

# ALGONQUIN-LAKE IN THE HILLS FIRE PROTECTION DISTRICT

1020 West Algonquin Road  
Lake in the Hills, IL 60156  
847.658.8233 | fax 847.854.2609

[WWW.ALFPD.ORG](http://WWW.ALFPD.ORG)



## **Algonquin-Lake in the Hills Fire District Deputy Chief (External)**

### **Position Qualifications:**

A Bachelor's degree in a related field from a four-year university and work experience specific to the position that exhibits qualifications as a Chief Officer managing multiple people and multiple projects. Graduate work and/or a master's degree in Public Administration, Human Resource Management, Fire and Emergency Management or Business Administration and Finance is preferred.

The State of Illinois certified Advanced Fire Officer or Fire Officer II is required. Completion of NIMS IS100, IS200, IS300, IS400, IS700 and IS800 required at time of appointment. Must have an Illinois EMT-B or Paramedic license. Must have five (5) years of progressively responsible experience as a Chief Officer in a medium to large fire protection district or municipal fire department. Experience as an incident commander managing multiple companies at emergency incidents is necessary. Also necessary is experience managing budgets, programs and projects. Background and experience with a combination full-time and part-time fire department is desired. Special Teams certifications in the State of Illinois are preferred.

The Deputy Chief's position requires excellent interpersonal relationship skills, effective communication skills, extensive management skills, and the ability to work well with teams and supervisors throughout the district.

The ideal candidate will have a highly productive work ethic and demonstrate the ability to lead calmly under pressure while uncompromisingly pursuing the goals of the fire district.

Must be able to pass all components of the selection process, an extensive background check and medical exam, including drug testing.

Residency within twenty (20) miles of Algonquin-Lake in the Hills Fire Protection District Station 1, 1020 West Algonquin Road, Lake in the Hills, IL 60156 is required within twelve (12) months from the date of appointment.

The current salary range for this position is \$150,000 - \$160,000 plus a comprehensive benefit package. Upon recommendation of the Fire Chief, this position is appointed by the Board of Trustees and is a non-commissioned rank.

Application, letter of intent, resume and copies of certifications will be accepted until Friday, **April 12, 2024 at 12:00PM.**

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The tentative timeline for the selection process is:

1. Oral interview with Fire Chief and panel – week of April 29, 2024
2. Leadership Assessment Center – week of May 6, 2024
3. Final Interview – week of May 20, 2024

The anticipated starting date for the Deputy Chief is June 2024.

The Algonquin-Lake in the Hills Fire Protection District reserves the right to alter the schedule if deemed necessary. Updates will be communicated via email to candidates.

Interested individuals shall submit their application, letter of intent, resume and copies of certifications in person at:

Algonquin-Lake in the Hills Fire Protection District Station 1  
1020 West Algonquin Road, Lake in the Hills, IL 60156,  
Monday – Friday from 8:00am – 4:00pm.

Emailed application, letter of intent, resume and copies of certifications will not be accepted.

The Algonquin-Lake in the Hills Fire Protection is not responsible for any application documents that are mailed and not received or received after the application deadline.

Completed package dropped off after **Friday, April 12, 2024 12:00PM** will not be accepted.

The application can be found at [www.alfpd.org](http://www.alfpd.org)

Questions regarding the testing and hiring process may be directed to Fire Chief John Knebl at 847-658-8233 or [jknebl@alfpd.org](mailto:jknebl@alfpd.org)



# ALGONQUIN – LAKE IN THE HILLS FIRE PROTECTION DISTRICT

1020 W. Algonquin Road  
Lake in the Hills, Illinois 60156  
(847) 658-8233

## APPLICATION FOR DEPUTY CHIEF

### PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle Suffix

List Any Other Names That You  
Have Used or Have Been Known As: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License Class: \_\_\_\_\_

Driver's License State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are You A United States Citizen? ☐ Yes ☐ No

If Not, Have You Applied for United States Citizenship? ☐ Yes ☐ No

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_  
Last First Middle Suffix

Address: \_\_\_\_\_  
Number & Street City State Zip Code

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## RESIDENTIAL HISTORY

Please List All Former Addresses For The Past Ten (10) Years In Chronological Order:

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Years Resided: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Years Resided: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Years Resided: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Years Resided: \_\_\_\_\_

## MILITARY SERVICE RECORD

Are You Now or Have You Ever Been in The United States Armed Forces?

☐ Yes

☐ No

Branch Of Service: \_\_\_\_\_

Period Of Service: \_\_\_\_\_

Are You Now or Were You Ever an Active Member of Any Branch of United States Military Reserve or The National Guard?

