

**Illinois Promotional Assessor:
Minimum Activity Requirements for Certification**

To remain certified, the assessor must have **actively participated** in at least two (2) assessment center processes in said year or a total of four (4) processes within a two (2) year period. Please identify where your activity requirements were completed along with the Lead Assessors name for each activity.

Assessor Information <i>Please Type or Print</i>					
Last Name BOLANOWSKI		First Name ROBERT		If Applicable: Name of Department/Business	
Home Mailing Address OFFICE			City	State	Zip
If Applicable: Business Mailing Address 200 W. HIGGINS RD. 201			City SCHAUMBURG IL	State	Zip 60195
Office Phone 847-310-2677		Fax Phone 847-885-1757		Cell Phone 815-355-5791	
Email Address: BBOLANOWSKI@YAHOO.COM					

First Assessment Center Process

Location: ELMWOOD PARK, IL F.CAPT'S + LT'S	Date: 2-21+22-2012
Lead Assessor's Name: JOHN SIDBECK	

Second Assessment Center Process

Location: GALIES BURE IL. BATTALION CHIEF + CAPT'S	Date: 3-13+14-2012
Lead Assessor's Name: JOHN SIDBECK	

Third Assessment Center Process (If applicable)

Location: EDWARDSVILLE, IL F.CAPT'S	Date: 5-14-2012
Lead Assessor's Name: JOHN SIDBECK	

Fourth Assessment Center Process (If applicable)

Location: ALSIP, IL FIRE LIEUTENANTS	Date: 5-22-2012
Lead Assessor's Name: JOHN SIDBECK	

I ALSO ATTENDED AND PARTICIPATED IN 13 ADDITIONAL ASSESSMENT CENTERS IN THE PAST TWO YEARS.

Illinois Promotional Assessor:
Completion of Continuing Education Requirements



The assessor must complete at least four (4) hours of continuing education (classroom) per calendar year. Further, the assessor must have actively participated in at least two (2) assessment center processes in said year or a total of four (4) processes within a two (2) year period. Please indicate where your continuing education was completed and identify the assessment center processes in which you actively participated.

Assessor Information <i>Please Type or Print</i>					
Last Name BOLANOWSKI		First Name ROBERT		If Applicable: Name of Department/Business	
Home Mailing Address OFFICE			City	State	Zip
If Applicable: Business Mailing Address 200 W. HIGGINS RD. SUITE 201			City SCHAUMBURG IL	State	Zip 60195
Office Phone 847-310-2677		Fax Phone 847-885-1757		Cell Phone 815-355-5791	
Email Address: B.BOLANOWSKI @ YAHOO. COM					

Continuing Education Course

Location: FIRE PERSONNEL TESTING SERVICE OFFICE		Date: 2-16-12
Lead Instructor Name: JOHN SIDBECK		3-5-12 5-11-12 8-16-12 3-7-13 5-6-13 6-13-13
Identify Continuing Education Exercises You Have Completed.		
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 type="checkbox"/>
Please list other exercises that are not listed and describe them. WRITING EXERCISE, DEVELOPED SCENARIOS, DEVELOPED FORMS. 3 HRS EACH DATE		
Lead Assessor's certification of completion: The Assessor Candidate attended and satisfactorily completed the continuing education course. JOHN SIDBECK		
Lead Assessor's Signature: <i>John Sidbeck</i>		Date: 10-28-13

First Assessment Center Process

Location: ELMWOOD PARK, IL F. CAPT'S + LTS		Date: 2-21+22-2012
Lead Assessor's Name: JOHN SIDBECK		
Agency Conducting the Assessment: FIRE, PERSONNEL TESTING		

Illinois Promotional Assessor:
Completion of Continuing Education Requirements



Second Assessment Center Process

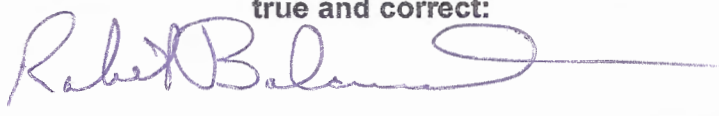
Location: GALEBURG, IL. BATTALION CHIEF + CAPT	Date: 3-13-14-2012
Lead Assessor's Name: JOHN SID BECK	
Agency Conducting the Assessment: F.I.R.E. PERSONNEL TESTING SERVICE	

Third Assessment Center Process (If applicable)

Location: EDWARDSVILLE, IL. F.CAPT'S	Date: 5-14-2012
Lead Assessor's Name: JOHN SID BECK	
Agency Conducting the Assessment: F.I.R.E. PERSONNEL TESTING SERVICE	

Fourth Assessment Center Process (If applicable)

Location: ALSIP, IL. FIRE LIEUTENANTS	Date: 5-22-2012
Lead Assessor's Name: JOHN SID BECK	
Agency Conducting the Assessment: F.I.R.E. PERSONNEL TESTING	

Signature of Assessor completing the continuing education requirements attesting that the information is true and correct: 	Date: Oct 21, 2013
--	-----------------------

I ALSO ATTENDED AND PARTICIPATED IN
13 ADDITIONAL ASSESSMENT CENTERS IN
THIS PAST TWO YEARS.