Application Deadline: October 6, 2025 at 3:00 P.M.

Carol Stream Firefighter / Paramedic Position Eligibility Test

The Board of Fire Commissioners of the Carol Stream Fire Protection District announces the comprehensive examination process for the position of full-time firefighter/paramedic.

Required Qualifications and/or Documentation:

1. Applicant must attach a copy of a high school diploma or G.E.D. **at the time of application**.

2. Applicant must attach a copy of a valid driver's license **at the time of application**.

3. Applicant must **attach a copy at the time of application** of a valid CPAT card with ladder climb certification issued within (1) year prior to written exam date of **October 11, 2025**.

4. Applicant will be at least 19 years of age as of **October 6, 2025**, the last day that the commission is accepting applications and under age 35 as of **October 6, 2025**, the last day that the commission is accepting applications. The maximum age restriction will not apply to an individual who meets one of the exceptions to the statutory maximum hiring age detailed in Section 16.06(b) of the Fire Protection District Act or Section 10-2.1-6 of the Illinois Municipal Code. **Applicant must be at least 21 years of age at time of hire**.

5. Applicant must be a certified IDPH EMT-P (paramedic) with a current license upon the offer of a position.

6. Applicant will be a minimum certified OSFM Firefighter II or Basic Firefighter upon the offer of a position.

Applications may be obtained online at www.carolstreamfire.org or in person at:

Carol Stream Fire Protection District
Headquarters Station 28
365 N. Kuhn Road
Carol Stream, IL 60188

Applications will be accepted in person, beginning **August 15, 2025**. Office hours are 7:30 A.M. to 4:00 P.M. Monday through Friday.

NOTICE TO APPLICANTS

Completed application with required copies of all documents and certifications are due to be returned by **October 6, 2025 at 3:00 P.M.** Please note: We will ***NOT*** notarize any documents.

WRITTEN TEST DATE

Saturday, October 11, 2025. **Please arrive by 10:00 A.M.** (No late entries permitted).

The test will be conducted by Testing For Public Safety LLC., at **Carol Stream Station 28, 365 Kuhn Rd**. and will begin at **10:00 A.M.**

PREFERENCE POINTS

Those passing the written exam will be given authority to submit preference points in the following categories: (1) Veteran and (2) Education.

After the initial eligibility list 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. This claim must be made within ten (10) days after the posting of the initial eligibility list or the points will be deemed waived.

CAROL STREAM FIRE PROTECTION DISTRICT
FIREFIGHTER APPLICATION,
SUBMISSION OF DOCUMENTATION AND CREDENTIALS,
AND AUTHORIZATION FORM

FIREFIGHTER APPLICATION

PACKET NUMBER: _____ (for office use only)

---

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 No.** (_____) _____

5. **Business Phone No.** (_____) _____

6. **Email** _____

7. **Driver's License State** _____

   Driver's License No. _____ **Class** _____

8. **U.S. Citizen?** Yes _____ No _____
   If no, are you an alien with evidence of intention to become a U.S. Citizen?

   Yes _____ No _____

LIST ALL FORMER ADDRESSES FOR THE PAST TEN YEARS IN CHRONOLOGICAL ORDER (beginning with most recent to oldest)

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)	**Date(s) Attended**	**Graduate? Yes No**

15. High School _____

16. Undergraduate Education _____

17. Graduate Education _____

18. Trade Schools _____

19. What college degrees have you attained? _____

20. List course work relevant to position for which you have applied: _____

_____

_____

MILITARY

21. Are you now or have you ever been in the military service? Yes ____ No _____

22. Branch of service _____

23. 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 _____

Rank _____

24. Unit _____ from _____ To _____

CONVICTION HISTORY

25. Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

If "Yes," explain below:

DATE	POLICE AGENCY	OFFENSE	DISPOSITION OF CASE

26. List all traffic convictions and accidents you have had in the last four years. (If more room is needed, please type on a separate page and attach).

LOCATION (City-State)	APPROXIMATE DATE	VIOLATION	DISPOSITION

EMPLOYMENT HISTORY

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

27. **Present employer's name**:

_____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to Present
month-year

28. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

29. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

30. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
month-year month-year

31. **Employer's name** _____ **Phone** _____

Address _____
Number & Street City State Zip

Job Description _____

Do you object to our contacting them? _____

Employed _____ to _____
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, explain: _____

_____

_____

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

Agency _____ Date _____ Position on List _____

Status _____

35. Are you currently on any eligibility list(s)? Yes _____ No _____

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 _____ Relationship _____

37. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

38. Name _____ Address _____

Home Phone _____ Business Phone _____

Occupation _____ Relationship _____

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

_____

_____

_____

40. Explain your reasons for wanting to become a firefighter and/or paramedic: _____

_____

_____

_____

_____

_____

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

Yes _____ No _____

42. If accommodation is needed, please explain: _____

_____

_____

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

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

SUBMISSION OF DOCUMENTATION AND CREDENTIALS

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. I understand that I must provide the Board of Fire Commissioners with COPIES of the following documentation and/or certifications at the times indicated below. Other relevant fire service certificates may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications to the Commission as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications at the times indicated may result in my application no longer being considered by the Commission and/or loss of my position on the eligibility list or withdrawal of a conditional offer of hire.

