

## Thank you for your interest in the Manhattan Fire Protection District!

Please be sure to carefully review all application instructions and testing information.

### **Firefighter Application Instructions:**

- 1. Carefully review the minimum requirements on the following page. All requirements must be met by the specified deadline, **Tuesday**, **July 15**, **2025**, **at 4:00 p.m.** Documents delivered after the application deadline will not be accepted.
- 2. Visit iosolutions.com to complete the online application for the position of Firefighter/Paramedic. When you have finished the online application, you will receive a confirmation number save this number for your records.
- 3. In addition to the online application, applicants must mail/ship or hand deliver the release form and required documents. Gather all required documents, release form(s), and place all documents into an envelope. Mail/ship the envelope via a traceable carrier (FedEx, UPS, etc.) or hand-deliver to:

#### IOS Recruitment ATTN: Manhattan FPD 1520 Kensington Road, Suite 110 Oakbrook, IL 60523

Business Hours: M- Th 8:30 a.m. – 5:00 p.m.; Fri- 8:30 a.m. – 3:00 p.m.; Closed weekends and holidays – Drop box located outside building

- 4. Please contact IOS Recruitment at (800)-343-HIRE or recruitment@iosolutions.com with questions regarding the application, testing site, required documents **before** the application deadline date.
- 5. All communications from IOS will come via email from recruitment@iosolutions.com. Be sure to add us to your address book and check your inbox (including spam folder) frequently for important updates.

## **Orientation & Testing Information:**

Candidates must attend a mandatory orientation and written examination that will be held on **Wednesday, August 6, 2025**. Doors will open at 8:30 AM for sign-in, please arrive no later than 9:00 a.m. with a photo ID (driver's license, state ID, military ID) and a #2 pencil. <u>No late admittance!</u>

The test will be held at: Manhattan Junior High School 15414 W. Smith Rd. (intersection of Smith Rd. and Foxford Dr.) Manhattan, IL 60442

<u>All phases of testing are mandatory.</u> If you fail to attend or do not successfully complete the application process, attend the orientation, the written exam, oral interview (scheduled after the exam), or any other portion of the testing process, you will not be eligible for employment consideration at the Manhattan Fire Protection District.





IOS Application and Testing Services Manhattan Fire Protection District Firefighter Application Instructions

# Application Deadline: Tuesday, July 15, 2025, at 4:00 p.m.

## **Firefighter Minimum Requirements:**

- \$35 non-refundable application fee
- United States citizen
- No felony convictions
- Must be 21 years of age and under 35 years of age at time of application, unless otherwise exempt by statute
- High School Diploma (or its equivalent)
- Valid Illinois or Indiana Driver's License (must have the ability to obtain an Illinois Class B non-CDL or Indiana equivalent by the end of the probationary period if an offer of employment is extended).
- Illinois Basic Operations Firefighter Certification issued from the Illinois OSFM <u>OR</u> Illinois Firefighter II with Hazardous Materials Operations Certification issued from the Illinois OSFM (no other IL OSFM certifications will be accepted). <u>NOTE:</u> Current & Valid Illinois or National Certified Paramedics will have the ability to attain BOF certification during probationary period
- Illinois Department of Public Health Licensed Paramedic in good standing, at the time of application or must be currently enrolled in an IDPH approved Paramedic program and successfully complete and become a certified paramedic during probation period. Note: as a condition of employment, all candidates must receive their paramedic's license by the time they complete their probationary period.
- Valid CPAT certification with Ladder Climb at time of application deadline AND at time of conditional offer of employment (CPAT considered valid for 12 months from issue date)
- Residency required in the state of Illinois or Indiana