☐ Yes

☐ No

Branch Of Service: \_\_\_\_\_

Period Of Service: \_\_\_\_\_



## EDUCATION

Please Check Your Highest Level of Education Completed:

GED Certificate: ☐

High School: ☐

College: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Graduate School: ☐

Master's degree: ☐

Doctoral Degree: ☐

Please Complete The Following Information For Each School Attended:

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

Number & Street City State Zip Code  
**Date Attended:** \_\_\_\_\_ **Graduate?** ☐ Yes ☐ No

**College Name:** \_\_\_\_\_

**College Address:** \_\_\_\_\_

Number & Street City State Zip Code  
**Date Attended:** \_\_\_\_\_ **Graduate?** ☐ Yes ☐ No

**Graduate School Name:** \_\_\_\_\_

**Graduate School Address:** \_\_\_\_\_

Number & Street City State Zip Code  
**Date Attended:** \_\_\_\_\_ **Graduate?** ☐ Yes ☐ No

**Doctoral Institution:** \_\_\_\_\_

**Doctoral Institution Address:** \_\_\_\_\_

Number & Street City State Zip Code  
**Date Attended:** \_\_\_\_\_ **Graduate?** ☐ Yes ☐ No

Please List Any & All Degrees Attained:

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## EMPLOYMENT HISTORY

Please List All Jobs That You Have Held in The Past Ten (10) Years In Chronological Order Starting With Your Current Employment. Please Include Periods of Unemployment.

Also, Include Military Service Along with Temporary or Part-Time Employment.

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: \_\_\_\_\_ Period Of Employment: \_\_\_\_\_

Job Description / Position Held: \_\_\_\_\_

Supervisor' Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May We Contact Them? ☐ Yes ☐ No

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: \_\_\_\_\_ Period Of Employment: \_\_\_\_\_

Job Description / Position Held: \_\_\_\_\_

Supervisor' Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May We Contact Them? ☐ Yes ☐ No

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: \_\_\_\_\_ Period Of Employment: \_\_\_\_\_

Job Description / Position Held: \_\_\_\_\_

Supervisor' Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May We Contact Them? ☐ Yes ☐ No

**Employers Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **Period Of Employment:** \_\_\_\_\_

**Job Description / Position Held:** \_\_\_\_\_

**Supervisor' Name:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

**May We Contact Them?** ☐ Yes ☐ No

**Employers Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **Period of Employment:** \_\_\_\_\_

**Job Description / Position Held:** \_\_\_\_\_

**Supervisor' Name:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

**May We Contact Them?** ☐ Yes ☐ No

**Have You Ever Been Suspended or Terminated, Other Than For Economic Layoff, From Any Prior Employment?**

☐ Yes ☐ No

**If Yes, Please Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have You Ever Resigned From Any Employment Position Because Of Misconduct Or Unsatisfactory Performance Or While Under Investigation?**

☐ Yes ☐ No

**If Yes, Please Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## DEPUTY CHIEF MINIMUM QUALIFICATIONS

Years of Service in The Rank of Chief Officer: \_\_\_\_\_

Bachelor's Degree: ☐ Yes ☐ No Institution: \_\_\_\_\_

### State Of Illinois Certification:

Fire Officer II: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

Incident Safety Officer: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

EMT-B Or Paramedic: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

### National Incident Management System Certification:

IS100: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

IS200: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

IS300: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

IS400: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

IS700: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

IS800: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

## DEPUTY CHIEF PREFERRED QUALIFICATIONS

Master's Degree: ☐ Yes ☐ No Institution: \_\_\_\_\_

### National Fire Academy Certification:

Executive Fire Officer ☐ Yes ☐ No Certification Date: \_\_\_\_\_

### State Of Illinois Certification:

Fire Officer III: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

Chief Officer: ☐ Yes ☐ No Certification Date: \_\_\_\_\_

Special Teams Certifications: \_\_\_\_\_



## LEGAL & TRAFFIC HISTORY

Have You Ever Been Convicted of a Crime Other Than Minor Traffic Violations?

☐ Yes

☐ No

If The Answer To The Above Question Is Yes, Please Explain Below. If More Room Is Needed, Please Type on A Separate Piece of Paper & Attach.

Date Of Incident: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Offense: \_\_\_\_\_

Disposition Of Case: \_\_\_\_\_

Date Of Incident: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Offense: \_\_\_\_\_

Disposition Of Case: \_\_\_\_\_

Date Of Incident: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Offense: \_\_\_\_\_

Disposition Of Case: \_\_\_\_\_

Please List All Traffic Convictions & Accidents You Have Had in The Last Four Years. If More Room Is Needed, Please Type on A Separate Piece of Paper & Attach.

