



MT. VERNON FIRE DEPARTMENT

2025 APPLICATION PACKET

1. APPLICANT PACKET RECEIPT (1 page)
(Print name, sign, and return)
2. NOTICE OF IMPORTANT DATES
3. OUTLINE OF POSITION (4 pages)
4. FIRE DEPARTMENT APPLICATION (3 pages)
(Complete and return)
5. CERTIFICATE OF GOOD MORAL CHARACTER
(3 copies to be completed and returned)
6. BACKGROUND WAIVER
(Complete and return)
7. AGREEMENT
(Complete and return)
8. AGILITY TEST - RELEASE OF ALL LIABILITIES
(Complete and return)
9. MEDICAL EXAMINER'S CERTIFICATE
(Completed by your physician and return)
10. PHYSICAL FITNESS TEST INFORMATION

Mt. Vernon Fire Department
APPLICANT PACKET RECEIPT

I, _____, have received an application packet for testing
(Print name)
procedures at the Mt. Vernon Fire Department.

I understand that I must personally return this application and all requested documents, or have it postmarked, on or before October 8, 2025, in order to continue testing procedures.

APPLICANT SIGNATURE

Date completed Application received:	
MVFD personnel initials who reviewed all paperwork for completion:	

NOTICE OF IMPORTANT DATES

Firefighter Applications must be returned or postmarked to:

MT VERNON FIRE DEPARTMENT
714 SOUTH 42nd STREET
P.O. BOX 1708
Mt. Vernon, IL 62864

on or before:

OCTOBER 8, 2025

Physical agility tests will be:

OCTOBER 18, 2025 @ 8 AM
INNOVATION HUB (OLD US BANK BUILDING-GOLD GLASS BUILDING)
123 SOUTH 10TH STREET
MT VERNON, IL 62864

Immediately following successful completion of physical agility tests, written firefighter examinations will be:

OCTOBER 18, 2025
INNOVATION HUB (OLD US BANK BUILDING-GOLD GLASS BUILDING)
123 SOUTH 10TH STREET
MT VERNON IL 62864

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NOTE: After you return your application, you will not receive notification that it has been received. You will only be contacted by the Fire Department if your application is incomplete. If you wish to know your application has been received, you may call the Fire Chief's office at 618-242-6880 Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Please wear comfortable clothing for the physical agility testing.
i.e., shorts, t-shirt, athletic shoes, and socks.

OUTLINE OF FIREFIGHTER/PARAMEDIC POSITION

The Fire and Police Commission of the City of Mt. Vernon is compiling a current eligibility list for the position of Probationary Firefighter/Paramedic, from which future hires may be made.

Below is an outline of the various points that you should know about the position of Probationary Firefighter/Paramedic with the City of Mt. Vernon.

Please read the items over carefully so that there will be no misunderstanding of what you can expect and what will be expected of you.

YOU CAN EXPECT

SALARY

The starting salary is approximately \$63,511.00 annually (including holiday & FLSA pay) with step increases.

HEALTH INSURANCE

The City pays 100% of its employees' health insurance premiums. The employee, if he or she chooses, may obtain dependent coverage for full family, spouse only, or children only.

The City is self-insured through Cigna with Allied Benefit Systems as its third-party administrator.

VACATION

Vacation earned is as follows:

- Two (2) weeks (five shifts) after one (1) full year of service
- Three (3) weeks (seven shifts) after seven (7) years of service
- Four (4) weeks (ten shifts) after twelve (12) years of service

AFTER FIRST YEAR

At the beginning of the first calendar year of employment, the employee will earn:

Three (3) Personal Days off per calendar year.

One (1) No Accident Day off, if no avoidable accident occurred the prior year. (You will not receive this until you complete a full year of service)

One (1) Birthday off yearly, same year as hire unless hired after birthdate.

HOLIDAYS

The Probationary Firefighter/Paramedic position is one with no holidays off. Realizing this fact, the City will pay one hundred forty-four (144) hours of holiday pay annually to be paid bi-weekly above the base pay.