DOCUMENTATION	TIME OF SUBMISSION
Carol Stream Fire Protection District Form (Firefighter Application, Submission of Documentation and Credentials; and Authorization Form)	**with this application**
CPAT with ladder certification	**with this application**
High School or GED diploma (Do not send college certificates as substitutes)	**with this application**
Valid driver's license	**with this application**
IDPH EMT-P Certification/License (current)	At the time of hire
OSFM Firefighter II Certification or Basic Firefighter	At the time of hire
One of the following: - Birth certificate issued by the State Department, Form FS-545 - Birth certificate issued abroad by the State Department, Form DS-1350 - Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal - Native American tribal documents - U.S. citizen identification card, INS Form 1-197 - Identification card for use of a resident citizen in the U.S., INS Form 1-179	At the time of hire
Set of fingerprints-After eligibility register is created but before a conditional offer of hire	

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO 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 MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THIS QUESTIONNAIRE OR AT ANY TIME DURING THE HIRING PROCESS MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH CAROL STREAM FIRE PROTECTION DISTRICT.

Dated at _____ Illinois, this _____ day of _____, 20____.

Signature in Full _____

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 or any other protected classification pursuant to state or federal law. 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.

CAROL STREAM FIRE PROTECTION DISTRICT AUTHORIZATION FORM

I, _____, hereby authorize the CAROL STREAM FIRE PROTECTION 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 CAROL STREAM FIRE PROTECTION DISTRICT. I also consent to the release to the CAROL STREAM FIRE PROTECTION DISTRICT, and to its Firefighters Pension Fund, of any and all medical records prepared during the medical examinations I am required to undergo for employment with the CAROL STREAM FIRE PROTECTION 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 be required to have successfully completed before application for the position a job task test which requires vigorous physical exercise. I further understand that I should be in appropriate physical condition before performing the test. (Alternatively, at the discretion of the Board of Fire Commissioners a job task test may be conducted as part of the application process).

I also agree to indemnify and hold harmless the CAROL STREAM FIRE PROTECTION DISTRICT, the Board of Fire Commissioners of the CAROL STREAM FIRE PROTECTION DISTRICT, 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 job task test and/or application process. I also covenant that for the consideration of my application, I agree not to sue the CAROL STREAM FIRE PROTECTION 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 CAROL STREAM FIRE PROTECTION DISTRICT, its trustees and commissioners as well as its employees and agents.

I hereby acknowledge and agree that as a condition of employment with the CAROL STREAM FIRE PROTECTION DISTRICT, I must maintain at all times a valid State of Illinois Driver's License, of the Class required to operate all vehicles of the CAROL STREAM FIRE PROTECTION DISTRICT. I do further agree that my failure to maintain said driver's license will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the district. At time of hire, I must qualify for, obtain and maintain at all times a valid State of Illinois Firefighter II (Certified Basic Operations Firefighter) certification and EMT-P license, and certification from the District's EMS System. I do further agree that my failure to obtain and maintain the requisite licenses and certifications will constitute reason for withdrawal of a conditional offer of hire or just cause for my dismissal from employment with the district.

Signature _____

APPLICANT CHECKLIST

(For applicant's personal use)

Completed (Firefighter Application; Submission of Documentation and Credentials; and Authorization Form) _____

Copy of Valid Driver's License _____

Copy of high school diploma or GED _____

Copy of CPAT with ladder certification _____

*Note: We will ***NOT*** notarize any documents.

PREFERENCE POINTS INFORMATION

CAROL STREAM FIRE PROTECTION DISTRICT
PREFERENCE POINTS FOR FIREFIGHTER CANDIDATES

After the initial eligibility list 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. This claim must be made within ten (10) days after the posting of the initial eligibility list or the points will be deemed waived.

Applicants may claim the following types of preference points:

1. **Veteran's Preference Points**

   Applicants who served in the United States military actively for at least one (1) year and who were honorably discharged or are now on inactive or reserve duty shall be preferred for employment and shall receive a total of five (5) preference 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.

2. **Educational Preference Points**

   Any applicant who has successfully obtained an associate's degree in the field of fire science or emergency medical services may receive two (2) preference points. Any applicant who has successfully obtained a bachelor's degree from an accredited college or university, not related to the field of fire science or emergency medical services, may receive two (2) preference points. Any applicant who has successfully obtained a bachelor's degree from an accredited college or university, related to the field of fire science or emergency medical services, may receive three (3) preference points. A copy of an official transcript must be included with the request for preference points as proof of the attainment of degree.

Dear Applicant:

Thank you for applying for a position with the Carol Stream Fire Protection District.

This letter contains important information about the written aptitude test. You should read this letter carefully to be sure that you understand the procedures that will be used during the administration of the written test.

The department has received more applicants than there are available positions. As a result, the department has established a competitive application process. This application process is designed to ensure that the selection of new recruits will be accomplished in a fair and objective fashion.

