

CITY OF STREATOR, IL



FIRE AND POLICE COMMISSIONERS

ROBERT LEE II, CHAIRMAN
CHARLES DANIELS, SECRETARY
MICHAEL ABDNOUR, COMMISSIONER

FIREFIGHTER CANDIDATE TESTING TO ESTABLISH ELIGIBILITY LIST

APPLICATIONS ARE AVAILABLE AT:	City of Streator, City Hall, 204 S. Bloomington Street, Streator, Illinois 61364 or online at www.ci.streator.il.us and go to Departments, then go to Fire and Emergency Management. APPLICATION SUBMISSION DEADLINE: 5:00 pm on Wednesday, August 30, 2017.
ORIENTATION:	Saturday, September 9, 2017 @ 8:00 am at Streator Fire Station, 108 N. Wasson St., Streator, Illinois 61364
WRITTEN EXAMINATION:	Saturday, September 9, 2017 @ 9:00 am at Streator Fire Station, 108 N. Wasson St., Streator, Illinois 61364
CANDIDATE PHYSICAL ABILITY TEST (CPAT)	CPAT WITH VALID LADDER CLIMB CERTIFICATION - must be valid as of date of written examination date and not be issued more than 12 months prior to that date.
ORAL EXAMINATION:	Pending results of written examinations

Attendance is mandatory at all events and you must successfully complete each test before proceeding to the next examination.

Note: Candidates are advised that NO applications will be accepted at Orientation. All applications must be returned to Streator City Hall, 204 S. Bloomington St., Streator, Illinois prior to the 5:00 pm Wednesday, August 30, 2017 deadline.

City Hall is open weekdays from 8:00 a.m. until 5:00 p.m. Monday-Thursday, and Friday 8:00 am until 1:00 pm.

All forms MUST be completed and returned with the application.

A current Photo ID is required at all events.

Firefighter Testing Process Requirements

The following is a summary description of the City of Streator firefighter hiring process, revised in compliance with Illinois Public Act 097-0251.

Testing is to be typically conducted every two years, or as announced by the Board of Fire and Police Commission.

All individuals interested in becoming a City of Streator Firefighter must meet the following:

MINIMUM REQUIREMENTS:

- Minimum of 21 years of age at time of filing application. Proof of birth date will be required at time of filing application
- Must be under 35 years of age at time of filing application and the date of the certification of the final eligibility list, unless exempt from such age limitation as provided for in 651LCS Section 5/10-2.16 and 5/10-2.16.3(c) of the Fire and Police Commissioner's Act
- Must be a U.S. citizen
- High School Diploma or GED at minimum
- Must be in good physical condition, to be able to perform all firefighter duties
- Must have good vision
- Possess a valid Candidate Physical Ability (CPAT) certification, including a valid Ladder Climb Certification which is valid on the date of the Written Test
- Possess a valid Driver's License
- Must be fluent with the English language, written and spoken

Elements of the Fire Testing Process

- Obtain an application packet from City of Streator, City Hall, located at 204 S. Bloomington Street, Streator, Illinois. City Hall is open from 8:00 a.m. until 5:00 p.m. Monday -Thursday, and Friday 8:00 a.m. until 100 p.m. Application packets may also be obtained online at www.ci.streator.il.us and go to Departments, then Fire and Emergency Management.
- Candidates must submit the completed application, all required forms and copies of required documents, accompanied by a non-refundable \$30.00 administrative fee to City of Streator, City Hall. Applications accompanied by all required forms and documents, must be turned into Streator City Hall, 204 S. Bloomington St., Streator no later than 5:00 pm Wednesday, August 30 2017.
- Attend the mandatory orientation meeting
- Provide a current Candidate Physical Ability Test (CPAT with Valid Ladder Climb Certification) card, having been obtained within the prior 12 months of written exam date, and valid on the written test date of **Saturday, September 9, 2017**.
- Successfully pass the Written Test provided and conducted by COPS Testing Service.
- An initial eligibility list without preference points will be established, based on a numeric score in compliance with Illinois statute.
- Submission of proof of preference points:
Military Preference- 5 points. Awarded to applicants who have served a minimum of 12 months on active duty in the service of the U.S. Military and who have been honorably discharged or, in lieu of an honorable discharge, are still serving in an active or inactive reserve status.



