

## All applicants:

- Must submit the following
  - Copy of a high school diploma or equivalent;
  - Copy of a birth certificate;
  - Copy of a DD214 Military Release form (if applicable).
- Must be at least 21 years old and have a valid Illinois Driver's License, or be able to obtain a valid Illinois Driver's License.
- Must consent to a complete background investigation.
- Must consent to submit to possible drug screen urinalysis, written, physical and/or strength exams.

**INSTRUCTIONS:** *Please print or type all information.* The application must be filled out accurately and completed. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance. If you need additional room for answers, attach a blank sheet and label your answer with the corresponding question number.

1. Please fill out the following personal information about yourself.

1a. Name	1g. Social Security Number - - -
1b. Position Applying For	1h. Desired Salary Range from \$ _____ to \$ _____
1c. Type of Employment Desired Full-Time _____ Part-Time _____	1i. Relationship Status Married _____ Single _____ Divorced _____
1d. Home Telephone ( ) -	1j. Business Telephone ( ) -
1e. Cell Phone ( ) -	1k. E-mail Address _____@_____.
1f. Your Present Age	1l. Date of Birth ____/____/____

<p>2. List any other names or aliases you have been known by and explain the reasons for use of such name(s). _____ _____ _____</p> <p>3. Have you ever been employed by the City of Petersburg? YES _____ NO _____ If yes, please provide the following information:</p> <p>3b. Department Employed By: _____</p> <p>3c. Position Held: _____</p> <p>3d. Dates Employed: ____/____/____ to ____/____/____</p> <p>3e. Reason for Leaving: _____</p>	<p>4. What is your present address? _____ Street Address</p> <p style="text-align: center;">       </p> <p style="text-align: center;">City State Zip County</p> <p>5. What is your permanent legal address? _____</p> <p style="text-align: center;">       </p> <p style="text-align: center;">City State Zip County</p>
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6. List your former addresses for the last ten (10) years or back to your eighteenth (18th) birthday.				
Street Address	City	State	Zip	Length of Residency Years: _____ Months: _____
Street Address	City	State	Zip	Length of Residency Years: _____ Months: _____
Street Address	City	State	Zip	Length of Residency Years: _____ Months: _____
Street Address	City	State	Zip	Length of Residency Years: _____ Months: _____
Street Address	City	State	Zip	Length of Residency Years: _____ Months: _____

<p>7. Are you a natural born citizen of the United States? YES _____ NO _____</p> <p>8. Are you a naturalized citizen of the United States? YES _____ NO _____</p> <p>9. Have you any defect of sight, hearing of speech, or any mental or physical disability, incapacity, or infirmity that would prevent you from performing all essential job functions of a police officer? YES _____ NO _____</p> <p>If yes, please explain in detail: _____ _____</p> <p>10. Do you use or have you ever used marijuana, cocaine, methamphetamine, ecstasy, narcotics, or controlled substance not prescribed by a physician or other authorized medical personnel? YES _____ NO _____</p> <p>If yes, please explain in detail: _____ _____</p> <p>11. Have you ever undergone treatment or sought counseling for a drug-related or alcohol problem? YES _____ NO _____</p> <p>If yes, please explain in detail: _____ _____</p>	<p>12. If you are married, list the following information: Please check here if not married and move to Section # 14. _____</p>	
	12a. Spouse's Last Name	12i. Spouse's Place of Employment
12b. Spouse's First Name	12j. Employment Address	
12c. Spouse's Middle Name	12k. Employment City	
12d. Spouse's Maiden Name	12l. Employment State	
12e. Home Telephone, if different from yours (       ) -	12m. Employment Zip	
12f. Date of Marriage /       /	12n. Employment County	
12g. City of Marriage	12o. Work Telephone	
12h. State of Marriage	12p. Does your spouse live at an address different from yours? YES _____ NO _____ If yes, see Section #13.	

13. List your spouse's present address (if different from yours).		13a. Street Address	
13b. City	13c. State	13d. Zip	13e. County

14. List the following information for any <b>Grade School(s) and Junior High School(s)</b> you have attended.				
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. List the following information for any <b>High School(s), Vocational School(s) or Correspondence School(GED)</b> you have attended.				
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

16. List the following information for any <b>post-high school education</b> you have had.				
Name	City, State, Zip	Dates of Attendance from                      /	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address	Subject Studies or Majored In	to                      /	Honors or Awards Earned	
Name	City, State, Zip	Dates of Attendance from                      /	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address	Subject Studies or Majored In	to                      /	Honors or Awards Earned	
Name	City, State, Zip	Dates of Attendance from                      /	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address	Subject Studies or Majored In	to                      /	Honors or Awards Earned	

17. List any <b>law enforcement related schools or training</b> and the applicable information.				
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Street Address	City, State, Zip	Dates of Attendance from                      to	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

18. List any special qualifications and skills that you possess that would be beneficial to the position for which you are applying (EMT, CPR, Water Safety, etc.).

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19. List any information about your <b>military service</b> (if applicable). Please check here if you have never served in a military branch and move to Section #22. _____		
19a. Branch	19b. Date of Entry /                      /	19c. Date of Separation /                      /
19d. Rank at Discharge	19e. Serial Number	19f. Total Length of Active Service Years:                      Months:

19g. List all station assignments and off base housing addresses. _____ _____ _____		19h. Did you receive an honorable discharge? YES _____ NO _____ If no, please explain in detail: _____ _____	
20a. Are you now, or have you ever been a member of the National Guard? YES _____ NO _____ If <b>yes</b> , please answer the following. If <b>no</b> , please move to Section #21.			
20b. State	20c. Regiment	20d. Unit	20e. Rank
20f. Date of Entry / /		20g. Date of Separation / /	
		20h. Total Length of Active Service Years: Months:	

21. Have you ever received any disciplinary action while in the military service, either active or reserve? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. List below ALL of your employers you have worked for on a full-time, part-time, or seasonal basis for the last ten (10) years or since your eighteenth (18th) birthday. Begin with your present employer and work backwards until you finished with your employer of ten (10) years ago or your eighteenth (18th) birthday. Also fill in periods of unemployment, showing dates and reasons for unemployment. Enter this data under "Additional Comments". Military services and periods of schooling must be included. **If self employed or during periods of self employment, list references that you have done business with.**

Name of Employer	Hours Per Week	Starting Salary \$	Ending Salary \$	May we contact your present employer? YES _____ NO _____
Street Address of Employer	City of Employer		State of Employer	Telephone Number of Employer ( ) -
Employment Dates from / to /	Name of Immediate Supervisor		Title of Immediate Supervisor	
Job Title	Description of Duties			Number of Employees Supervised (if applicable)
Reason for leaving (if terminated, please explain in detail): _____ _____ _____			Additional Comments: _____ _____ _____	

Name of Employer	Hours Per Week	Starting Salary \$	Ending Salary \$	May we contact your present employer? YES _____ NO _____
Street Address of Employer	City of Employer		State of Employer	Telephone Number of Employer ( ) -
Employment Dates from / to /	Name of Immediate Supervisor		Title of Immediate Supervisor	
Job Title	Description of Duties			Number of Employees Supervised (if applicable)
Reason for leaving (if terminated, please explain in detail): _____ _____ _____			Additional Comments: _____ _____ _____	

Name of Employer	Hours Per Week	Starting Salary \$	Ending Salary \$	May we contact your present employer? YES ____ NO ____
Street Address of Employer	City of Employer	State of Employer		Telephone Number of Employer ( ) -
Employment Dates from / to /	Name of Immediate Supervisor		Title of Immediate Supervisor	
Job Title	Description of Duties			Number of Employees Supervised (if applicable)
Reason for leaving (if terminated, please explain in detail): _____ _____ _____			Additional Comments: _____ _____ _____	

Name of Employer	Hours Per Week	Starting Salary \$	Ending Salary \$	May we contact your present employer? YES ____ NO ____
Street Address of Employer	City of Employer	State of Employer		Telephone Number of Employer ( ) -
Employment Dates from / to /	Name of Immediate Supervisor		Title of Immediate Supervisor	
Job Title	Description of Duties			Number of Employees Supervised (if applicable)
Reason for leaving (if terminated, please explain in detail): _____ _____ _____			Additional Comments: _____ _____ _____	

Name of Employer	Hours Per Week	Starting Salary \$	Ending Salary \$	May we contact your present employer? YES ____ NO ____
Street Address of Employer	City of Employer	State of Employer		Telephone Number of Employer ( ) -
Employment Dates from / to /	Name of Immediate Supervisor		Title of Immediate Supervisor	
Job Title	Description of Duties			Number of Employees Supervised (if applicable)
Reason for leaving (if terminated, please explain in detail): _____ _____ _____			Additional Comments: _____ _____ _____	

Name of Employer	Hours Per Week	Starting Salary \$	Ending Salary \$	May we contact your present employer? YES ____ NO ____
Street Address of Employer	City of Employer	State of Employer		Telephone Number of Employer ( ) -
Employment Dates from / to /	Name of Immediate Supervisor		Title of Immediate Supervisor	
Job Title	Description of Duties			Number of Employees Supervised (if applicable)

Reason for leaving (if terminated, please explain in detail): _____ _____ _____	Additional Comments: _____ _____ _____
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23. Can you operate a motor vehicle? YES _____ NO _____  24. Have you ever been refused an operator's or chauffeur's license by any state? YES _____ NO _____ If yes, please explain in detail. _____ _____ _____  25. Have you ever had your license suspended or revoked? YES _____ NO _____ If yes, please explain in detail. _____ _____ _____	26. Have you ever had a restricted driving permit or license? YES _____ NO _____ If yes, please explain in detail. _____ _____ _____  27a. Do you possess a valid driver's license or chauffeur's license? YES _____ NO _____ If <b>yes</b> , please provide the following information. If <b>no</b> , please move to Section # 28.  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">27b. Driver's License Number - -</td> <td style="width:50%;">27c. Expiration Date of License</td> </tr> <tr> <td>27d. State of Issuance</td> <td>27e. List any Code Restrictions</td> </tr> </table>	27b. Driver's License Number - -	27c. Expiration Date of License	27d. State of Issuance	27e. List any Code Restrictions
27b. Driver's License Number - -	27c. Expiration Date of License				
27d. State of Issuance	27e. List any Code Restrictions				

28. List all citations, including dismissals for traffic violations; you have received in the past five (5) years, excluding parking violations. You **must** include all violations for which you received "supervision". Any resulting criminal charges from a traffic stop, such as DUI, Driving While License Revoked, and Reckless Driving, please provide under criminal history, Section #29.

Date Ticketed for Violation Month:      Year:	Charges	Police Agency Involved
Court Disposition and Penalty		

Date Ticketed for Violation Month:      Year:	Charges	Police Agency Involved
Court Disposition and Penalty		

Date Ticketed for Violation Month:      Year:	Charges	Police Agency Involved
Court Disposition and Penalty		

29a. Have you ever been charged with, or convicted of domestic violence, or other criminal offenses including municipal ordinance violations or citations, not including traffic violations. Please include all Driving Under the Influence, Driving While License Suspended, Driving While License Revoked, and Reckless Driving. YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide the following:

29b. Date / /	29c. County and State	29d. Police Agency Involved	29e. Crime Charged
29f. Disposition of Case, Including Sentence		29g. Additional Comments	29h. Are you currently on probation or parole? YES ___ NO ___
_____		_____	
_____		_____	
_____		_____	

29b. Date / /	29c. County and State	29d. Police Agency Involved	29e. Crime Charged
29f. Disposition of Case, Including Sentence		29g. Additional Comments	29h. Are you currently on probation or parole? YES ___ NO ___
_____		_____	
_____		_____	
_____		_____	

29b. Date / /	29c. County and State	29d. Police Agency Involved	29e. Crime Charged
29f. Disposition of Case, Including Sentence _____ _____ _____		29g. Additional Comments _____ _____ _____	29h. Are you currently on probation or parole? YES ____ NO ____

30. Has a police agency ever been called to your residence and/or called to interview you about a situation where you were not arrested?  
 YES \_\_\_\_ NO \_\_\_\_  
 If yes, please explain in detail including the city, state and county where the situation occurred.

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31. Have you ever had a petition for an order of protection or an order of protection filed against you? YES \_\_\_\_ NO \_\_\_\_  
 If yes, please explain in detail including the city, state and county where the situation occurred.

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32a. Have you ever been a party in **any** court action, either criminal or civil (other than traffic) that has not been previously listed, including any court action that resulted in an expungement? YES \_\_\_\_ NO \_\_\_\_  
 If yes, please provide the following. If no, please move to Section #33.

32b. Explain in detail the circumstances _____ _____ _____			
32c. County of Court Action	32d. State of Court Action	32e. Date of Court Month:      Year:	Disposition of Court Action _____ _____

33. Provide the following information requested for three (3) **social** references (friends, neighbors, church members, club members, etc.) who can provide past and present information about you. The references must have known you for a minimum of three (3) years. **Do not include relatives.** All spaces must be filled out completely.

