notice and the City's policies, or any other attempt to interfere or failure to cooperate with the City's lawful investigation of any applicant or employee, may result in rejection of any application, withdrawal of an offer of employment or discipline, up to and including termination from employment.

Police & Fire Commission	Employment Application Attachment Applicant Consent and Release Statement
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Name of Applicant (Printed)

Position Applied For

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the City of Mendota in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with the City of Mendota, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish refuse or revoke my consent at any time, I understand that I may do so by sending a signed letter or statement to the City of Mendota, indicating that revoke my consent to the City's obtaining consumer reports or investigative reports about me for employment purposes. I further understand that any and all information contained in my job application or otherwise disclosed to the City of Mendota by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the City of Mendota and confirm that all such information is true and correct. I understand and acknowledge that nothing in this Notice and Consent is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the City of Mendota, my employment will not be for a specified period of time and can be terminated at any time pursuant to the provisions of the Merit System Rules of the City of Mendota.

Applicant Signature

Date

Signed Consent form should be returned with completed employment application and resume to
Mail: City of Mendota Police & Fire Commission: P.O. Box 710, Mendota, IL 61342;
In Person: City of Mendota, 800 Washington Street, Mendota, IL 61342

www.mendotafire.com

Employment Application Attachment

Minimum Qualifications and Requirements for full-time position of Firefighter/Paramedic

Police & Fire Commission

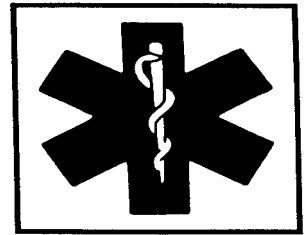
Candidates seeking employment as a Firefighter/Paramedic with the City of Mendota should carefully review the following points. This information is provided as clarification and the minimum qualifications and requirements for this position. Candidates may feel free to contact the Mendota Fire Department at 815-539-3434 with questions or requests for additional information.

- **Must be at least twenty-one (21) years of age at time of application.** *Valid government issued picture ID confirming name and date of birth will be required to progress through the application process. Candidates are invited to provide evidence in advance with their application.*
- Must possess a High School Diploma or GED Certificate.
- **Be Advised!!** We may begin a background investigation upon receipt of your employment application.
- The employment application must contain complete address, phone and email (if available) information for all former employers, personal references and employment references. Incomplete employment applications may be disqualified.
- Attached to your application are a Consent Form and a Notice and Consent Concerning Consumer Reports for Employment Applications and Employment Purposes. Please be sure to read the enclosed notice, retain it for your records and **return the completed Consent Form along with your completed employment application.**
- Be advised that the successful completion of the above listed requirements is the first step in the qualifying process for this position
- **Please take a few moments to review the information prior to turning in your employment application and consent forms to ensure that all required information is included. Incomplete or inaccurate employment application documents could result in disqualification of the candidate.**



Mendota Fire Department

610 Main Street • Mendota, Illinois 61342
Business Phone: (815) 539-3434
Fax: (815) 538-2942



AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's Name: _____
Current Address: _____
Telephone Number: Home _____ Cell _____
Date of Birth: _____ Social Security Number: _____
Date: _____ Authorized Signature: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Mendota Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

Note To Employers: 745 ILCS 46/10 entitled "No liability for providing truthful information" states

"Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith is immune from civil liability for the disclosure and the sequences of the disclosure. The presumption of good faith established in this Section may be rebutted by a preponderance of the evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee."

I hereby authorize any representative of the Mendota Fire Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Mendota Fire Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Mendota Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and /or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state and federal laws. I hereby release you, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon request of the duly accredited representative of the Mendota Fire Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Mendota Fire Department's acceptance and processing of my application for employment. I agreed to hold the person to whom this request is presented and his agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Mendota Fire Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Mendota Fire Department in conjunction with employment procedures.

I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as required by the Illinois Personnel Record Review Act, 820 ILCS 40/7.

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

This waiver is valid for a period of six months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I have read and fully understand the contents of this "Authorization for Release of Information", and have been provided a copy of said release.

Date _____ **Signature** _____



Mendota Fire Department

610 Main Street • Mendota, Illinois 61342

Business Phone: (815) 539-3434

Fax: (815) 538-2942



PHYSICAL AGILITY TEST

The following is a list of six (6) phases of agility testing that you will be required to complete. Each phase is pass/fail. Failure in any phase will remove you from further testing for the position of Firefighter/Paramedic for the Mendota Fire Department

LADDER CLIMB: The first event will be the aerial climb. Applicants will ascend and descend the 100' aerial ladder while wearing a helmet, turn-out coat and firefighter gloves. Every rung must be touched and the applicant will be tied off with a safety line.

Job Relation: During fire and rescue operations you will be required to work on or from an aerial device.

CHARGED HOSE LINE ADVANCE: Given 100' of 1 3/4" hose, full of water, you will drag the hose until the entire 100 feet is straight.

JOB RELATION: In the fire service you will be required to advance a charged hose.

DUMMY DRAG: Grab the approximately 160 lb dummy and drag him 25', go around a cone and drag him another 25' within 20 seconds. The dummy cannot be dragged by his legs, head or clothing.

JOB RELATION: In the fire service it may be necessary to complete a rescue using this drag.

SCBA OBSTACLE COURSE: The applicant will don a Self Contained Breathing Apparatus (SCBA) with the aid of the test officer and follow a hose through an obstacle course. The face piece of the SCBA will be blacked out. Once the applicant begins the course he/she will not be allowed 1) Stand or 2) Touch the face piece. If the applicant does either one it will result in failure.

Job Relation: Firefighting today requires extensive use of SCBA's, this test is designed to test your ability to operate in a confined space.

SIT & Reach: The Applicant must complete the exercise within the listed age/gender chart. All applicants are required to meet the same percentile range in terms of their perspective age/gender group. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and gender group.

Male 20 – 29 = 14.4; 30 – 39 = 13.0; 40 – 49 = 12.0

Female 20 – 29 = 17.0; 30 – 39 = 16.5; 40 – 49 = 15.0

1.5 MILE RUN: The applicant must complete the exercise within the listed age/gender timeline. All applicants are being required to meet the same percentile range in terms of their perspective age/gender group. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and gender group.

Male 20 – 29 = 14:00; 30 – 39 = 14:34; 40 – 49 = 15:24

Female 20 – 29 = 16:46; 30 – 39 = 17:38; 40 – 49 = 18:37

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT**

("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the Mendota Fire Department's Physical Agility Test ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of The Mendota Fire Department's Physical Agility Test (Activity) and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. **FULLY UNDERSTAND THAT: (a) MENDOTA FIRE DEPARTMENT'S PHYSICAL AGILITY TEST INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");** (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be **OTHER RISK AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation in the Activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF MENDOTA, THE MENDOTA FIRE AND POLICE COMMISSION, THE MENDOTA FIRE DEPARTMENT,** their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Witness: _____ **Date:** _____



CITY OF MENDOTA

Attention All Applicants:

Please enclose copies of the following documents with the

Completed Fire Application

Birth Certificate
Social Security Card
Driver's License

Applications accepted until 4:00 p.m. Monday December 16th, 2024

Mendota Fire & Police commission



Mendota Fire Department

610 Main Street • Mendota, Illinois 61342

Business Phone: (815) 539-3434

Fax: (815) 538-2942



Firefighter/Paramedic Applicant

You must bring a valid photo ID

to receive the written test

on December 21st, 2024