

ST. CHARLES FIRE DEPARTMENT

City of St. Charles

An Equal Opportunity Employer

2 E. Main Street

St. Charles, IL 60174

Phone: 630.377.4400

www.stcharlesil.gov

FIREFIGHTER/PARAMEDIC SUPPLEMENTAL APPLICATION

The City of St. Charles accepts for employment and promotes its employees without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, order of protection status, physical or mental handicap unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law. The City of St. Charles bases its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The City of St. Charles complies with the American with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the City of St. Charles Human Resources Department in advance.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the St. Charles Fire Department. Please furnish us with complete information as outlined in this application. Please use a typewriter or print in black ink.

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination for appointment. Any false statements on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the City of St. Charles.

**THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE
COMPLETED IN ITS ENTIRETY and ALL REQUIRED DOCUMENTS MUST BE
ATTACHED UPON SUBMISSION.**

See the [Minimum Qualifications](#).

You cannot be considered for the position unless you meet these requirements.

Any questions concerning the employment process should be directed to the Human Resources Department, City of St. Charles, 2 E. Main Street, St. Charles, IL 60174; 630.377.4446.

Minimum Requirements and Qualifications

Applicants for Firefighter/Paramedic must meet the following minimum qualifications and requirements at the time of application:

- United States citizen.
- Must have earned High School Diploma or equivalent (GED)
- Must possess a Valid Driver's License
- Certification as a Firefighter II/Basic from the Illinois Office of the State Fire Marshal as of May 1, 2015.
- Licensure as an Emergency Medical Technician – Paramedic (EMT-P) through the Illinois Department of Public Health as of May 1, 2015.
- Age 21 years of age at the time of application and under 35 years of age when the final eligibility list is posted. (or as otherwise exempt from age limitation by statute)
- Successful completion of the Candidate Physical Ability Test (CPAT) by June 20, 2015. Certification shall not be more than 1 year old as of May 1, 2015.
- Ability to furnish upon request, a copy of the following, to the extent applicable: a resume; professional licenses; training certificates; documents confirming work experience; birth certificate; high school diploma or GED certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214/Copy 4); employee evaluations; and any other employment related material as requested or required.

Application Process

The Employment Application must be submitted online at www.stcharlesil.gov/jobs. This required Supplemental Application is posted on the website in PDF format for printing purposes only and cannot be submitted electronically. Please thoroughly complete the online application first, and then submit the supplemental application and documentation in person to the City of St. Charles Human Resources office no later than 4:30 p.m. Friday, May 1, 2015. (Hours are M-F 8:00 a.m. to 4:30 p.m. and phone is (630) 377-4446).

Applications are only considered complete when the on-line application has been completed, AND the required documents and forms listed below have been submitted.

Copies of the following documents must accompany the application materials:

- Birth Certificate (copy)
- Driver's License (copy)
- High School diploma or GED (copy) *College diploma not acceptable substitute
- State of Illinois FF II Certificate (copy)
- IL current IDPH Paramedic License (copy)
- CPAT Certification (copy) or by the orientation/written test date of 6/20/15
- Military discharge (DD214/copy 4, if available)
- Disqualification Statement
- Acknowledgement and General Release of All Claims Form
- Authorization to Release Information Form
- Consumer Disclosure and Authorization Form
- Data Collection Form (optional)

REQUIRED DOCUMENTS & APPLICATION CHECKLIST

The following is a checklist to ensure you complete the supplemental application packet as required and attach and return copies of all required certificates and other documentation.

Complete the on-line application prior to submitting documentation.

This form must be submitted with the documentation.

