

Mount Carmel Fire Department

830 North Walnut Street
Mount Carmel, Illinois 62863
(618) 262-4311



FOR IMMEDIATE RELEASE:

BECOME A CITY OF MOUNT CARMEL CAREER FIREFIGHTER!

We are looking for community minded individuals who are interested in becoming career firefighters with a full-time position.

The Fire and Police Commission of the City of Mount Carmel is compiling a current eligibility list for the position of Firefighter, from which future hires may be made. Firefighters are required to reside within Mount Carmel city limits within six (6) months from the date of hiring.

Successful applicants must be U.S. citizens with a current driver's license and a high school diploma or G.E.D. certificate. Applicants must be at least 21 years of age on the test date, but under 35 years of age on the test date. All applicants listed on the eligibility list will be subject to medical examination and in-depth physiological examination.

An application packet has been prepared outlining the career firefighter position, salary, benefits, testing requirements and more. The packet can be picked up at Mount Carmel City Hall, 631 Market Street, Mount Carmel, IL. 62863 during regular business hours. The packet is also available online at www.mtcarmelfire.com. The packet must be returned to City Hall or if returned by mail postmarked on or before **December 3rd, 2021**, in order to continue testing.

For more information, you may call Mount Carmel City Hall at 618-262-4822 Monday through Friday from 8:00 a.m. to 4:30 p.m.



MT. CARMEL FIRE DEPARTMENT

2021 APPLICATION PACKET

1. APPLICANT PACKET RECEIPT (1 page) (print name, sign and return)
2. NOTICE OF IMPORTANT DATES (1 page)
3. OUTLINE OF POSITION (2 pages)
4. OUTLINE OF TESTING (2 pages)
5. FIRE DEPARTMENT APPLICATION (4 pages) (complete and return)
6. BACKGROUND WAIVER (1 page) (complete and return)
7. AGREEMENT (1 page) (complete and return)
8. AERIAL CLIMB TEST- RELEASE OF ALL LIABILITIES (1 page) (complete and return)
9. MEDICAL EXAMINER'S CERTIFICATE (1 page) (completed by your physician and return)
10. AERIAL CLIMB TEST INFORMATION (1 page)
11. CPAT TEST INFORMATION (1 page)

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APPLICANT PACKET RECEIPT

I, _____, have received an application packet for testing
(Print Name)

procedures for the Mount Carmel Fire Department.

I understand that I must personally return this application and all requested documents, or have it postmarked, on or before December 3rd, 2021, in order to continue testing procedures.

(Applicant Signature)

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



MT. CARMEL FIRE DEPARTMENT

NOTICE OF IMPORTANT DATES

Firefighter Applications must be returned or postmarked to the Mount Carmel City Hall, 631 Market Street, Mount Carmel, IL 62863 on or before:

December 3rd, 2021

Aerial Climb will take place:

TBA

Southgate Industrial Park
Southgate Drive
Mount Carmel, IL 62863

Written examinations will be:

TBA

Mount Carmel City Hall
631 Market Street
Mount Carmel, IL 62863

NOTE: After you return your application, you will not receive notification that it has been received. You will only be contacted by the Fire Department if your application is incomplete. If you wish to know your application has been received, you may call Mount Carmel City Hall at 618-262-4822 Monday through Friday, from 8:00 a.m. to 4:30 p.m.



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OUTLINE OF FIREFIGHTER POSITION

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

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

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

YOU CAN EXPECT

SALARY

The starting salary is based on the current union contract. Current starting salary without any Illinois fire certifications is **\$43,662** which is 70% of starting base pay. Pay is based on a step rate scale. Firefighter's steps are, after 1 year 75%, 2 years 80%, 3 years 90% and 4 years 100%. These steps are based off of the current union contract.

VACATION

Vacation earned is as follows:

- Two (2) shifts after one (1) year of service
- Four (4) shifts after two (2) year of service
- Six (6) shifts after five (5) years of service
- Eight (8) shifts after twelve (12) years of service
- Ten (10) shifts after twenty (20) years of service
- Twelve (12) shifts after twenty-five (25) years of service

HOLIDAYS

The Firefighter position is that of no holidays off. In lieu of holiday time off, employees shall receive twenty-four (24) hours of straight pay every quarter.

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SICK LEAVE

Ten (10) hours of sick leave will be earned for each full month of employment.

SHIFTS

Firefighters work twenty-four (24) hour shifts, with seventy-two (72) hours off between each twenty-four (24) hour shift. The twenty-four (24) hours prior to duty shift, firefighter will be required to be on call.

RESIDENCY REQUIREMENTS

Firefighters are required to reside within Mount Carmel city limits within six (6) months from date of hire. Firefighters required to be in the Mount Carmel city limits for their entire call day.

PROBATIONARY PERIOD

Firefighters will have a probationary period of 1 year from their date of hire.

REQUIRED EDUCATION

Firefighters will be required to complete and certified in the following classes after their date of hire:

Basic firefighter

Fire Apparatus engineer

Hazmat Operations



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OUTLINE OF TESTING

1. All testing is mandatory. Applicants will be required to provide driver's license for admittance to any part of the procedure. Applicants shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the Applicant.
2. A current CPAT card is required.
3. Aerial Climb, must meet dress code.
4. Written examination.
5. Written test will be given only to Applicants who have a current CPAT card.
6. Oral interviews are given to Applicants who have passed all previous tests. The number of interviews held is determined by the Fire and Police Commission.
7. Applications must be returned to the Mount Carmel City Hall, 631 Market Street, Mount Carmel, IL 62863, or if returned by mail, postmarked by December 3rd, 2021. Failure to do so will disqualify Applicant.
8. Thorough background investigation will be made on all Applicants. Applicants shall be required to sign document authorizing release of all background information to the Fire and Police Commission.
9. When returning your application, please bring or include the following:
 1. Copy of birth certificate.
 2. Copy of high school diploma or G.E.D. certificate.
 3. Copy of the CPAT card.
 4. Copies of previous firefighter and/or EMT experience and certificates (if applicable).
 5. The signed waivers and release forms.
 6. **Original** medical release - completed.
 7. Any additional information or resume (optional).