SICK LEAVE

Twelve (12) hours of sick leave will be earned for each full month of employment, up to a maximum total of fifteen hundred (1500) hours.

SHIFTS

Firefighters work twenty-four (24) hour shifts, with forty-eight (48) hours off between each twenty-four (24) hour shift.

EMT-PARAMEDIC

All Firefighters are required to be or become EMT-Paramedics. The City of Mt. Vernon will pay for tuition and textbooks at Rend Lake College to receive your EMT-Basic license, if you do not already have one, and thereafter, the EMT-Paramedic license.

RESIDENCY REQUIREMENTS

Firefighters employed by the City of Mt. Vernon shall reside in either Jefferson County or a County adjacent to Jefferson County, including any of the following: Marion, Wayne, Hamilton, Franklin, Perry, or Washington, as their principal place of residence at all times during the time of their employment by the City. You are required to reside within the counties listed within six (6) months from the date of hire.

PROCEDURE

1. All testing is mandatory. Applicants will be **REQUIRED** to provide a driver's license for admittance to any part of the procedure. Applicants shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the Applicant. **ONLY APPLICANTS AND FIRE DEPARTMENT PERSONNEL ARE PERMITTED AT THE TESTING SITE. NON-APPLICANTS WILL BE ASKED TO LEAVE.**
2. Physical agility test.
3. Written examination.
4. Written test will be given only to Applicants who have passed the physical agility test.
5. Oral interviews are given to Applicants who have passed all previous tests. The number of interviews held is determined by the Fire and Police Commission.
6. Applications must be returned to the Mt. Vernon Fire Department, 714 South 42nd Street, P. O. Box 1708, Mt. Vernon, IL 62864, or if returned by mail, postmarked by October 8, 2025. Failure to do so will disqualify the applicant.
7. A thorough background investigation will be made on all Applicants. Applicants shall be required to sign a document authorizing the release of all background information to the Fire and Police Commission.
8. When returning your application, please bring or include the following:
 - (1) Copy of birth certificate.
 - (2) Copy of high school diploma or G.E.D. certificate.
 - (3) Copies or proof of previous firefighter and/or EMT experience and certificates (if applicable).
 - (4) The signed waivers and release forms.
 - (5) **Original** medical release - completed.
 - (6) Any additional information or resume (optional).

Note: None of the above items will be returned to you, so please send copies.

9. Applicants must be at least twenty-one (21) years of age on the date of job offer, but under thirty-five (35) years of age on the test date or meet Illinois Public Act 097-0251 previous employment requirements.

10. All Applicants listed on the eligibility list will be subject to medical examination and in-depth physiological examination.
11. Applicant must be a U.S. citizen.
12. Applicant must possess a valid driver's license. Bring your driver's license to both the physical agility test location and the written test location for identification purposes.
13. No correspondence acknowledging that your application was received will be sent to you prior to the testing date.
14. Incomplete applications shall be rejected and disqualify candidates from testing. Final decision on rejections and disqualifications will be made by the Fire Chief or his designee.

MT. VERNON FIRE AND POLICE COMMISSION

George W. "Bill" Beck, Chairperson

Robert White, Secretary

Clarence Mays, Commissioner

Lance Cusumano, Commissioner

Paula Dodillet, Commissioner

FIRE DEPARTMENT APPLICATION

Full Legal Name:		
Address:		
City/State/Zip		
Telephone:		If no phone, how can you be reached:
Email address:		

PERSONAL

Birth Date	
How long have you resided at your current address?	
If less than six months, list all previous addresses in the last six months.	
Have you ever been convicted of a felony or a crime involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please use a separate sheet of paper stating when and where it occurred and state the felony or crime that you were convicted of.	
What is your Social Security number?	- -

EMPLOYMENT

Have you ever had any experience as a firefighter?
If yes, when and where?
What is your present occupation?

Who were your employers for the past five (5) years, (including present employer?) Please list in chronological order with the most recent employer shown first.

