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.

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Date Profile Completed:														
Contact Information (Please note that this page will be posted on the OSFM Website)														
Last Name First Name						<u> </u>	If Applicable: Name of Department/Business							
If Applicable: Department/Business Mailing Address					,	City State			Zip County					
Email address:					Cont	ontact Phone Number (not mandatory to provide on the page)								
<u> </u>														
Fire or EMS Employment Status (Please check one)														
Full Time			Combination				Part Time		Retired			Consultant		
				<u> </u>										
Fi	Fire or EMS Position (Rank)													
	Name of Organization						Position Title Date					ates of Position	n	
1	J													
2														
3	3													
4														
						•								
De	scribe	Υοι	ır Duties an	d Re	sponsib	ilitie	es of y	our P	ositi	ions				
	Position Overview of Duties and Responsibilities													
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3														
			_											
4														

Breadth of Supervisor and/or O	Current	Past							
Number of full-time employees I su									
Number of employees I supervise									
Education (only accredited institut	ions and a co	py of your	degree must l	be attached)					
Education (only accredited institutions and a copy of your degree must be attached) Degree College/University Major									
				•					
	1								
Fire/EMS Service Certifications (A copy of your certificates must be attached)									
Title	(1100)		nool or Organi	<u> </u>	Date				
Special Skills:									
Describe Your Assessor Training and Organization Who Administered the Training:									
Identify The Exercises That You Have Been Trained For:									
In Basket Leaderless Group Or	terview	Tactical	Problem Employee	Qualities Leaders					
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 jlmchire@gmail.com or fax to 217 522-8244.