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

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10. Applicants must be at least twenty-one (21) years of age on the test date, but under thirty-five (35) years of age on the test date, or meet Illinois Public Act 097-0251 previous employment requirements.
11. All Applicants listed on eligibility list will be subject to medical examination and in-depth physiological examination.
12. Applicant must be U.S. citizen.
13. Applicant must possess valid driver's license. Bring driver's license to both Aerial climb test location and written test location for identification purposes.
14. No correspondence acknowledging that your application was received will be sent to you prior to testing date.
15. **Incomplete applications shall be rejected and disqualify candidate from testing. Final decision on rejections and disqualifications will be made by Fire Chief or his designee.**

Employment Application

City of Mount Carmel | Fire Department

Name

First

Middle Initial

Last

Address

State

Zip Code

Phone

Are you over the age of 18? ☐ Yes ☐ No

City

Driver’s License # State of issue Class

Are You a Veteran? ☐ Yes ☐ No Branch Rank

Employment:

Occupation Duties

Current Employer Length of Service

Employer Address Office Phone

Work Schedule ☐ Days ☐ Nights Hours Rotating Shifts? ☐ Yes ☐ No

LIST PAST EMPLOYERS IF YOU HAVE BEEN AT CURRENT EMPLOYMENT FOR LESS THAN 5 YEARS

Past Employer	From	To
Past Employer	From	To
Past Employer	From	To

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Education:

High School Name and Address _____

Did you Graduate? ☐ Yes ☐ No Graduation Date _____

If not, have you passed a ☐ Yes ☐ No Where _____ When _____
G.E.D. Test?

List any Colleges, Business School, Technical Schools for Fire Service Training attended.

Name of School	Location	Course/Major	Dates Attended	Degree/Certificate (Yes/No)

Criminal History:

Have you ever been convicted of a felony: ☐ Yes ☐ No

If yes, please explain

Fire Department Experience:

Do you have any previous fire department experience? ☐ Yes ☐ No

If yes, please name the department _____ Type ☐ Paid ☐ Volunteer
_____ State _____ Highest Rank _____ Length of Service _____

Can you perform the essential job functions and duties of a Firefighter? ☐ Yes ☐ No
City _____

Training Certificates Obtained _____

References:

Give the names of three people, not related to you, who know you through school, business or personal association:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

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Notice to Applicant:

The completion of this application does not indicate that there are vacant positions in the Fire Department and in no way obligates the City of Mount Carmel.

I hereby authorize the City of Mount Carmel Fire Department to conduct a personal background investigation including school attended, former and present employers, residences, named references, criminal and motor vehicle record check in connection with my application for this job.

I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or dismissal. Further, I understand/agree that membership is for no definite period and may be terminated at any time without any previous notice. I understand that I do not have a contract of employment and no one is authorized to make any such promise.

This job is contingent upon applicant passing a job-related physical examination and a drug and alcohol test.

Signature: _____

Date: _____

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BACKGROUND WAIVER

Date: _____

TO WHOM IT MAY CONCERN:

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

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

Carmel Fire Department.

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

Name: _____

Address: _____

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MT. CARMEL FIRE DEPARTMENT AGREEMENT

To: Mt. Carmel Board of Fire and Police Commissioners:

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

Dated this _____ day of _____, 2021.

(Applicant Signature)

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AERIAL CLIMB TEST

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

Dated at _____ (city), _____ (state) on
this _____ day of _____, 2021.

(Applicant Signature)

(Witness Signature)

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MEDICAL EXAMINER'S CERTIFICATE

Name of Applicant: _____

Address: _____

Telephone Number: _____

This is to certify that I have made a medical examination of the above person and find that he/she is physically able to take part in a firefighter's very strenuous performance test consisting of 75-foot aerial climb, and perform a CPAT test. He/she may also participate in any additional or similar very strenuous exercise given by the Mt. Carmel Fire and Police Commission or testing bureau.

Physician's Signature: _____ Date: _____

Physician's Address: _____



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AERIAL CLIMB TEST

- **Aerial Climb | Timed Event – 120 seconds (This is a Pass/Fail Event)**

For this event, the candidate will be required to climb 75 feet at a 65-degree angle, beginning from the base of the ladder (on the turntable). The candidate will be required to climb to the top of the ladder as to be at eye level with the highest rung of the ladder. The candidate will be required to step on all rungs of the ladder while ascending and descending the ladder.

Dress Code (The dress code is strictly enforced for safety. The dress code for all events):

- Long Pants (No Shorts)
- T-Shirt
- Footwear with no open heel or toe (No five finger shoes, barefoot running shoes, individual toe shoes)
- No loose or restrictive jewelry
- Gloves



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CPAT Testing

- **CPAT Card is required when turning in this application.**

For the CPAT Test, applicants will need to contact Vincennes University Fort Branch Campus. The phone number is 812-888-2871. CPAT Tests can also be scheduled online at <https://www.vinu.edu/web/workforce-development/cpat>. To register online, click the “Register Now” option. The CPAT test requires a fee of \$135, with some exemptions available. To take the test, a photo ID will be required. Vincennes University’s website gives an in-detail description of what all the CPAT Test consists of, and how the testing will take place.