FIRE AND POLICE COMMISSIONERS

Education Preference-5 points. Candidates must have an Associate's Degree in Fire Science or Emergency Medical Services from an accredited Community or Junior College, or a Bachelor's Degree in any field from an accredited College or University.

Residency Points- 5 points. Applicants must be domiciled (principal residence) within 1.5 miles of the City of Streator, Illinois.

Additional Points- 5 points. Applicants must be certified or licensed by the State of Illinois as a Firefighter Basic or Advanced by the Illinois State Fire Marshall's Office at the time of application.

- Successfully pass the Oral Interview conducted by the Board of Fire and Police Commissioners
- A final eligibility list which includes the combined scores of written test and oral interview, and the applicable preference points will be established in a numerical descending order
- The eligibility list is valid for a period of two years from the date of certification by the Board of Fire & Police Commissioners, unless said list is depleted prior to the two-year Anniversary
- When a vacancy for a firefighter occurs, the top candidate on the list will be offered the opportunity to continue with the selection process which includes the following
 - Background Investigation- Pass or Fail
 - Polygraph- Pass or Fail
 - Psychological Assessment- Pass or Fail
 - Medical Examinations- Pass or Fail
- If successful the candidate will be appointed as a probationary Firefighter

Following appointment, a probationary Firefighter is required to satisfy other requirements, including, but not limited to:

- Successful completion and certification (as required) as a Basic Operations Firefighter at the fire recruit academy approved by the Fire Chief and by the Office of the State Fire Marshall
- Successful completion of the Department's in-house training
- Successful completion of the twelve (12)-month probationary period

MOTOR VEHICLE OPERATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Safe operation of a motor vehicle is essential to the position of firefighter. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

1. Do you hold a valid driver's license? Yes No

Name on valid driver's license: _____

Class or Type of License: _____

License No.: _____ State: _____ Expiration Date: _____

- Do you have access to a motor vehicle? Yes No

2. How many years have you been a licensed driver? _____

Please provide an estimate as to how many miles you have driven in the past two years: _____

3. Have you held a license in any other state other than Illinois? Yes No

List the states: _____

4. Has your driver's license been suspended or revoked? If "Yes", please give details (include what, when, where, why). Yes No

5. Have you ever been refused a driver's license (for other than medical reasons) by any state? If "Yes," please explain (include when, where, why). Yes No

6. Have you ever been involved in a motor vehicle accident as a driver? If "Yes," please provide the following information. List any additional accidents on the addendum Yes No

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE RESPONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Agency: _____

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE RESPONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Agency: _____

7. If there is anything you wish to discuss about your driving record, please use the space below.

EDUCATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Name and Location of HIGH SCHOOL:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)					

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business, and vocational schools--any formal education beyond the high school level.) Yes No

If "Yes", please explain (include school, date, and circumstances):

EMPLOYMENT AND EXPERIENCE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Give a complete record of any employment, self-employment, military service or volunteer experience over the past 10 years (starting with the most recent). For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, internship or volunteer. List all intervening periods of military service or unemployment (starting with the most recent). **There should not be any gaps in time!** Please provide us with as much information as possible.

DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			

DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
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Reason for leaving:			
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<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			

Please account for periods of time which are not covered by your educational or employment history. If a period of absence is for a health-related matter, do not respond to this question.

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

1. Have you ever held employment under another name? Yes No
 If "Yes," please give details (include when, where, name at time of employment, and circumstances).

2. Have you ever been fired, discharged, asked to resign or resigned after being informed by your employer you would be discharged? Yes No
 If "Yes," please give details (include when, where, name at time of employment, and circumstances).

