## 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.

												//	/ /
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: Co					Cont	ontact Phone Number (not mandatory to provide on the page)							
<u> </u>													
Fire or EMS Employment Status (Please check one)													
	l Time		Combination		Voluntee					Retired		Consultant	
				<u> </u>									
Fire or EMS Position (Rank)													
	Name of Organization						Position Title Dates of Position						n
1													
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												
1													
2													
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 instituti	ons and a co	ny of your de	egree must be	attached)					
Education (only accredited institutions and a copy of your degree must be attached)  Degree College/University Major									
	<u> </u>		1						
Fire/EMS Service Certifications (A copy of your certificates must be attached)									
Title	(1100)		ool or Organizat		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	al erview	Tactical	Problem Employee	Qualities Leadersh					
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.