

Form 3

**OSWEGO FIRE PROTECTION DISTRICT  
PREFERENCE POINTS FOR FIREFIGHTER CANDIDATES**

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After the initial eligibility list is created, candidates who are eligible for preference points may submit a claim for these points in writing to the Board of Fire Commissioners on its standard form. This claim must be made within ten (10) days after the posting of the initial eligibility list or the points will be deemed waived. Applicants may claim up to four types of preference points:

1. **Experience Preference Points**

Applicants who have been employed by the District as paid-on-call or part-time certified Firefighter II, certified Firefighter III, State of Illinois or nationally licensed EMT-B or EMT-I, licensed paramedic, or any combination of those capacities shall be awarded one half (1/2) preference point for each year of successful service up to a maximum of five (5) preference points.

Applicants from outside the District who have been employed as full-time firefighters or firefighter-paramedics for at least two (2) years at another fire protection district or municipality shall be awarded one (1) preference point for each year of successful service up to a maximum of five (5) preference points.

The Board shall prorate the awarding of the points based on partial years of experience under this section. Proof of such service must include submission of copies of applicable certificates and a sworn affidavit by the applicant (see **Appendix A, Form 4**). Note that proof of POC or full-time service may be verified by the District. No person shall be awarded more than the maximum of five (5) preference points for experience.

2. **Veteran's Preference Points**

Applicants who served in the United States military actively for at least one year and who were honorably discharged or are now on inactive or reserve duty shall receive five (5) preference points. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service, evidence of the honorable discharge and a sworn affidavit by the applicant.

3. **Educational Preference Points**

Applicants who have successfully obtained an associate's degree in the field of law enforcement, criminal justice, fire service, or emergency medical services, or a bachelor's degree from an accredited college or university shall receive five (5) preference points. A copy of a diploma must be included with the request for preference points as proof of the attainment of degree.

4. **Paramedic Preference Points**

Applicants who have obtained certification as an Emergency Medical Technician-Paramedic (EMT-P) shall receive from one (1) preference point.

Form 4

**OSWEGO FIRE PROTECTION DISTRICT  
PREFERENCE POINT CLAIM FORM AND AFFIDAVIT**

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If you wish to claim preference points for the final eligibility list for hire with the Oswego Fire Protection District, please complete the following form and submit it with any required attachments within ten (10) days after the posting of the initial eligibility list. Failure to submit the request within ten (10) days shall be deemed a waiver of the points.

**A. Experience Preference Points**

Please state the relevant dates of successful service in the following capacities and attach Firefighter II, Firefighter III and/or Paramedic Certificates; do not include employment with any private company or service even if that employment provided service to a fire district or municipality.

1. **Oswego Protection District  
Part Time Firefighter II and/or Paramedic**

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

2. **Oswego Fire Protection District  
Part Time Firefighter III**

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

3. **Full-time Firefighter II and/or Paramedic**

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

4. **Full-time Firefighter III**

Name of Department/District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

**B. Veteran's Preference Points**

Please state the following information regarding your military service and attach form DD-214 (long form) and proof of honorable discharge:

Branch of Service: \_\_\_\_\_

Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Date of Honorable Discharge: \_\_\_\_\_

**C. Educational Preference Points**

Please state the following information regarding your educational background and attach copies of diplomas as proof of the attainment of a degree:

College Attended: \_\_\_\_\_

Dates of Attendance (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

College Attended (if applicable): \_\_\_\_\_

Dates of Attendance (month/date/year): \_\_\_\_\_ to \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

**D. Paramedic Preference Points**

Please state the following information regarding your paramedic certification and/or licensure and attach copies all licenses, certificates and registrations as proof of licensure.

State of Illinois Paramedic License Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Other Paramedic License Number: \_\_\_\_\_

Issuing Body (state of national authority): \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Applied for Illinois License: Yes: \_\_\_\_\_ No: \_\_\_\_\_

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

**CANDIDATE'S AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn on oath, state  
**Name of Candidate**

that the information set forth in my Oswego Fire Protection District Preference Point Claim Form is true and correct. I understand that any misrepresentation, falsification, or material omission may result in my application no longer being considered by the District, removal from the hiring list, and/or dismissal from the District.

\_\_\_\_\_  
**Candidate's Signature**

Subscribed and Sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_  
Notary Public

\_\_\_\_\_

**For District Use Only**

Date Initial Eligibility was posted: \_\_\_\_\_

Date of Submission of Claim Form: \_\_\_\_\_

Received by: \_\_\_\_\_

Form 6

**OSWEGO FIRE PROTECTION DISTRICT  
VERIFICATION OF EMPLOYMENT DATA FORM**

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To the Employer:

\_\_\_\_\_ has requested preference points pursuant to Section 16.07 of the Fire Protection District Act, for the final eligibility list for hire with the Oswego Fire Protection District. Before the Commission awards these points, we ask that you complete the following form which we will use to verify information supplied to us by the applicant. Please use the date that the applicant obtained certification as the beginning date unless he or she had the certification prior to employment.

If you are unable to return this form by \_\_\_\_\_, please contact \_\_\_\_\_.

Thank you very much,

Board of Fire Commissioners  
Oswego Fire Protection District

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I, the undersigned, on behalf of \_\_\_\_\_, (hereinafter the "Department")  
(Fire Protection District or Municipality)

\_\_\_\_\_  
(Address)

hereby certify that \_\_\_\_\_ was/has been employed with the Department in  
(Applicant)

the following capacities:

1. **Full-time Firefighter II and/or Paramedic**

Dates of service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_.

2. **Full-time Firefighter III**

Date of Service (month/date/year): \_\_\_\_\_ to \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title