The written aptitude test will be administered on Saturday, October 11, 2025 in the training room of the Carol Stream Fire Protection District Headquarters (365 N. Kuhn Road, Carol Stream, IL).

APPLICANTS SHOULD ARRIVE NO LATER THAN 10:00 A.M. THE DEPARTMENT ORIENTATION WILL BEGIN PROMPTLY AT 10:00 A.M. AND TESTING WILL BEGIN AS SOON AS THE ORIENTATION HAS FINISHED

Testing should be finished by approximately 3:00 P.M.

The schedule for the written aptitude test is as follows:

15 minutes		**Instructions for Study Period**
2 hours		**Study Period**
30 minutes		**Break**
15 minutes		**Instructions for Exam**
1 ½ hours		**Examination**

A description of the written aptitude test procedures is presented below. Please examine these procedures to ensure that you fully understand them, since each applicant has the responsibility of informing the department of any difficulties or problems created by these procedures. Applicants who wish to report any concerns about these procedures should contact the department no later than one week prior to the examination date.

The study session will begin immediately after the completion of the registration period.
The instructions for the study session will be read aloud by a test monitor. During the study session, each applicant will be given two (2) hours to study a variety of printed materials. These materials will include printed text, line drawings, written instructions, and pictures. These study materials are the basis for the aptitude test which will be administered during the afternoon session.

Applicants are allowed to make written notes about the study materials. However, these notes must be written on paper which will be provided by the test monitor. Also, each applicant must turn in his/her notes to the test monitor at the conclusion of the study session.

During the study session, you may take as many breaks as you would like. Please note, however, that these breaks will shorten the amount of time that you will have for studying.

You may leave early from the study session. However, once you decide to leave from the study session, you must turn in your materials and you will not be allowed back until the registration period for the test

Applicants will be given ½ hour break. Food will not be provided. Instead, you will be required to provide your own snack. You may want to bring food with you (i.e., granola bars).

The test session will begin with the re-registration of each applicant. Instructions for the test will be read aloud by the test monitor. The test will require that applicants read printed materials and record their answers on an optically scanned computer sheet. Applicants will be required to use a pencil to record their answers. You will have one and a half (1 ½) hours to complete the written examination.

All questions on the examination will be drawn directly from materials provided during the morning study session. You must learn the study materials presented earlier to do well on the examination. Note this important instruction: You will not be allowed to take the exam if you did not attend and register for the morning study session.

Do not bring notebooks or other study materials with you to the testing site.
All necessary materials, including note paper, will be provided to you.

Listed below are some tips which might help to make your test date more comfortable and successful:

1) Answer every question on the test, even if you have to guess - there is no penalty for guessing.
2) Take your time - there should be plenty of time in both the study session and the test period.
3) Bring snacks (i.e., granola bar) or money to purchase food - lunch will not be provided, and the short break does not allow for distance travel.
4) Listen carefully to the monitor's instructions.
5) Make certain that your answers are entered into the correct spaces on the answer sheet.
6) If you have trouble with a particular question, initially select the best alternative, and return to it later
7) Be certain that you really understand the material in the Study Guide.
8) Get a good night's rest before the test.
9) Try to relax as much as possible during the test.

Testing requires a lengthy time period, so be sure to wear comfortable clothing. Also, you should bring along a picture identification such as a driver's license.

Smoking will not be allowed in the study/examination room(s). However, applicants may take as many breaks as they wish during the study session.

If you need additional information or wish to report a difficulty associated with the testing procedures, call 630-668-4836.

Sincerely,

Deputy Chief Jason Day
Carol Stream Fire Protection District

Name: _____

CAROL STREAM FIRE PROTECTION DISTRICT
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT

If you wish to claim preference points for the final eligibility list for hire with the Carol Stream Fire Protection District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the preliminary eligibility list. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

A. Veteran's Preference Points (70 ILCS 705/16.08a and 16.06b(h)(1))

Preference Points Available: 5

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: _____

B. Educational Preference Points (70 ILCS 705/16.06b(h)(3))

Preference Points Available: maximum of 3 points

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

College Attended: _____

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

Degree Awarded: _____

College Attended (if applicable): _____

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

Degree Awarded: _____

Name: _____

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

CANDIDATE'S AFFIDAVIT

I, _____, being first duly sworn on oath, state
Name of Candidate

that the information set forth in my Carol Stream 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 Preliminary Eligibility List was posted:_____

Date of Submission of Claim Form:_____

Received by:_____

Application Receipt

Name _____

Address: _____

City _____ State_____ Zip_____

Contact Phone _____

Contact email _____

Application packet accepted by: _____
Signature

_____ _____
Date Print Name

***** IMPORTANT*****

Please send an email to Angela at **akneisel@carolstreamfire.org** no later than **October 6, 2025**, to ensure that we have your email address in our system. We will confirm the receipt of your email within two business days. If you do not receive a confirmation email, please call 630-668-4836.

It is extremely important that we have a valid email address. If we do not have your correct email address, you risk missing important communication in the testing process.

Please continue to check your email for communication from us as new information is available.