3. If you have never held employment, please explain on the addendum sheet.

4. **Would any problem result if your present employer was contacted during the course of the background investigation?** Yes No
 If "Yes," please explain below:

5. Have you ever applied for any public safety position (fire, police or EMT) with any governmental agency? If yes, list Agency Name, City, State, and year you applied. This includes each time you applied to the City of Streator. Yes No

Agency Name	City/State	Year(s)

MILITARY SERVICE* (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

1. Have you ever served in the armed forces, National Guard or military reserves? Yes No

HIGHEST RANK ATTAINED	RANK DISCHARGED	SEPARATION CODE	RE-ENLISTMENT CODE	OCCUPATION
BRANCH OF SERVICE	SERVICE NUMBER	DATES OF SERVICE		TYPE OF DISCHARGE*
		TO		

2. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? Yes No

AGENCY CHARGE	DATE	AGE AT TIME	DISPOSITION

3. Are you currently participating in any military reserve or National Guard program? Yes No

4. Past or current military superiors or military acquaintances are potential sources of relevant information pertaining to your background. Please list only those individuals who know you well enough to provide accurate information about you.

NAME	CONTACT ADDRESS	CONTACT PHONE	YEARS KNOWN

5. What type of military discharge did you receive? _____

6. If your military discharge was other than "Honorable", please explain. _____

LEGAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

- 1 Please list ALL convictions. Include relevant dates for felonies, misdemeanors, city/county ordinances, state or federal laws, or conviction by a military court-martial. In accordance with the law, any pending criminal charges or convictions will not be used or considered unless the circumstances are substantially related to the circumstances of being a firefighter. Domestic violence convictions are automatic disqualifiers.

Include traffic violations. (Do not include violations for parking incidents.)

DATE	CHARGE	POLICE AGENCY	DISPOSITION

List any pending charges (include traffic, if applicable):

DATE	CHARGE	POLICE AGENCY

2. Have you ever been placed on court probation as an adult? Yes No
 If "Yes," please give details (include when, where, why). Give dates of probation. Start with the most recent.
-
3. Have you ever applied for a permit to carry a concealed weapon? Yes No
 If "Yes," please provide the following information:
 Permit granted? Yes No
 Date: _____
 Name of enforcement agency: _____
4. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy (i.e., small claims court, family court or collections)?
 If "Yes," please give details, (include when, where, name and location of court, circumstances).

**II LEGAL DRUG / CONTROLLED SUBSTANCE / NARCOTIC USE
 (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

It is not the intent of the Board of Fire and Police Commissioners to utilize information solicited in this section for referral for criminal prosecution. This section does not include substances prescribed by your physician.

1. Have you ever used or experimented with marijuana? Yes No
 If "Yes," please provide the following information. Your best recollection will suffice.
 Date first used: _____
 Date last used: _____
2. Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics (amphetamines, barbiturates, hallucinogenics) such as Cocaine, Speed, PCP, Heroin, Mescaline, LSD, Hashish, Opiates, Steroids, etc. other than those drugs prescribed by your physician? Yes No
 If "Yes," please provide the following information. Your best recollection will suffice.

NAME OF DRUG/CONTROLLED SUBSTANCE/NARCOTIC	DATE FIRST USED	DATE LAST USED

NAME OF DRUG/CONTROLLED SUBSTANCE/NARCOTIC	DATE FIRST USED	DATE LAST USED

Have you ever sold marijuana?

Yes No

Have you ever cultivated or supplied marijuana?

Yes No

Have you ever sold or furnished any form of drug or narcotic?

Yes No

Have you manufactured any form of drug or narcotic?

Yes No

If you answered "Yes" to any of the above questions, please explain on an addendum. The above questions do not apply to legal activities engaged in as a licensed professional.



FIRE AND POLICE COMMISSIONERS

FIREFIGHTER APPLICANT CHECKLIST

The application and following documents must be fully completed and returned on or before **Wednesday, August 30, 2017 at 5:00 pm** to City of Streator, City Hall, 204 S. Bloomington Street, Streator, Illinois 61364. A non-refundable application fee of \$30.00 must be paid at the time of submission. The payment may be made with a check or cash.