- Submitted the Online Employment Application at www.stcharlesil.gov/jobs
- Attached resume in the online application
- Submit this completed application packet to the St. Charles Human Resources Department including the following required documents:

Photocopy of: (Check the boxes of included documents)

- Birth Certificate
- Driver's License
- High School Diploma
- Firefighter II/Basic Certificate
- Paramedic License
- CPAT Certification
- Military discharge (DD214/Copy4, if applicable)

- Signed Disqualification Statement
- Signed Acknowledgement and General Release of All Claims Form
- Signed Authorization to Release Information Form
- Signed Consumer Disclosure and Authorization Form
- Data Collection Form (optional)

Applications are considered complete when the on-line application has been completed, AND the required documents and forms has been submitted in person to the St. Charles Human Resources Department 2 E. Main Street, St. Charles, IL 60174 (hours are M-F 8 a.m. to 4:30 p.m.) (630) 377-4415.

Application deadline is 4:30 p.m. Friday, May 1, 2015

Applicant signature: _____ **Date:** _____

Internal Use Only

Date and Time Received: _____ **HR Staff Initials:** _____

COMPLETE & RETURN THE FOLLOWING PAGES; ATTACH ALL REQUIRED FORMS & DOCUMENTS

Name _____
 Last First Middle

Address _____
 Number & Street City State Zip

Home Phone Number (_____) Cell Phone Number (_____) _____

Email address: _____

Are you a U.S. Citizen? YES ___ NO ___
 Do you have a valid driver's license? YES ___ NO ___
 Do you meet the minimum requirements for this position? YES ___ NO ___

EDUCATION

List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:

PERSONAL HISTORY AND CONVICTION INFORMATION (for background investigation purposes)

You are not obligated to disclose criminal history records that have been sealed, impounded, or expunged.

List all names or aliases you have used, or have been known by _____

Date of birth _____

Drivers license number _____ State _____ Expiration date _____

Have you ever had a driver's license in any other state? YES ___ NO ___ If YES, where? _____

Has your license ever been suspended or revoked, or have you ever been issued a judicial driving permit?
 YES ___ NO ___

If YES, please explain _____

Have you ever been convicted of a felony or misdemeanor in any jurisdiction? YES ___ NO ___

If YES, provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case

Have you ever been placed on probation? YES ____ NO ____

If YES, explain: _____

Have you ever been the respondent or named in an order of protection in any state? YES ____ NO ____

If YES, explain: _____

Have you ever used marijuana or any other illegal drug? YES ____ NO ____

Have you ever been involved with the sale and/or distribution of illegal drugs? YES ____ NO ____

If the answer to either of these questions is YES, explain:

List all traffic convictions and accidents you have been involved in during the last seven (7) years:

Date of Incident	Jurisdiction	Type of Offense	Disposition of Case

LIST ALL ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

Address _____
Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
Number & Street _____ City _____ State _____ Zip _____ Date Range _____

EMPLOYMENT HISTORY

Have you ever received formal discipline during your employment as a law enforcement officer, such as written reprimands, suspension, etc.? YES ____ NO ____

If "YES", please attach a separate sheet with explanation for each incident, including the employer's name and dates of occurrence.

Have you ever been discharged or forced to resign from any employment? YES ____ NO ____

If "YES", please attach a separate sheet with explanation for each incident, including the employer's name and date of occurrence.

REFERENCES

Please list five (5) adults not related to you and not former employers, whom you have known for at least three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The St. Charles Fire Department or its designee reserves the right to contact the references at any time.

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____ Business phone _____

Occupation _____ Number of years acquainted _____

Email address _____

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____ Business phone _____

Occupation _____ Number of years acquainted _____

Email address _____

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____ Business phone _____

Occupation _____ Number of years acquainted _____

Email address _____

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____ Business phone _____

Occupation _____ Number of years acquainted _____

Email address _____

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____ Business phone _____

Occupation _____ Number of years acquainted _____

Email address _____

DISQUALIFICATION NOTICE

The Rules and Regulations of the St. Charles Board of Fire and Police Commissioners (BFPC) govern the testing and hiring processes. According to the Rules, the BFPC may refuse to examine or, after examination, refuse to certify as eligible, or refuse to hire, a candidate who:

- a. is found lacking in any of the established preliminary requirements for the service for which he or she applies;
- b. is physically unable to perform the essential duties of the position to which he or she seeks appointment with or without a reasonable accommodation;
- c. abuses alcohol ,drugs or illegal narcotics (including but not limited to any marijuana use within the last 3 years and/or narcotics use within the last 5 years);
- d. has been convicted of a felony or any crime involving moral turpitude; no firefighter or police officer candidate shall be disqualified for any misdemeanor convictions except those listed in 65 ILCS 5/10-2.1-6 of the BFPC Act;
- e. has been dismissed for disciplinary reasons from any public service for good cause;
- f. has been or attempted to be deceptive or fraudulent in his or her application;
- g. is lacking in personal qualifications, educational requirements, or health qualifications;
- h. has character and/or employment references that are unsatisfactory;
- i. has applied for a position of firefighter/paramedic or police officer and is or has been classified by his or her Local Selective Service Draft Board as a conscientious objector;
- j. has been previously disqualified as an eligible candidate by the BFPC from an existing St. Charles eligibility list; and/or
- k. has been previously disqualified for employment with the City of St. Charles due to the failure of a polygraph exam, or background investigation.

I, as a prospective candidate for a position with the City of St. Charles, have read and understood these standards for disqualification.

Print Name: _____

Applicant Signature: _____

Date: _____

ACKNOWLEDGMENT and GENERAL RELEASE OF ALL CLAIMS

Read the following carefully before signing.

I, the undersigned, certify that I have read and fully comprehend this application for employment in its entirety. I acknowledge that the information provided on this application for employment and other submitted application materials is true, complete, and correct to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment / other submitted application materials, whenever or however discovered, may result in the rejection of my application for employment or termination of employment without notice or benefits.

In consideration of my participation in the employment process, I authorize an investigation by the St. Charles Police Department, St. Charles Fire Department, the City of St. Charles or its officials, employees, appointees, contractors, agents or representatives – jointly termed “the Employer” - of my employment history, background and criminal history, credit history, education, military service, and activities. I authorize the Employer to request and receive such information. I authorize my current / former employers to furnish their records of my service, my reasons for leaving their employ, and all other information they may have concerning me, to the Employer. I understand that the Employer is not responsible for the accuracy or completeness of the information contained in any reports. I agree to cooperate in such an investigation. I hereby fully release and discharge the Employer, its successors, heirs, executors, administrators and assigns, from all rights, claims, and damages, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever, which I may have against the Employer arising out of my participation in the employment process. This release is intended to release all claims for injuries, damages, or loss of any kind whatsoever to me, my persons or property, real or personal, whether known, unknown, foreseen, or unforeseen which I may have against the Employer. I understand and acknowledge the significance and consequences of such specific intention to release all claims and do hereby assume full responsibility for any and all expenses, liabilities, injuries, damages, and/or losses that may incur from participating in the employment process.

I understand that all tests, assessments, and results thereof become the property of the St. Charles Board of Fire and Police Commissioners and are not subject to review.

I understand that submission of an application for employment does not obligate the Employer to engage in further review of my application for employment. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the Employer to employ me.

Print Name: _____

Applicant Signature: _____

Date: _____

In signing this document, I understand that I am releasing or giving up certain potential legal rights. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release.

Printed Name _____

Signature _____

Date _____

AUTHORIZATION TO RELEASE INFORMATION

Date _____

TO WHOM IT MAY CONCERN:

I hereby authorize a comprehensive investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith, and permit the Board of Fire and Police Commissioners, St. Charles Fire Department, St. Charles Police Department, the City of St. Charles or its officials, employees, appointees, contractors, agents or representatives – jointly termed “the Employer” - to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the St. Charles Fire Department.

I also authorize my previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to the Employer. Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the Employer, from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information.

As part of the procedure for processing my employment application, an investigative inquiry may be made into my background, which will concern my character and general reputation. Under the Fair Credit Reporting Act, I am entitled, upon my written request, to receive information as to the nature and scope of the investigation.