Employer	Address	City/State	Phone	Supervisor	From:	To:

EDUCATION

Do you have a high school diploma or G.E.D.?	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.
If yes, provide the following information.	
School: _____	
Date graduated or received G.E.D.: _____	

REFERENCES

Give us three (3) names of property owners not related to you. **Do not** use the same names of those people who sign your character certificates.

Name	Address	Telephone #
1.		
2.		
3.		

I understand that misrepresentation of the facts on this or any other form shall automatically disqualify me from taking the examination and for appointment to the position I seek and is good cause for termination of my employment in the event of my appointment.

Signed: _____
Applicant

Subscribed and sworn to before me this _____ day of _____, 20__.

(Seal) _____
Notary Public

Note: You are required to immediately notify the Mt. Vernon Fire Department of any change in your address.

By mail:

Mt. Vernon Fire Department
Attn: Sara Hayes
P. O. Box 1708
Mt. Vernon, IL 62864

By telephone:

618-242-6880 opt 2

By email:

sara.hayes@mtvernon.com

CERTIFICATE OF GOOD MORAL CHARACTER

To: Board of Mt. Vernon Fire and Police Commission

I, _____, of _____
(Printed name) (Complete Address)

_____, certify that I do not hold any elected or appointed position
(Telephone number)
in any municipal, county or state government, nor in any branch of the United States Government.

I have known Mr./Ms. _____ for the past three (3) years and he/she is a person of good moral character, of correct and orderly deportment, of temperate, industrious habits, and in my opinion, is qualified in all respects for the position of Firefighter.

Additional comments: _____

I am / am not related to the Applicant.

I further certify that I am willing that this Certificate of Good Moral Character be made public.

(Signature)

CERTIFICATE OF GOOD MORAL CHARACTER

To: Board of Mt. Vernon Fire and Police Commission

I, _____, of _____
(Printed name) (Complete Address)

_____, certify that I do not hold any elected or appointed position
(Telephone number)
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a person of good moral character, of correct and orderly deportment, of temperate,
industrious habits, and in my opinion, is qualified in all respects for the position of
Firefighter.

Additional comments: _____

I am / am not related to the Applicant.

I further certify that I am willing that this Certificate of Good Moral Character be made
public.

(Signature)

BACKGROUND WAIVER

Date: _____

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Mt. Vernon Fire and Police Commission any and all information that you may have concerning me, my work record and my reputation.

Please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Mt. Vernon Fire Department.

I hereby release you and/or your employer from any liability and damage of any nature as a result of furnishing the information requested above.

Signature: _____

Address: _____

AGREEMENT

To: Mt. Vernon Board of Fire and Police Commissioners

I hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners of the City of Mt. Vernon during and after taking the examination, and during any probationary period I might be appointed to, and as a regular member of the Mt. Vernon Fire Department.

Dated this _____ day of _____, 20__.

Signature: _____

AGILITY TEST

RELEASE OF ALL LIABILITIES

The undersigned, for and in consideration of good and valuable consideration, receipt of which is hereby acknowledged, hereby releases, remises and discharges the City of Mt. Vernon, Illinois, a municipal corporation, its officers, servants, agents and employees of any and all claims, demands and liabilities to me, due to any and all injuries, losses and damages to my person which shall have been caused, or may at any time arise as the result of a certain fire examination agility test conducted by the Board of Fire and Police Commissioners of Mt. Vernon, Illinois; the intention hereof being to completely, absolutely and finally release the City of Mt. Vernon, Illinois and its officers, servants, agents and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Dated _____ (City), _____ (State) on this _____ day of _____, 20__.

Signed: _____

Witness: _____

MEDICAL EXAMINER'S CERTIFICATE

Name of Applicant: _____

Address: _____

Telephone number: _____

This is to certify that I have made a medical examination of the above person and find that he/she is physically able to take part in a firefighter's very strenuous performance test consisting of stair and ladder climb, pulling, dragging, running, and perform a search with a blacked-out mask. He/she may also participate in any additional or similar very strenuous exercise given by the Mt. Vernon Fire and Police Commission or testing bureau.

Signed: _____
Signature of Physician

Address: _____

Dated: _____