

# Illinois Promotional Assessor Profile

**Appendix #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.

|                                |  |
|--------------------------------|--|
| <b>Date Profile Completed:</b> |  |
|--------------------------------|--|

| <b>Contact Information (Please note that this page will be posted on the OSFM Website)</b> |  |            |   |  |        |
|--|--|------------|---|--|--------|
| Last Name  |  | First Name |   | If Applicable: Name of Department/Business |        |
| If Applicable: Department/Business Mailing Address   |  |            | City  | State                                      | Zip    |
|  |  |            |   |  | County |
| Email address:   |  |            | Contact Phone Number (not mandatory to provide on the page) |  |        |

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

| <b>Fire or EMS Position (Rank)</b> |                      |                |                   |
|------------------------------------|----------------------|----------------|-------------------|
|                                    | Name of Organization | Position Title | Dates of Position |
| 1                                  |                      |                |                   |
| 2                                  |                      |                |                   |
| 3                                  |                      |                |                   |
| 4                                  |                      |                |                   |

| <b>Describe Your Duties and Responsibilities of your Positions</b> |   |
|--|---|
| Position   | Overview of Duties and Responsibilities |
| 1  |   |
| 2  |   |
| 3  |   |
| 4  |   |

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

| Education (only accredited institutions and a copy of your degree must be attached) |                    |       |
|---|--------------------|-------|
| Degree  | College/University | Major |
|   |                    |       |
|   |                    |       |
|   |                    |       |

| Fire/EMS Service Certifications (A copy of your certificates must be attached) |                        |      |
|--|------------------------|------|
| Title  | School or Organization | Date |
|  |                        |      |
|  |                        |      |
|  |                        |      |

| Special Skills: |
|-----------------|
|                 |

| Describe Your Assessor Training and Organization Who Administered the Training: |
|---|
|   |

| Identify The Exercises That You Have Been Trained For:             |                          |                  |                          |                |                          |          |                                     |                  |                          |                         |                          |
|--|--------------------------|------------------|--------------------------|----------------|--------------------------|----------|-------------------------------------|------------------|--------------------------|-------------------------|--------------------------|
| 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"/> | Qualities of Leadership | <input type="checkbox"/> |
| Please list other exercises that are not listed and describe them. |                          |                  |                          |                |                          |          |                                     |                  |                          |                         |                          |

**Describe Your Assessor Experience:****CERTIFIED ASSESSOR CERTIFICATION STATEMENT**

By typing your name in the box provided below, you are certifying that the information provided within the Illinois Promotional Assessor Profile, to the best of your knowledge, is true, accurate and complete.

Certified Assessor Typed Signature

Date:

**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.**

You can also manually email this form to [jlmc@jlmchire@gmail.com](mailto:jlmc@jlmchire@gmail.com) or fax to 217 522-8244.