

CITY OF STREATOR

BOARD OF POLICE AND FIRE COMMISSIONERS

ROBERT LEE II., CHAIRMAN

JORDAN RISLEY, SECRETARY

THOMAS RISLEY COMMISSIONER

ENTRY LEVEL - POLICE OFFICER CANDIDATE TESTING**APPLICATIONS ARE AVAILABLE:**

Applications and the required application documents are available online at www.ci.streator.il.us. Select Government, City Departments, Police Department.

TESTING PROCESS STEPS

<u>Application Period:</u>	Once an applicant submits their application and all required documents, their application will be reviewed for advancement
<u>Written Exam Period:</u>	- Applicants advancing to the Written Exam Process will be contacted by a Representative from the Streator Police and Fire Commission. - Written Exams will be conducted at the Streator Police Department, 204 S. Bloomington St., Streator IL 61364. - Applicants should allow 2 hours to complete the Written Exam.
<u>Initial Eligibility Position:</u>	Upon final scoring of the candidates Written Exam, the candidate will be notified if they are advancing in the testing process. The candidate will be notified at this time, of their initial position on the Eligibility List.
<u>Preference Points:</u>	Candidates advancing will have the opportunity to submit a request for Preference Points. See Application Documents for further details.
<u>Date of Interviews:</u>	Candidates advancing will be contacted by a Representative from the Streator Police and Fire Commission with the scheduled interview date.
<u>Eligibility List Position:</u>	Candidates advancing to the Final Eligibility List will receive a copy of the list with the position. See Section 6 of the Application Documents for further details.

Attendance is mandatory at all events. Any candidate that does not attend an event in-person will be disqualified from advancing in the testing process.

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Applications and application documents are be available online at www.ci.streator.il.us. Select Government, City Departments, Police Department.

All applications and required forms **MUST** be complete, legible, and returned to Streator Police Department, 204 Bloomington St., Streator, Illinois 61364

All of the following required forms are listed online with Application Documents:

- Mandatory Document Checklist
- Understanding of Evolving Eligibility List Agreement
- Authorization of Release of Information Agreement
- Indemnification Agreement
- Rules and Regulations Agreement
- Psychological and Polygraph Assessment Waiver

Police Officer Applicant Requirements

All individuals interested in applying as a City of Streator Police Officer must meet the following requirements:

- Minimum of 21 years of age at the time of the application. Proof of birth date will be required at time of application.
- Must be under 35 years of age at time of application, unless exempt from such age limitation as provided in 65ILCS Section 5/10-2.1-6.
- Must be a U.S. Citizen
- Possess a High School Diploma or GED at the time of application
- Possess a current valid Driver's License at the time of application
- Must have the ability to understand the English language, written and spoken
- Must be of good moral character
- Must be able to legally possess a firearm
- Must not be addicted to drugs or alcoholic beverages or may not have illegally used drugs and/or narcotics
- Must not have been convicted of a felony or any misdemeanor involving moral turpitude, as specified in section 5/10-2.10-6 of the Board of Fire and Police Commissioners Act

- Any false statement made by an applicant for examination, any collusion in or regarding any false representation made in or relating to any certificate that may accompany the application shall be considered to be cause for removal of the candidate from any further consideration in the hiring process, and removal from the eligibility register.

Residency Requirement:

The Streator Police Department does require officers to establish residency within 30 miles of the corporate limits of the City of Streator within the 12 months of probationary period.

Benefits:

Salary: Entry Level Candidates:

\$61,000 (Starting)

Increases to \$71,000 upon completion of Basic Law Enforcement Certification Academy

Officers receive additional salary increases based on the current union contract, as years of service are completed.

At 14 – Years of Service, Officers receive a salary of \$91,000.

