

*Assessor Requirements: Assessors shall possess a minimum of ten (10) years of service as a full-time sworn firefighter including at least three (3) years of service as a fire officer at the rank of company officer or higher. Persons who do not have experience as a sworn full-time firefighter who are interested in serving as assessors and who have specialized technical expertise may be added to assessment panels by agreement of the parties to a collective bargaining agreement at the local level.*

<b>Date Profile Completed:</b>	<b>8/23/2021</b>
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<b>Contact Information</b> (Please note that this page will be posted on the OSFM Website)					
Last Name <b>ADAMS</b>	First Name <b>JAMES</b>	If Applicable: Name of Department/Business <b>BROOKFIELD FIRE DEPARTMENT</b>			
If Applicable: Department/Business Mailing Address		City	State	Zip	County
Email address: <a href="mailto:FIRECHIEF0556@GMAIL.COM">FIRECHIEF0556@GMAIL.COM</a>		Contact Phone Number (not mandatory to provide on the page) <b>(708) 305 -7091</b>			

<b>Fire or EMS Employment Status</b> (Please check one)											
Full Time	<input type="checkbox"/>	Combination	<input checked="" type="checkbox"/>	Volunteer	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Consultant	<input checked="" type="checkbox"/>

<b>Fire or EMS Position</b> (Rank)			
	Name of Organization	Position Title	Dates of Position
1	BROOKFIELD FIRE DEPARTMENT	FIRE CHIEF	3/2020 – present
2	WESTCHESTER FIRE DEPARTMENT	FIRE CHIEF	6/2011 – 3/2021
3	WESTCHESTER FIRE DEPARTMENT	CAPTAIN	6/2012
4	WESTCHESTER FIRE DEPARTMENT	LIEUTENANT	3/2008 – 6/2011

<b>Describe Your Duties and Responsibilities of your Positions</b>		
	Position	Overview of Duties and Responsibilities
1	FIRE CHIEF	Fire Chief, overall operations of FD w/ 23 personnel (ALS), 2 stations, 19,060 pop.
2	FIRE CHIEF	Fire Chief, overall operations of FD w/ 27 personnel (ALS), 2 stations, 16,716 pop.
3	CAPTAIN	Shift Commander, Acting Fire Chief in his absence
4	LIEUTENANT	Overall shift company operations, Acting Shift Commander when Captain is off-duty

Breadth of Supervisor and/or Officer Experience	Current	Past
Number of full-time employees I supervise or have lead directly:	24	27
Number of employees I supervise or have lead indirectly:	0	1

**Education (only accredited institutions and a copy of your degree must be attached)**

Degree	College/University	Major
ASSOCIATES (AAS)	TRITON COLLEGE	FIRE SCIENCE
BACHELORS (BS)	WESTERN ILLINOIS UNIVERSITY	FIRE SERVICE ADMIN.

**Fire/EMS Service Certifications (A copy of your certificates must be attached)**

Title	School or Organization	Date
IDPH PARAMEDIC	ILLINOIS DEPARTMENT OF PUBLIC HEALTH	1998
COMMAND & GENERAL STAFF for IMT Teams	National Fire Academy	2012
OSFM CHIEF FIRE OFFICER CERTIFICATION	ILLINOIS FIRE CHIEFS ASSOCIATION	2014
NIMS 100, 200, 300, 400, 700, 800	FEMA	2005-2011

**Special Skills:**

Past MABAS 20 President, Vice-President, and Secretary  
 Past MABAS 20 Special Operations Chief in charge of TRT and UAV logistics/operations  
 Current MABAS 10 Plans, RIT, Operations Chief

**Describe Your Assessor Training and Organization Who Administered the Training:**

Completed 24-hour Basic Assessor Training  
 Joint Labor Management Committee: IFCA/AFFI/IAFF

**Identify The Exercises That You Have Been Trained For:**

In Basket	<input checked="" type="checkbox"/>	Leaderless Group	<input checked="" type="checkbox"/>	Oral Interview	<input checked="" type="checkbox"/>	Tactical	<input checked="" type="checkbox"/>	Problem Employee	<input checked="" type="checkbox"/>	Qualities of Leadership	<input checked="" type="checkbox"/>
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Please list other exercises that are not listed and describe them.



**Describe Your Assessor Experience:**

**Shadowing Assessor for a Captains Assessment Center**  
**Shadowing Assessor for oral interviews for firefighter eligibility list**  
**Participated as an observer/note taker in both of these processes with two separate private sector Assessment Companies.**

State of: ILLINOIS  
County of: COOK

Subscribed and sworn to (or affirm) before me this 19<sup>th</sup> day  
of AUGUST 20 21, by:



Print Name of Signer: James Adams

Signature of Signer: [Handwritten Signature]

Signature of Notary Public: [Handwritten Signature]

**Joint Labor Management Committee (JLMC) Statement**

**Based upon this Assessor Profile submitted to the JLMC, we believe this information is accurate. However, the JLMC is highly recommending that the entity seeking Assessors conduct their own review and validation process.**