

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 be 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 / /

2. List any other names or aliases you have been known by and explain the reasons for use of such name(s). _____ _____ _____ 3. Have you ever been employed by the City of Petersburg? YES _____ NO _____ If yes, please provide the following information: 3b. Department Employed By: _____ 3c. Position Held: _____ 3d. Dates Employed: ____/____/____ to ____/____/____ 3e. Reason for Leaving: _____	4. What is your present address? _____ Street Address _____ City State Zip County 5. What is your permanent legal address? _____ Street Address _____ City State Zip County
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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: _____

7. Are you a natural born citizen of the United States? YES _____ NO _____		12. If you are married, list the following information: Please check here if not married and move to Section # 14. _____	
8. Are you a naturalized citizen of the United States? YES _____ NO _____		12a. Spouse's Last Name	
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 _____ If yes, please explain in detail: _____ _____ _____		12i. Spouse's Place of Employment	
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 _____ If yes, please explain in detail: _____ _____ _____		12b. Spouse's First Name	
11. Have you ever undergone treatment or sought counseling for a drug-related or alcohol problem? YES _____ NO _____ If yes, please explain in detail: _____ _____ _____		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 Grade School(s) and Junior High School(s) 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 High School(s), Vocational School(s) or Correspondence School(GED) 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 post-high school education you have had.			
Name	City, State, Zip	Dates of Attendance from / to /	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address	Subject Studies or Majored In		Honors or Awards Earned
Name	City, State, Zip	Dates of Attendance from / to /	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address	Subject Studies or Majored In		Honors or Awards Earned
Name	City, State, Zip	Dates of Attendance from / to /	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address	Subject Studies or Majored In		Honors or Awards Earned

17. List any law enforcement related schools or training 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.).

19. List any information about your military service (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 yes , please answer the following. If no , 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 yes , please provide the following information. If no , please move to Section # 28. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">27b. Driver's License Number _____</td> <td style="width: 50%; padding: 5px;">27c. Expiration Date of License _____</td> </tr> <tr> <td style="width: 50%; padding: 5px;">27d. State of Issuance _____</td> <td style="width: 50%; padding: 5px;">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.

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.

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			
<hr/>			
<hr/>			
<hr/>			
32c. County of Court Action	32d. State of Court Action	32e. Date of Court Month: Year:	Disposition of Court Action
			<hr/>
			<hr/>

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	

CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

Acknowledgment of Consent

I, _____, acknowledge that I am seeking employment in a safety-sensitive field and that establishing my employment eligibility requires a thorough investigation into my background and character.

Furthermore, I acknowledge and agree that as a condition of being considered for employment with the City of Petersburg ("Employer"), or for maintaining my continued employment with the employer, it is required that I consent to a complete and thorough investigation of my background to determine whether I am a suitable candidate for the position of Patrol Officer with the employer.

Mandatory Background Investigation

I authorize the employer to conduct a background investigation of me, which shall include, but shall not be limited to, a:

- (1) a review of my complete employment history;
- (2) a review of my complete criminal history;
- (3) a review of driving records;
- (4) a background check with the Department of Children and Family Services;
- (5) interviews with my personal references;
- (6) a review of all internal investigation files from any previous employers;
- (7) a verification of academic credentials and licenses;
- (8) a review of my military service history, if any; and
- (9) a review of the Illinois Law Enforcement Training Standards Board's records and officer misconduct database.

Credit Check

I hereby consent to the employer obtaining and reviewing any credit and consumer reports, as permitted under the federal Fair Credit Reporting Act and local or state credit privacy laws, if applicable. I understand that the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., authorizes me to request a copy of any consumer credit report from the consumer reporting agency that compiled the report.

Consent to Release of Information

I hereby consent to the release of all employment records from my current and former employers, including, but not limited to:

- (1) job applications;
- (2) personnel files;
- (3) internal investigations;
- (4) separation agreements;
- (5) pre-employment evaluations;
- (6) tests;
- (7) questionnaires;
- (8) fitness-for-duty examinations; and
- (9) any other information obtained about me by the entity to whom this Consent is presented. Consent to Required Interviews and Evaluations I further agree to participate in a personal interview, testing process, polygraph examination, post-offer psychological evaluation and medical evaluation, or any combination of those examinations or tests, as determined by the employer.

Confidentiality

All information obtained by the employer under this background investigation shall be confidential and safeguarded against disclosure to all unauthorized persons as required by law. However, nothing prevents the employer from using the information obtained to evaluate my suitability for employment.

I specifically consent to the disclosure of information that may be covered by a settlement agreement or other confidentiality provision entered into with my former employers, and I waive any rights to enforce any prior confidentiality agreement against my former employer about this disclosure.

Waiver of Privacy

I waive any right or claim to privacy in such information and consent to the disclosure of information that may be exempt from disclosure by law. I waive any right I may have to be notified by any individuals and organizations named in my

application for employment before the release of any information to the employer, including the release of information concerning any disciplinary action taken against me by former employers.

Indemnification

In exchange for this release of all of my personnel information, I, agree to release, discharge, and hold harmless any person, firm, or entity and their employees and agents that disclose information in response to receipt of this consent, from any liability for all claims, liabilities, causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of any personal information as described above. I further release and hold harmless the employer and the employer's respective personnel, employees, and agents from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at the employer or the decision to hire me, not to hire me, or retain me in my position.

Signature

I agree to electronically sign this document and certify that I have read, understand, and agree to the terms and conditions set forth in this document and that this is a complete waiver under Section 10 of Employment Record Disclosure Act.

Signature_____ **Date**_____

Printed Name_____

Social Security No._____

The Board and any local or State agency, sheriff, police chief, county, municipality, private business or corporation, or other person is immune from suit or liability for submitting, disclosing, or releasing information of employment records, including background investigation materials collected in connection with making a final offer of employment; duty-related physical and psychological fitness-for-duty examinations; work performance records; records of criminal, civil, or administrative investigations of conduct; arrests; convictions; findings of guilt; pleas of guilty; or pleas of nolo contendere under this Section upon receiving a written release for those records executed and presented in accordance with this Section, as long as the information is submitted, disclosed, or released in good

faith and without malice. The Board, all previous employers, and the agents and employees of all previous employers have immunity for the release of the information.

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 _____