The City of Streator Offers:

- Enrollment into the Police Pension Plan
- Medical, Dental, Vision and Life Insurance
- Personal Days and Vacation Days
- Career Opportunities in Specialized Positions
- Additional Benefits are based on current union contract

Elements of the Police Officer Candidate Testing and Assessment Process

Elements of the selection process include:

- Application Process
- Written examination
- A valid POWER Test Certification. See Application Documents for further details
- Oral interview
- Background check
- Polygraph and Psychological Assessments
- Medical Examination

Applicants will be processed through the following steps:

1) APPLICATION PROCESS

All applications and required forms **MUST** be complete, legible, and returned to Streator Police Department, 204 Bloomington St., Streator, Illinois 61364

2) PHYSICAL AGILITY TESTING

Candidates will be required to possess a POWER Certification Card. This is a physical assessment tool for the candidate to demonstrate they are of physical in performing essential law enforcement duties.

Candidates WITHOUT a POWER Certification Card will be permitted to participate in the Application Process, Written Exam Process, and Interview Process and be placed on the Final Eligibility List.

Candidates must possess a valid POWER Certification Card by the time of any later Pre-Employment Assessments being offered, to be considered for that further advancement at that time.

Certifications can be completed through Joliet Junior College (JJC). Candidates must contact JJC at 815-280-2674 to schedule their POWER Test or go to www.jjc.edu/powertesting.

The cost of the POWER Testing is at the candidate's expense.

Candidates can include their POWER Certification Card in their Application Packet or provide it at the time of Pre-Employment Assessments being offered.

See included POWER TEST criteria.

3) WRITTEN EXAMINATION

Candidates advancing to the written exam, will be contacted by a representative from the Streator Police Department or Streator Police and Fire Commission.

Candidates advancing to the written exam will be required to complete an online written exam at the Streator Police Department.

Candidates that achieve a score of 70% or greater will later be scheduled for an Oral Interview

**The written test score will count as 65% of your final score.*

4) INITIAL ELIGIBILITY LIST POSITION

Candidates will be notified of their initial position on the Candidate Eligibility List without Preference Points, based on a numeric score in compliance with relevant Illinois statute and City of Streator, Board of Fire and Police Commissioners Rules and Regulations.

5) ORAL INTERVIEWS

Candidates advancing to an Oral Interview, will be contacted by a representative from the Streator Police Department or Streator Police and Fire Commission.

Oral interviews will be conducted and scored, then Military and Educational points shall be applied. **Candidates must achieve a score of 70% or greater on their Oral Interview.**

Military and Educational points shall be applied in accordance with paragraphs 10-2.1-8 and 10-2.1-9 of the Board of Fire and Police Commissioners Act. The preference points awarded under this Section are not cumulative, and no applicant shall receive more than a total of 5 preference points. Military and educational preference points of 5 points shall be applied to applicants described below:

- Persons who have successfully obtained an Associate's Degree in the field of Law Enforcement, Criminal Justice, Fire Service or Emergency Medical Services, persons who have successfully obtained a Bachelor's Degree from an accredited college or university,
- Persons who have successfully obtained or received a certificate attesting to the successful completion of the Minimum Standards Basic Law Enforcement Training Course as provided in the Illinois Police Training Act and are currently serving as a Law Enforcement Officer on a Part-Time or Full-Time basis within the State of Illinois,
- Persons who were engaged in the Military or Naval Service of the United States for a period of at least one year and who were honorably discharged there from or who are now or may hereafter be on inactive or reserve duty in such Military or Naval Service.

No preference points will be added to any candidate's score, if that candidate failed to obtain a minimum passing score.

***The oral interview score will count as 35% of your final score.*

6) FINAL ELIGIBILITY LIST POSITION

Candidates advancing will be places of the Final Eligibility List.

Candidates must understand the Final Eligibility List is a continuous evolving list, as the Police and Fire Commission continuously accepts applications and tests new candidates. Candidates must understand their position on the list will be subject to change as new candidates are added to the list

A Candidate will remain on the Final Eligibility List for a period of two years from the date of being placed on the list by the Board of Fire & Police Commissioners, unless said list is depleted prior to the two-year anniversary. A Candidate WILL NOT be permitted to retest during that two year period.