Last Name		First Name		Middle Initial	Number of Years Known	Street Address
City	State		Zip	County		Home Telephone (      ) -
Place of Employment			Job Title		Work Telephone (      ) -	

Last Name		First Name		Middle Initial	Number of Years Known	Street Address
City	State		Zip	County		Home Telephone (      ) -
Place of Employment			Job Title		Work Telephone (      ) -	

Last Name		First Name		Middle Initial	Number of Years Known	Street Address	
City	State		Zip		County	Home Telephone ( ) -	
Place of Employment			Job Title			Work Telephone ( ) -	

34. Provide the following information requested for three (3) **character** references, who know you quite well. These references should be people who can provide past and present information about you. **Do not include relatives or employment references.** All spaces must be filled out completely.

Last Name		First Name		Middle Initial	Number of Years Known	Street Address	
City	State		Zip		County	Home Telephone ( ) -	
Place of Employment			Job Title			Work Telephone ( ) -	

Last Name		First Name		Middle Initial	Number of Years Known	Street Address	
City	State		Zip		County	Home Telephone ( ) -	
Place of Employment			Job Title			Work Telephone ( ) -	

Last Name		First Name		Middle Initial	Number of Years Known	Street Address	
City	State		Zip		County	Home Telephone ( ) -	
Place of Employment			Job Title			Work Telephone ( ) -	

35. Please provide information for two (2) of your emergency contacts. All spaces must be filled out completed.

Full Name		Relationship	Home Telephone ( ) -		Work Telephone ( ) -		Cell Phone ( ) -
Street Address		City			State	Zip	County

Full Name		Relationship	Home Telephone ( ) -		Work Telephone ( ) -		Cell Phone ( ) -
Street Address		City			State	Zip	County



**Please read the following and sign below, indicating that you understand and agree to the terms as stated.**

*I understand that this is not a contract of employment and the City of Petersburg or I may sever the employment relationship at any time for any reason.*

I, \_\_\_\_\_, born on the \_\_\_\_\_ day of the month \_\_\_\_\_ in the year \_\_\_\_\_, and having filed this application for employment with the Petersburg Police Department consent to having an investigation made as to my moral character, reputation, and fitness for the position for which I have applied, and such information as may be received by or reported to the appointing authority, the Petersburg Police Department and the Council of the City of Petersburg. I agree to give any further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and any other information pertaining to me to furnish the Petersburg Police Department any such information, including but not limited to: documents, records, files regarding charges or complains filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Petersburg Police Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I understand that this department has various day, night, and weekend shifts for which I must be available if required, including holidays, and that my shifts and/or days off are subject to change with short notice. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the department. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Finally, I hereby release, discharge and exonerate the City of Petersburg, its agents and representatives and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. The authority shall continue until revoked in writing by the undersigned.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Witness \_\_\_\_\_

Petersburg Police Department  
122 South 6th Street  
Petersburg, Illinois 62675  
Phone: (217) 632 2251  
Fax: (217) 632 0161

# P. O. W. E. R. Test

## Medical Examination Form

Please print or type.

Applicant's Name \_\_\_\_\_

Examining Physician \_\_\_\_\_

Physician's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

All Basic Law Enforcement Applicants must pass a physical fitness test prior to being admitted for training. This test will consist of:

1. A sit-and-reach test to measure flexibility
2. A one-minute sit-up tests to measure dynamic strength
3. A 1.5 mile run to measure cardio respiratory endurance
4. One repetition maximum bench press to measure upper body strength

Note: Please see attached sheet for description of the above tests.

Based on my physical examination, I conclude that above named student:

( ) **IS** able to participate in the physical activities described above.

OR

( ) **IS NOT** able to participate in the physical activities described above.

Date \_\_\_\_\_ Signature of Physician \_\_\_\_\_

# City of Petersburg

122 South 6th Street  
Petersburg, Illinois 62675  
Phone (217) 632 2251 Fax (217) 632 0161

## RELEASE

I, \_\_\_\_\_, on \_\_\_\_\_ in consideration of the City of Petersburg, a municipal corporation, arranging for the administration of the physical agility tests, do for myself, my spouse, my heirs, executors, administrators and assigns, hereby release and forever discharge the City of Petersburg and any of their officers, servants, and agents and employees of and from any and all claims, action or right of action, of whatever kind of nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage that shall have been caused, or may arise, as a result of my participation in the physical agility test or any activities in connection with the physical agility tests.

I further release all officials and professional personnel of the City of Petersburg, or any of their officers, servants, agents and employees from any claim whatsoever on account of first aid, treatment or service rendered me during my participation in the physical agility tests.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I have carefully read the foregoing release and know the contents thereof and sign this release as my own free act.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_