

Illinois Promotional Assessor Registration/Profile

1

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.

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|--------------------------------|-----------|
| Date Profile Completed: | 9/23/2022 |
|--------------------------------|-----------|

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|--|------------|---|-------|-------|--------|
| Contact Information (Please note that this page will be posted on the OSFM Website) | | | | | |
| Last Name | First Name | If Applicable: Name of Department/Business | | | |
| FARLOW | BRENDA | LEYDEN FIRE PROT. DISTRICT | | | |
| If Applicable: Department/Business Mailing Address | | City | State | Zip | County |
| 2600 N. MANNHEIM RD | | FRANKLIN PARK | IL | 60131 | COOK |
| Email address: | | Contact Phone Number (not mandatory to provide on the page) | | | |
| FIRECHIEF@Leydenfire.com | | 847 571-9072 | | | |

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

| Fire or EMS Position (Rank) | | | |
|------------------------------------|---------------------------|----------------|-------------------|
| | Name of Organization | Position Title | Dates of Position |
| 1 | Leyden Fire PROT. DIST | FIRE CHIEF | 4/2022 - Present |
| 2 | NORTHLAKE FIRE PROT. DIST | LT | 11/2014 - 4/2022 |
| 3 | NORTHLAKE " " " | FF | 7/2004 - 11/2014 |
| 4 | NORTHLAKE " " " | POC LT | 10/1995 - 7/2004 |

| Describe Your Duties and Responsibilities of your Positions | |
|--|---|
| Position | Overview of Duties and Responsibilities |
| 1 FIRE CHIEF | HR, Finance, Budget, Bargaining, Strategic Planning, CRR |
| 2 LT | Fire/Rescue/EMS DUTIES, Budgets, Training, Program Management, |
| 3 FF | EMS COORDINATOR, FF/EMS/RESCUE DUTIES, Budgets, Planning |
| 4 POC LT | Managed POC Program, Payroll, Training, Pub ED DUTIES, FF/EMS, Rescue Scheduling, HR for POC's, |

Illinois Promotional Assessor:
Completion of Practical Requirements

2

The assessor candidate must have actively job shadowed in at least two (2) assessment center processes. The assessor candidate is to grade as if an Assessor but the grades will not be used in the grading process. The purpose of the assessor candidate conducting his or her own grading is to compare the candidate's grades to the official scoring.

| Assessor Candidate Information <i>Please Type or Print</i> | | | | | |
|---|--|-----------------------------|------------------------------|---|---------------------|
| Last Name FARLOW | | First Name BRENDA | | If Applicable: Name of Department/Business LEYDEN FIRE PROT. DISTRICT | |
| Home Mailing Address 1156 LA FAYETTE DR | | | City SOUTH ELGIN | State IL | Zip 60177 |
| If Applicable: Business Mailing Address 2600 N. MANNHEIM RD | | | City FRANKLIN PARK | State IL | Zip 60131 |
| Office Phone 847 455-0180 | | Fax Phone | | Cell Phone 847-542-8738 | |
| Email Address: FFBFARLOW@AOL.COM | | | | | |

First Assessment Center Practical Training

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|---|------------------|----------------|----------|-------------------------------------|--------------------|
| Location: NORTHBROOK | | | | Date: 2/23/2023 | |
| Lead Assessors Name: AMY EITAPENCE 607-321-4774 | | | | | |
| Identify The Exercises That You Have Job Shadowed and Graded In. | | | | | |
| In-Basket | Leaderless Group | Oral Interview | Tactical | Problem Employee | Leadership Quality |
| | | | | <input checked="" type="checkbox"/> | |
| Please list other exercise's that are not listed and describe them. Review of Scoring PRIOR TO EXAM | | | | | |
| Lead Assessors certification of completion: The Assessor Candidate completed the job shadow requirements and we found his/her note taking and scoring where consistent with the other Assessors. | | | | | |
| Lead Assessors Signature: | | | | Date: 2/23/2023 | |

