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:	March 1, 2010		
	1,2010		

Last Name Tinucci, Robert	First Name	Roselle I	at heritanin eteralis et et per	artment/Busine artment	88
Home Mailing Address 6401 Richmond A	lve.	City Willowbrook	State Illinois	Zip 60527	County DuPage
If Applicable: Business Maili 100 E. Maple Ave		Roselle	State Illinois	^{Zip} 60172	County DuPage
Office Phone 630-461-0899	630-65		Cell Phor	14-1601	

Fire or	EMS Em	ploy	nent Stat	US. Please	check	one	<i>a</i>	
Full Time	Combina	tion 🗸	Volunteer	Part-Time	1	Retired	Consultant	10

-ire	or EMS Position (Ra	ink).	
	Name of Organization	Position Title	Dates Position
1	Darien-Woodridge FPD	Firefighter to Chief Administrator	January 1974 thru July 2008
2	Roselle FD	Fire Chief	July 15, 2009 to current
3			
4			

	Position	Duties and Responsibilities
1	Chief Administrator	Responsible for the overall supervision of the fire district administration and operations, Held this position from October 1991 through retirement in July 2008.
2	Fire Chief	Currently responsible as the Department Head for the Village of Roselle Fire Department including all administrative and operational issues.
3		

Number of employees I supervise or have lead indirectly:	Number of full-time employees I supervise or have lead directly:	Breadth of Supervisor and/or Officer Experience
8	21	Current
80	40	Past

Program complete / Short Gen. Ed credits	Southern Illinois University	Bachelor Degree
Fire Science	College of Dupage	Associate Degree
Major	College/University	Degree
ur degree must be attached)	institutions and a copy of you	Education (Only accredited institutions and a copy of your degree must be attached

		FOIII coursework / others
		Fire Officer II
		Fire Officer I
	Refer to attached listing from OSFM for dates/detail	Certified Firefighter
Date	School or Organization	Title
attached	File/EMS Selvice Certifications (A copy of your certificates must be attached)	LIE/EMO SELVICE CELLICAL

Special Skills.

I have been assigned as a role player in the "Problem Employee Process" for numerous assessment centers. I have an ability to maintain consistency as a role player for all candidates.

My past experience in a combination / union department provides an added experience when conducting assessments for these type departments.

I have been directly involved in a union represented department for over 17 years, providing a better understanding of organized labor and contractual issues.

Administered the Training. Describe Your Assessor Training And Organization Who

Instructor: Tom Allenspach, IFCA Illinois Fire Chiefs Association Promotional Evaluation & Assessment Service

Dates of training: March 22, 1999 January 8, 2006 November 1, 2007 April 16, 2009

November 9, 2009

not listed and exercises that are In-Basket Please list other Identify The Exercises Group Leaderless Oral Interview That You Have Been Trained For. Tactical Employee Problem Qualities of Leadership

describe them.

Describe Your Assessor Experience.

all processes of the assessment services provided by IFCA. approximately 30 assessment centers as a rating assessor. I have experience in Assessment Services for approximately 12 years. I have been directly involved in I have been a member of the Illinois Fire Chiefs Promotional Evaluation &

representative monitors in the process. I have participated in numerous assessment processes that have included labor

have read and agree to abide by the Code of Ethics This is to certify that the information I provided is true and correct. Further,

"OFFICIAL SEAL"
Jeanne M. Calvert
Notary Public, State of Illinois
My Commission Expires 06/26/2011 State of: County of: Il)17015 Dr. Ponge Print Name of Signer: Robert J. Tinucci Signature of Notary Public: Signature of Signer: Subscribed and sworn to (or affirm) before me this www 20/0 by

Joint Labor Management Committee (JLMC) Statement

the entity seeking Assessors conduct their own review and validation process information is accurate. Based upon this Assessor Profile submitted to the JLMC, we believe this However, the JLMC is highly recommending that