



Joint Labor Management Committee State of Illinois



Joint Labor Management Committee
Fire Department Promotion Act. 50 ILCS § 742

Assessor Application Packet: Assessor Registration/Profile

Date of Adoption: 08/01/10

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.

Date Profile Completed:

10-1-2025

Contact Information (Please note that this page will be posted on the OSFM Website)

Last Name Kinsella	First Name Paul	If Applicable: Name of Department/Business			
If Applicable: Department/Business Mailing Address		City	State	Zip	County
Email address: paulgeraldkinsella@gmail.com		Contact Phone Number (not mandatory to provide on the page) 815-666-3204			

Fire or EMS Employment Status (Please check one)

Full Time	☒	Combination	☐	Volunteer	☐	Part Time	☐	Retired	☐	Consultant	☐
-----------	-------------------------------------	-------------	--------------------------	-----------	--------------------------	-----------	--------------------------	---------	--------------------------	------------	--------------------------

Fire or EMS Position (Rank)

	Name of Organization	Position Title	Dates of Position
1	Frankfort Fire District	FF/PM	1-2003 to 4-2009
2	Frankfort Fire District	Lieutenant/PM	4-2009 to 4-2017
3	Frankfort Fire District	Assistant/Deputy Chief	4-2017 to 3-2025
4	Frankfort Fire Distict	Interim Chief	3-2025

Describe Your Duties and Responsibilities of your Positions

	Position	Overview of Duties and Responsibilities
1	FF/PM	Firefighter Paramedic and became Local 4338 Union President 1-2006 to 12-2014
2	LT/PM	Supervised shift personnel, was Department Training Coordinator 9-2015 to 3-2017
3	AC/DC	Directed daily operations, supervised shift commanders, and coordinated large-scale incident responses. 3-2017 to 3-2025
4	Interim Chief	Lead the district's operations, personnel, and administration.

Describe Your Assessor Experience:

In depth training and explanation by experienced assessors of many different assessments and possible issues with candidates. Discussion of my scoring verse the experienced assessors and possible changes needed.

State of: Illinois
County of: Will

Subscribed and sworn to (or affirm) before me this 13 day
of October 20 25, by:



Print Name of Signer: Paul Kinsella

Signature of Signer: Paul Kinsella

Signature of Notary Public: Michelle Selvaggio

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.

The assessor candidate must have completed the JLMC approved **Basic Assessor Training Course**. Please complete the following questionnaire.

Assessor Candidate Information (Please Type or Print)					
Last Name <i>Kinsella</i>		First Name <i>Paul</i>		If Applicable: Name of Department/Business <i>Frankfort Fire District</i>	
Home Mailing Address <i>30429 S. Cedar Rd.</i>		City <i>Manhattan</i>	State <i>IL</i>	Zip <i>60442</i>	County <i>Will</i>
If Applicable: Department/Business Mailing Address <i>333 W. Nebraska St.</i>		City <i>Frankfort</i>	State <i>IL</i>	Zip <i>60442</i>	County <i>Will</i>
Office Phone <i>815-464-1700</i>		Fax		Cell Phone <i>815-666-3204</i>	
Email address: <i>paul.gerald.kinsella@gmail.com ; kinsella@frankfortfire.org</i>					

Basic Assessor Training Course Information	
Organization Conducting the Training: <i>JLMC</i>	
Location: <i>Plainfield Fire</i>	Date: <i>10/27/2024</i>
Lead Assessor's Name: <i>John Buckley</i>	

Lead Assessor's certification of completion:
The Assessor Candidate completed the Basic Assessor Training Course requirements as set forth by the JLMC.

Lead Assessor's Signature:	<i>[Signature]</i>	Date: <i>10/23/24</i>
Assessor Candidate Signature:	<i>Paul Kinsella</i>	Date: <i>10/23/24</i>

Illinois Promotional Assessor Profile: Completion of Practical Requirements

Appendix #4

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

1

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. For persons who have experience as assessors before the established requirements for certification and who have completed at least two assessment center processes as a non grading assessor, the JLMC may waive this requirement.