	Manhattan Fire Protection District Application Documents Checklist Due: Tuesday, July 15, 2025, at 4:00 p.m.
*N	o grace period is being offered to applicants! A complete and confirmed online application as well as all the documents listed below are due by the application deadline! *
	Confirmed Online Application Write your Confirmation Number here:
	Consent and Release Agreement (2 pages)- must be signed and dated by applicant (no photocopies)
	<b>Copy of High School Diploma or GED</b> If you do not have a copy of your high school diploma, please submit a copy of your high school transcripts (showing graduation date) or a signed letter on school letterhead with your name and date of graduation.
	<ul> <li>Copy of Valid State of Illinois or State of Indiana Driver's License</li> <li>Include copy of both sides only if license bears renewal sticker.</li> <li>Must have the ability to obtain an Illinois Class B CDL or Indiana equivalent by the end of the probationary period if an offer of employment is extended.</li> </ul>
	<ul> <li>Copy of Birth Record as Proof of Citizenship</li> <li>The following documents are accepted as proof of citizenship:</li> <li>COPY of U.S. COUNTY-/STATE-ISSUED BIRTH RECORD</li> <li>COPY of VALID U.S. PASSPORT</li> <li>COPY of NATURALIZATION PAPERS</li> <li>Hospital-issued birth certificates are not verifiable, and therefore cannot be accepted.</li> </ul>
	Copy of Illinois Basic Operations Firefighter Certification issued from the Illinois OSFM <u>OR</u> Copy of Illinois Firefighter II with Hazardous Materials Operations Certification issued from the Illinois OSFM *No other IL OSFM Certification will be accepted Current and Valid Illinois Paramedics will be allowed to obtain BOF certification during probationary period. However, as a condition of employment, all candidates must obtain their BOF certification within their probationary period.
	<ul> <li>Copy of Valid IDPH Paramedic License or Proof of Current Enrollment in an IDPH Paramedic</li> <li>Program by Submitting a Letter of Good Standing from Program         <ul> <li>Letter of good standing must be current, state applicants name, attest to their good standing in the program and list their anticipated completion date. Tuition invoices are not accepted as proof.</li> </ul> </li> </ul>
	Copy of Valid CPAT and Ladder Climb Certification(s) dated no earlier than July 15, 2024
	Please deliver release forms and all required decuments to the address below by the deadline

Please deliver release forms and all required documents to the address below by the deadline. IOS Recruitment, ATTN: Manhattan FPD 1520 Kensington Road, Suite 100 Oak Brook, IL 60523

Please be sure to carefully review the checklist and application instructions before submission. Incorrect, missing, or otherwise incomplete applications will be cause for disqualification. IOS Recruitment is not responsible for late, misdirected or incomplete applications. Contact IOS Recruitment before the application deadline with any questions regarding the application, required documents or testing.





#### CONSENT AND RELEASE FOR JOB APPLICATION, BACKGROUND CHECK AND PHYSICAL ABILITY ASSESSMENT

#### Application and Background Check

I acknowledge that as a condition of being considered for employment with Manhattan Fire Protection District ("Employer"), or of my continued employment at Employer, it is required that I consent to an investigation of my background. I hereby authorize Employer and its representative, IOS Recruitment ("IOS Recruitment"), to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal references, verifications of academic credentials and licenses, social media and all publicly accessible content on the internet, military history, and credit and consumer reports, as permitted under the federal Fair Credit Reporting Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Employer or IOS Recruitment, I hereby consent to participate in a personal interview, testing process, polygraph examination, and/or post-offer psychological evaluation.

All information obtained by Employer or IOS Recruitment pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent, from liability that might result from the request for, use of, and/or disclosure of any background information, as described above. I further release and hold harmless Employer and IOS Recruitment, and their respective designees, personnel and affiliated companies, from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at Potential Employer.

I hereby consent to this background information investigation by Employer or IOS Recruitment. I understand that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, in accordance with the requirements of the FCRA.

#### Conduct and Communications

I acknowledge that my conduct throughout the application and testing process and my compliance with the rules of the application process constitute information that can be considered and evaluated by hiring agencies (Employers). I consent that all interactions and communications that occur between myself and IOS Recruitment or Employer pursuant to this application process may be documented and/or communicated to any and all hiring authorities to which I am seeking employment.



**IOS Application and Testing Services** Manhattan Fire Protection District **Firefighter Application Instructions** 

#### **Physical Ability Tests**

I further acknowledge that as a condition of being considered for employment with Employer, or of my continued employment at Employer, I may be required to participate in a physical ability test, which may test my physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, testing officials, and/or testing monitors; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in any physical ability test.

I certify that I am physically fit, have sufficiently trained for participation in this physical ability test, and have not been advised otherwise by a qualified medical person.

By signing below, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the physical ability test and/or while traveling to and from this physical ability test, Employer and IOS Recruitment, and their directors, officers, employees, volunteers, representatives and agents, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities, damages (including attorney fees and costs) or claims made by other individuals or entities as a result of my participation in this physical ability test.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any physical ability test.

I understand that during a physical ability test I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Employer and/or IOS Recruitment.

This document shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

#### I hereby certify that I have read this document in its entirety (pages 1 & 2) and I understand its content.

Print Name: \_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_