Date Of Incident: \_\_\_\_\_ Location : \_\_\_\_\_

Violation: \_\_\_\_\_

Disposition Of Case: \_\_\_\_\_

Date Of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Violation: \_\_\_\_\_

Disposition Of Case: \_\_\_\_\_

Date Of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Violation: \_\_\_\_\_

Disposition Of Case: \_\_\_\_\_

## PERSONAL REFERENCES

Please List Three Personal References (Adults Not Related to You & Not Former Employers, Who Have Known You for More Than Three (3) Years.) All Persons to Whom You Refer Will Be Asked to Appraise Your Character, Ability, Experience, Personality, & Other Qualities.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please List Any Organizations You Are An Active Member Of Or Donate Time To Both Professionally & In Your Personal Life:

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

## PROFESSIONAL REFERENCES

**Please List Three Professional References. All Persons to Whom You Refer Can Vouch For Your Qualifications For This Job Based On Their Insight Into Your Work Ethic, Skills, Professional Strengths, & Achievements.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_



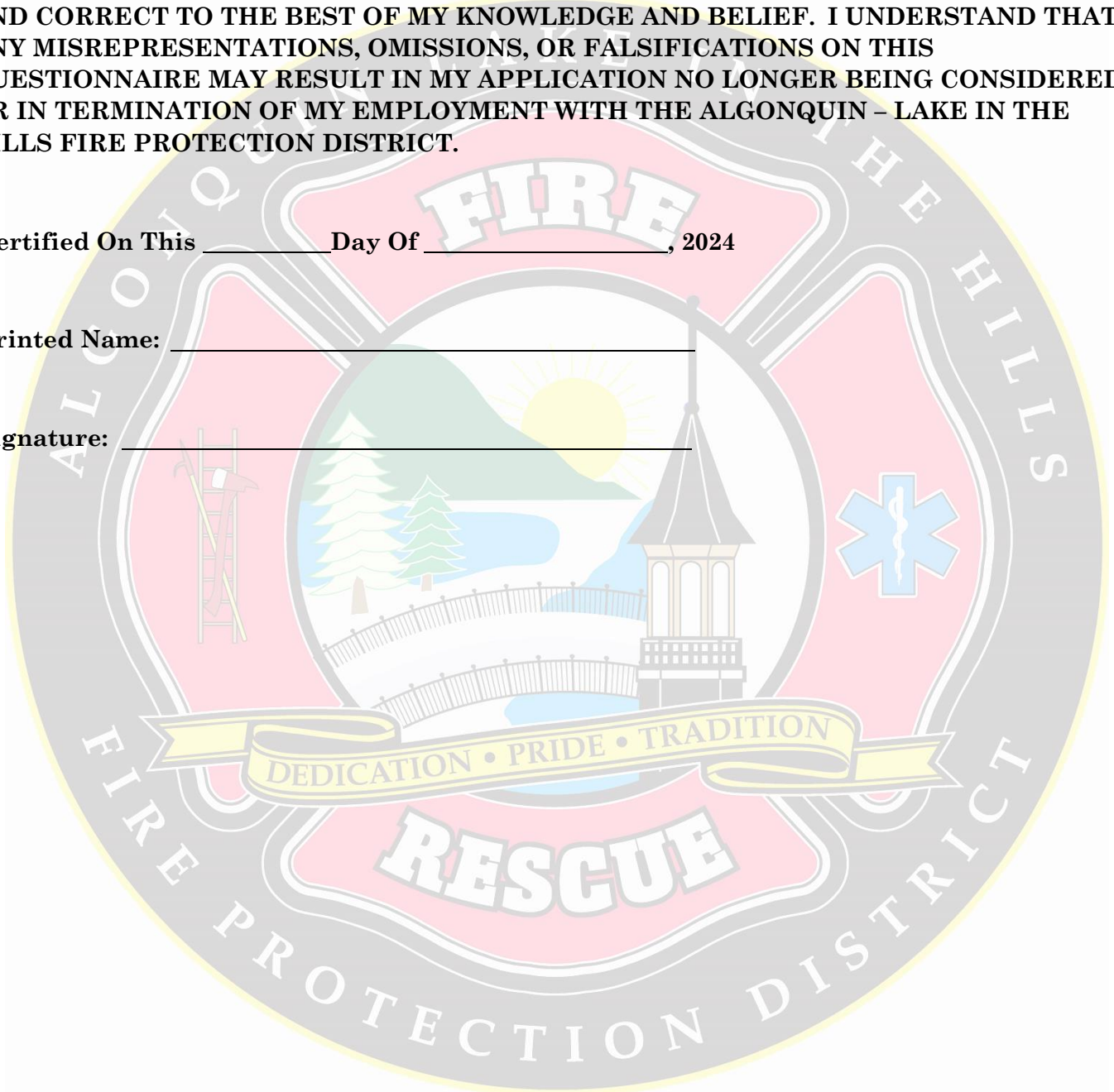
## CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS, AND I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS ON THIS QUESTIONNAIRE MAY RESULT IN MY APPLICATION NO LONGER BEING CONSIDERED OR IN TERMINATION OF MY EMPLOYMENT WITH THE ALGONQUIN - LAKE IN THE HILLS FIRE PROTECTION DISTRICT.

Certified On This \_\_\_\_\_ Day Of \_\_\_\_\_, 2024

Printed Name: \_\_\_\_\_

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





## ADDITIONAL INFORMATION

**Please Use This Additional Page to Add Any Additional Information From Previous Sections That Did Not Fit In The Appropriate Area Of The Application.**