Assessor Candidate Information (Please Type or Print)											
Last Name Kinsella		First Name Paul		If Applicable: Name of Department/Business							
Home Mailing Address 30435 S. Cedar Rd			City Manhattan		State IL	Zip 60442	County Will				
If Applicable: Department/Business Mailing Address			City		State	Zip	County				
Office Phone			Fax			Cell Phone 815-666-3204					
Email address: paulgeraldkinsella@gmail.com											
#1) First Assessment Center Practical Training											
Location: Evanston, IL					Date: 5/1/2025						
Lead Assessor's Name: James G Jackson Sr											
Identify The Exercises That You Have Job Shadowed and Graded In:											
In Basket	☐	Leaderless Group	☐	Oral Interview	☒	Tactical	☐	Problem Employee	☐	Qualities of Leadership	☒
Please list other exercises that are not listed and describe them.											
x Fire Apparatus Engineer - scoring / monitoring / critical thinking											
Lead Assessor's certification of completion:											
The Assessor Candidate completed the job shadowing requirements and we found his/her note taking and scoring were consistent with the other Assessors.											
Lead Assessor's Signature: [Signature]					Date: 5-1-25						
#2) Second Assessment Center Practical Training											
Location: Coal City Fire Protection District					Date: 5-14-2025						
Lead Assessor's Name: James G Jackson Sr											
Identify The Exercises That You Have Job Shadowed and Graded In:											
In Basket	☐	Leaderless Group	☒	Oral Interview	☒	Tactical	☒	Problem Employee	☒	Qualities of Leadership	☒
Please list other exercises that are not listed and describe them.											
Video Assessment											
Lead Assessor's certification of completion:											
The Assessor Candidate completed the job shadowing requirements and we found his/her note taking and scoring were consistent with the other Assessors.											
Lead Assessor's Signature: [Signature]					Date: 5-14-2025						



JOINT LABOR MANAGEMENT COMMITTEE STATE OF ILLINOIS



THIS CERTIFIES THAT

Paul Kinsella

Has successfully completed the required 24-hour Basic Assessor Certification Course approved by the
Joint Labor Management Committee for the State of Illinois, and is therefore awarded this

CERTIFICATE OF COMPLETION

Given this 23rd day of October 2024
Plainfield, Illinois

Chuck Sullivan
AFFI Representative

Luke Howieson
AFFI Representative

Chad Hoefle
IFCA Representative

John Buckley
IFCA Representative

Southern Illinois University

Carbondale

College of Health and Human Sciences

On recommendation of the Chancellor and Faculty,
the Board of Trustees, by virtue of the authority vested in it, has
conferred on

Paul Gerald Kinsella

the degree of
Bachelor of Science
Public Safety Management
Cum Laude

and has granted this Diploma as evidence thereof
this thirty-first day of July, 2021


Chancellor


Dean




President


Chairman of Board



*The Board of Trustees of Joliet Junior College, upon
recommendation of the President and the Faculty,
has awarded*

PAUL G. KINSELLA

the degree of

**Associate in Applied Science
Fire Science Technology**

*With all rights and honors thereto appertaining
given at Joliet, Illinois, this
fourteenth day of December, 2001.*



J. O. Ross
President of the College

Eleanor McGowan-Boza
Chairman Board of Trustees

University of Illinois

THE ILLINOIS FIRE SERVICE INSTITUTE

This is to certify that

PAUL G KINSELLA

has successfully completed the course
requirements of

Chief Fire Officer Blended / NFPA 1021 - Fire
Officer III and IV (340.00 Hours)

held at **SKOKIE, IL**

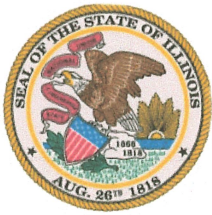
from **December 1, 2023 to January 31, 2025**



Jim Keiken

Director
Illinois Fire Service Institute

EMS Continuing Education Credit: 12.00 hours
EMS Site Code: 064441E1223*



STATE OF ILLINOIS



**OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
DIVISION OF PERSONNEL STANDARDS AND EDUCATION**

hereby certifies

Paul G. Kinsella

as

Fire Officer II

for having successfully demonstrated the ability to meet
the standards and requirements of
the Office of the Illinois State Fire Marshal,
Division of Personnel Standards and Education
and the
National Fire Protection Association Standard 1021.

In witness whereof this Certificate is Awarded

November 06, 2013

James T. Prothro

Fire Marshal

Mitzi S. Woodson

Division Manager



Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
the Illinois Department of
Public Health

Sameer Vohra MD,JD,MA,
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/2028		000738377

Paramedic

ISSUED PURSUANT TO EMERGENCY
MEDICAL SERVICES ACT (210 ILCS
50/2 CH 111 ½, PAR 5502 FF)

PAUL KINSELLA,
30425 S CEDAR RD
MANHATTAN, IL 60442

0710

The face of this license has a colored background. Printed by Authority of the State of Illinois • 12/20

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION
↓

Illinois Department of Public Health LICENSE, PERMIT, CERTIFICATION, REGISTRATION

PAUL KINSELLA,

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/2028		000738377

Paramedic

ISSUED PURSUANT TO EMERGENCY
MEDICAL SERVICES ACT (210 ILCS
50/2 CH 111 ½, PAR 5502 FF)

PAUL KINSELLA,
30425 S CEDAR RD
MANHATTAN, IL 60442

FEE RECEIPT NO.