Background Investigation and Assessment Requirements

Background Investigation – Pass or Fail

Polygraph – Pass or Fail

Psychological Assessment – Pass or Fail

Medical Examination – Pass or Fail

Following appointment, a probationary Police Officer is required to satisfy other requirements, including, but not limited to:

- Successful completion and certification (as required) of successful completion of Basic Law Enforcement training, if not already certified. Basic Law Enforcement training is a 14 week academy, the candidate will be sent to an academy of the Streator Police Department's choice. The candidate will be required to graduate and receive certificate from the State of Illinois.
- Successful completion of the Department's in-house training
- Successful completion of the twelve (12)-month probationary period
- Reimbursement for police basic law enforcement training provided to the applicant is required on a pro-rata basis; if the officer leaves the Streator Police Department prior to completion of two full years of employment after the training is provided.
- Residency must established and maintained within 30 miles of the corporate city limits of Streator, Illinois within the probationary period.

Questions/Contact Us:

Streator Police Department
204 S. Bloomington St.
Streator, IL 61364
Phone: 815-672-3111
Population: 13,800

CITY OF STREATOR
BOARD OF POLICE AND FIRE COMMISSIONERS

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MANDATORY DOCUMENTS CHECKLIST For Police Officer Applicant

The application and following documents **MUST** be fully completed and delivered to the Streator Police Department, 204 S. Bloomington St. Streator, IL 61364.

- _____ Application for Employment **(Required)**
- _____ Completed Resume
- _____ Agreement to abide by Rules & Regulations of the Board of Fire & Police Comm. **(Required)**
- _____ Understanding of Evolving Eligibility List Agreement **(Required)**
- _____ Waiver Release for Polygraph and Psychological Assessments **(Required)**
- _____ Authorization for Release of Information Agreement **(Required)**
- _____ Indemnification Agreement **(Required)**
- _____ Copies of Social Security Card and Drivers License **(Required)**
- _____ Copy of Birth Certificate **(Required)**
- _____ Copy of High School Diploma or GED **(Required)**
- _____ Copy of College Diploma-if applicable. **(Required)**
- _____ Copy of Military Form DD-214 or Copy of Reserve/Guard ID – **(If Applicable)**
- _____ Copy of Law Enforcement Certification, if already certified
- _____ Copy of Current POWER Test Certification Card, if possessing at time of application

Applicant Name: _____

Date: _____

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**POLICE OFFICER CANDIDATE
INDEMNIFICATION AGREEMENT**

I, _____ **(Applicant Name)** do hereby declare that I am of good health and feel myself capable of the steps outlined in the physical agility testing for Police Officer of the City of Streator, Illinois.

It is hereby agreed that in consideration of testing as a candidate for the position of a Police Officer of the City of Streator, the above signed agrees to hold the City of Streator and its agents harmless as to any injury or damages incurred by this individual as a result of activities while testing for position. I further agree to hold harmless the City of Streator, the Streator Police and Fire Commission, its Police Department and agents acting on behalf of the city, regardless of fault or negligence on the part of any official, Police Department Employee, or agents acting on behalf of the City of Streator.

For consideration of the Streator Police Department acceptance and processing of my application and employment, I agree to hold the Streator Police Department, City of Streator, Streator Police and Fire Commission, their agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to advance me in the application process, testing/assessment process or to employ me with the Streator Police Department.

This applicant being of the age of _____ years has read this document, understands the meaning of the same, and this shall bind the applicant, his heirs, executors, and administrators to agreement as stated above.

Applicant Signature

Date

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Understanding of Evolving Eligibility List Agreement

I _____ (Print Name) do hereby acknowledge that I have read and understand all advisements that as a Candidate for Police Officer for the City of Streator, I will be placed on a Final Candidate Eligibility List that continuously evolves.

I acknowledge that I understand the Final Candidate Eligibility List will continuously evolve as the Streator Police and Fire Commission accepts new applications and any advancing candidates are placed on the list.

I acknowledge that I understand and agree to that my position on the Final Candidate Eligibility List is subject to change, as the Streator Police and Fire Commission accepts new applications and advancing candidates are placed on the list. I agree to release, waive and forever discharge all members of the Streator Police and Fire Commission, