

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: 3/2/2023

Contact Information (Please note that this page will be posted on the OSFM Website)					
Last Name	ZERN	First Name	ARTHUR	If Applicable: Name of Department/Business	
If Applicable: Department/Business Mailing Address			City	State	Zip
1067 DEVONSHIRE DR. S			SYCAMORE	IL	60178
County			DEKALB		
Email address:	AZERN@COMCAST.NET		Contact Phone Number (not mandatory to provide on the page)		
			(815) 739-9130		

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

Fire or EMS Position (Rank)			
	Name of Organization	Position Title	Dates of Position
1	SYCAMORE FIRE DEPT.	DEPUTY CHIEF	8/2012 - 9/2023
2	RESPLAINES FIRE DEPT	DEPUTY CHIEF / BATT. CHIEF	3/1986 - 8/2012
3	LYLE-WOODRIDGE FIRE DEPT.	FIREFIGHTER	6/1982 - 3/1986
4			

Describe Your Duties and Responsibilities of your Positions	
Position	Overview of Duties and Responsibilities
1 DEPUTY CHIEF	• FIRE/RESCUE OPERATIONS • BUILDING/APPARATUS • FIRE PREVENTION • SCHEDULING, CONTRACT ADMIN.
2 DEPUTY CHIEF BATT CHIEF	• FIRE/RESCUE OPS • ADMIN BUDGET • SHIFT COMMANDER • INCIDENT COMMANDER SUPERVISE CAPTAINS, LIEUTENANTS AND FIRE MEDICS
3	
4	

Breadth of Supervisor and/or Officer Experience	Current	Past
Number of full-time employees I supervise or have lead directly:	0	9-21
Number of employees I supervise or have lead indirectly:	0	100+

Education (only accredited institutions and a copy of your degree must be attached)		
Degree	College/University	Major
AAS	CARTON COLLEGE	FIRE SCIENCE
BS	SOUTHERN ILLINOIS UNIV.	
MS	BENEDICTINE UNIV.	MGT / ORG. BEHAVIOR
	(CONCENTRATION)	ORG. DEVELOPMENT

Fire/EMS Service Certifications (A copy of your certificates must be attached)		
Title	School or Organization	Date
FO I & II, FIRE PREV OFFICER I & II	OSFM	VARIOUS
EMT/PARAMEDIC - EMT/BASK	IDPH	1981-1986
EXTENSIVE LIST INCLUDED WITH RESUME.		

Special Skills:
<ul style="list-style-type: none"> • TRAINED PEER SUPPORTER/MEMBER - IL FIREFIGHTER PEER SUPPORT TEAM • INSTRUCTOR - IFSI - OFFICER PROGRAMS - NIFSTA - BOE ACADEMY • - IL FIRE CHIEFS - OFFICER PROGRAMS OFFICER PROGRAMS

Describe Your Assessor Training and Organization Who Administered the Training:
BASIC ASSESSOR - AFFI/IFRA JOINT LABOR MGT COMM. COMPLETED THE 24 HOUR COURSE IN SEPT OF 2022 IN ELK GROVE, I COMPLETED TWO "SHADOWING" AK PROCESSES • ROCKFORD CAPTAIN • NORTHBROOK LIEUTENANT

Identify The Exercises That You Have Been Trained For:											
In Basket	<input checked="" type="checkbox"/>	Leaderless Group	<input checked="" type="checkbox"/>	Oral Interview	<input checked="" type="checkbox"/>	Tactical	<input checked="" type="checkbox"/>	Problem Employee	<input checked="" type="checkbox"/>	Qualities of Leadership	<input checked="" type="checkbox"/>
Please list other exercises that are not listed and describe them.											

Describe Your Assessor Experience:

- PEKIBORD CAPTAIN: I SHADOWED THE TACTICAL AND IN-BASKET EXERCISES. I SAT THROUGH THE ASSESSOR AND SME TRAINING PRIOR TO THE EXERCISES. I WAS ABLE TO DISCUSS SCORING AND BE A PART OF THE DISCUSSIONS AFTER EACH CANDIDATE.
- NORTHBROOK LIEUTENANT: I SHADOWED THE TACTICAL AND PROBLEM EMPLOYEE EXERCISES. I SAT THROUGH THE ASSESSOR AND SME TRAINING PRIOR TO THE EXERCISES. I WAS ABLE TO DISCUSS SCORING AND COMPARE MY SCORES TO THE OTHER ASSESSORS. ALSO, I WAS PART OF THE CANDIDATE DISCUSSIONS FOLLOWING EACH EXERCISE.

State of: Illinois

County of: DeKalb



Subscribed and sworn to (or affirm) before me this 2nd day of March 20 23, by:

SEAL

Print Name of Signer: ARTHUR S. ZERN

Signature of Signer: [Handwritten Signature]

Signature of Notary Public: Natalie J Nelson

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.