MANDATORY DOCUMENTS

_____ Application for Employment

_____ Acknowledgement/Consent for Background and Credit History

_____ Agreement - to abide by rules and regulations of Board of Fire and Police Commissioners

_____ Authorization for Release of Information Agreement

_____ Copy of Social Security Card

Copy of Birth Certificate

Copy of High School Diploma or GED Certificate

Copy of Candidate Physical Ability Test (CPAT) with Valid Ladder Climb Certification being valid on the written test date. Applicants must have and present the actual certification card at Orientation on October 31, 2015.

PREFERENCE POINT VERIFICATION

Should the candidate wish to claim the listed preference points, they must include the following supporting documentation, along with the original application when it is submitted.

Copy of Military Service Record or Discharge Papers (DD214) - Applicant must have had at least one year of active service and an honorable discharge, or who are now or may hereafter be on inactive or reserve duty in such military service.

Certified copy of College or University Transcript if applicant has obtained an Associate's Degree in Fire Science or Emergency Medical Services, or Bachelor Degree in any field.

Copy of utility bills or other evidence of principle residency within 1.5 miles of the corporate limits of the City of Streator, Illinois.

Proof of being currently certified or licensed by the State of Illinois as Firefighter Basic or Advanced by the Illinois State Fire Marshall's Office at the time of application.



AGREEMENT

I hereby agree to abide by all rules and regulations, as they now exist or as they may be amended, of the Board of Fire and Police Commissioners of the City of Streator, Illinois, during the giving of any examination and after the examination. Also during any probationary period I might be appointed to; or as a regular member of the Streator Fire Department. These rules were available for me to read at the Streator City Hall.

Name: _____
PRINT

Signature: _____

Date: _____

CITY OF STREATOR, IL



ROBERT LEE II, CHAIRMAN
CHARLES DANIELS, SECRETARY
MICHAEL ABDNOUR, COMMISSIONER

FIRE AND POLICE COMMISSIONERS

CITY OF STREATOR
BOARD OF FIRE & POLICE COMMISSIONERS
AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's Name: _____

Current address: _____

Telephone number: Home _____ Cell: _____

Date of birth: _____ Social Security Number: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Streator 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 best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Streator 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 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 Streator Police 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 Streator 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 may 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 or federal laws. I hereby release you, as the custodian of such records of the information provider's organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability or 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 the request of the duly accredited representative of the Streator 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 Streator Fire Department's acceptance and processing of my application for employment, I agree to hold the information provider, its 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 Streator 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 S, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Streator Fire Department in conjunction with employment procedures.

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 6 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 pay any and all charges for fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to 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.

Date: _____ Authorized signature: _____



FIRE AND POLICE COMMISSIONERS

CITY OF STREATOR
BOARD OF FIRE AND POLICE COMMISSIONERS
ACKNOWLEDGEMENT /CONSENT BACKGROUND
AND CREDIT HISTORY

As part of the application process for employment as a firefighter with the Streator Fire Department of the City of Streator, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicants neighbors, friends, or others whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. Furthermore, the applicant acknowledges that he/she consents and authorizes the City of Streator, Illinois, its agents or assigns, to conduct a background investigation and to request a report of his/her credit history. The name of the consumer reporting agency used as part of this background investigation is the Credit Information Systems and the consumer reporting agency may be contacted by placing a telephone call to 1-712-328-1581. The applicant also acknowledges that said applicant has been advised of his/her creditor's rights, as follows:

"Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:

1. The nature and substance of all information in its files (except medical information) on you at the time of request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he/she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal law provides three methods by which you may obtain these disclosures from the consumer report agency:

1. You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification.
2. You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification.
3. If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the Board of Fire and Police Commissioners of the City of Streator, Illinois, as the applicant's prospective employer.

Signed and sealed at _____, Illinois, on the _____ day of _____ 20_____.

Applicant signature: _____