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						If Applicable: Name of Department/Business							
If Applicable: Department/Business Mailing Address					City State			State	Zip County				
Email address:					Contact Phone Number (not mandatory to provide on the page)								
Fi	Fire or EMS Employment Status (Please check one)												
Fu			Combination		Volunteer		Part Time		Retired		Consultant		
							•						
Fi	Fire or EMS Position (Rank)												
	Name of Organization					Position Title				Dates of Position			
1													
2													
3													
4													
	•					ı			<u> </u>				
De	escribe	You	r Duties ar	d Re	sponsibili	ities	of your P	ositi	ons				
	Position Overview of Duties and Responsibilities												
1													
2													
3													
4													

Breadth of Supervisor and/or O	Cu	rrent	Past						
Number of full-time employees I su									
Number of employees I supervise									
				'	-				
Education (only accredited institutions and a copy of your degree must be attached)									
Degree		ollege/Unive			Major				
		•	•		•				
Fire/EMS Service Certifications	(A copy of y	our certific	ates must be	e attached)				
Title	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		chool or Orga			Date			
						 			
Special Skills:									
•									
- · · ·			• • • • • • • • • • • • • • • • • • •						
Describe Your Assessor Training	g and Orga	nization \	wno Admii	nisterea i	ne Traini	ng:			
Identify The Exercises That You	Have Bee	n Trained	For:						
In Basket	al erview	Tactical	Probler Employ		Qualities of Leadership				
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.