I also consent to the release to the Employer of any and all medical records prepared during the physical examination I am required to undergo for employment with the St. Charles Fire Department.

If I have had any questions concerning the application process, I have contacted the Board of Fire and Police Commissioners and discussed those questions with the Commissioners to my satisfaction.

A duplicate of this form shall carry the same force as the original. This document is effective for two years from date indicated above.

Printed Name: _____

Applicant Signature: _____

Street Address, City, State, Zip: _____

If you have any questions, please contact: Joe Schelstreet
Fire Chief
630.377.4458

Consumer Disclosure and Authorization Form

Disclosure Regarding Background Investigation

City of St. Charles ("the Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by The Company, throughout your employment or your contract period.

Backgrounds Online will prepare or assemble the background checks for the Company. Backgrounds Online is located and can be contacted by mail at 1915 21st Street, Sacramento, California 95811, and by phone at 800-838-4804. Their website can be found at <http://www.backgroundsonline.com>.

The types of information that may be obtained include, but are not limited to: social security number verifications, address history, credit reports and history; criminal records and history; public court records; driving records; worker's compensation claims, bankruptcy filings; educational history verifications (such as dates of attendance and/or degrees obtained); employment history verifications (such as dates of employment, salary, reasons for termination, etc); personal and professional reference interviews; professional licensing and certification checks; drug/alcohol testing results; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates and other information sources.

You may request more information about the nature and scope of any investigative consumer reports by contacting The Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices

If you are a California, Maine, Massachusetts, New York or Washington applicant, employee or contractor, please also note:

California: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by Backgrounds Online during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Backgrounds Online's offices in person, during normal business hours and on reasonable notice, by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Backgrounds Online has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from The Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

Massachusetts: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

New York: You have the right, upon request to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

Washington: If The Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from The Company a complete and accurate disclosure of the nature and scope of the investigation requested by The Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

California, Minnesota and Oklahoma Applicants only:
Check box if you request a copy of any consumer report ordered on you.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed _____ Today's Date _____
Printed Name _____ Position Applied For _____
Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?
Former Address: _____
Street Apt.# City State Zip Code How long here?
Former Address: _____
Street Apt.# City State Zip Code How long here?

May we contact your current employer? Yes No

Applicants under 18 years of age must have a parent or court appoint guardian sign this Authorization of Background Investigation

Parental Consent: I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. Furthermore, I hereby understand and agree to the conditions of this Release as described above.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Name _____

Summary of Consumer Rights Under the Fair Credit Reporting Act

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal **Fair Credit Reporting Act (FCRA)** promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to: www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened offers” for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center--FCRA Washington, DC 20580 (877) 382- 4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St., N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

New York Article 23-A Correction Law

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings: (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission. (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons. (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question. (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm. (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors: (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses. (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities. (d) The time which has elapsed since the occurrence of the criminal offense or offenses. (e) The age of the person at the time of occurrence of the criminal offense or offenses. (f) The seriousness of the offense or offenses. (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct. (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public. 2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



2 E. Main Street
St. Charles, IL 60174
630.377.4400

The City of St. Charles collects the following information to evaluate its recruitment practices. Disclosure of information is on a voluntary basis. The information disclosed is confidential and will be maintained separate from your employment application. Submission or non-submission of this form shall not be used as a factor concerning eligibility for employment.

Position applied for: FIREFIGHTER/PARAMEDIC

Recruitment Date: APRIL 2015

Name _____

Gender Male Female

Race

- American Indian / Native Alaskan
 - Asian / Pacific Islander
 - Black
 - Hispanic
 - White
-

How did you learn of this opportunity?

- Website posting – please indicate _____
- Newspaper ad – please indicate _____
- Informed by a current City of St. Charles employee
- Informed by a friend / relative
- Church / other religious institution – please indicate _____
- Community agency / organization – please indicate _____
- School / college posting – please indicate _____
- Other – please indicate _____