Second Assessment Center Practical Training

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|---|------------------|----------------|-------------------------------------|-------------------------------------|--------------------|
| Location: DOWNER'S GROVE | | | | Date: 6/20/2023 | |
| Lead Assessors Name: DAVE SLIVINSKI | | | | | |
| Identify The Exercises That You Have Job Shadowed and Graded In. | | | | | |
| In-Basket | Leaderless Group | Oral Interview | Tactical | Problem Employee | Leadership Quality |
| | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Please list other exercise's that are not listed and describe them. WRITTEN + PRESENTATION (QUICK DRILL) | | | | | |
| Lead Assessors certification of completion: The Assessor Candidate completed the job shadow requirements and we found his/her note taking and scoring where consistent with the other Assessors. | | | | | |
| Lead Assessors Signature: | | | | Date: 6/20/23 | |

**Illinois Promotional Assessor:
Completion of Practical Requirements**

The assessor candidate must have actively job shadowed in at least two (2) assessment center processes. The assessor candidate is to grade as if an Assessor but the grades will not be used in the grading process. The purpose of the assessor candidate conducting his or her own grading is to compare the candidate's grades to the official scoring.

| Assessor Candidate Information <i>Please Type or Print</i> | | | | | |
|---|--|-----------------------------|------------------------------|--|---------------------|
| Last Name FARLOW | | First Name BRENDA | | If Applicable: Name of Department/Business LEYDEN FIRE PROT. DIST. | |
| Home Mailing Address 1156 LA FAYETTE DRIVE | | | City SOUTH ELGIN | State IL | Zip 60177 |
| If Applicable: Business Mailing Address 2600 N. MANNHEIM RD | | | City FRANKLIN PARK | State IL | Zip 60131 |
| Office Phone 847 455-0180 | | Fax Phone | | Cell Phone 847 571-9072 | |
| Email Address: FIRECHIEF@LEYDENFIRE.COM | | | | | |

First Assessment Center Practical Training

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|--|---|---|-----------------------------------|--|---|
| Location: NORTHBROOK FIRE DEPT | | | | Date: 2/23/2023 | |
| Lead Assessors Name: <i>Amber Tapner</i> | | | | LT EXAM | |
| Identify The Exercises That You Have Job Shadowed and Graded In. | | | | | |
| <input type="checkbox"/> In-Basket | <input type="checkbox"/> Leaderless Group | <input type="checkbox"/> Oral Interview | <input type="checkbox"/> Tactical | <input checked="" type="checkbox"/> Problem Employee | <input type="checkbox"/> Leadership Quality |
| Please list other exercise's that are not listed and describe them. | | | | | |
| Lead Assessors certification of completion: The Assessor Candidate completed the job shadow requirements and we found his/her note taking and scoring where consistent with the other Assessors. | | | | | |
| Lead Assessors Signature: | | | | Date: | |

Second Assessment Center Practical Training

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|--|---|---|-----------------------------------|---|---|
| Location: | | | | Date: | |
| Lead Assessors Name: | | | | | |
| Identify The Exercises That You Have Job Shadowed and Graded In. | | | | | |
| <input type="checkbox"/> In-Basket | <input type="checkbox"/> Leaderless Group | <input type="checkbox"/> Oral Interview | <input type="checkbox"/> Tactical | <input type="checkbox"/> Problem Employee | <input type="checkbox"/> Leadership Quality |
| Please list other exercise's that are not listed and describe them. | | | | | |
| Lead Assessors certification of completion: The Assessor Candidate completed the job shadow requirements and we found his/her note taking and scoring where consistent with the other Assessors. | | | | | |
| Lead Assessors Signature: | | | | Date: | |

Describe Your Assessor Experience:

I have no formal fire related assessor experience. I do have formal experience acting as an assessor for National Registry Paramedic Practical examinations.

I am also an EMS instructor at a college where I routinely assess personnel during practicals

State of: ILLINOIS
 County of: COOK

Subscribed and sworn to (or affirm) before me this 23 day
 of September 20 22, by:



Print Name of Signer: Brenda K. Farlow

Signature of Signer: Brenda K. Farlow

Signature of Notary Public: Cynthia C. Lechtenberg

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.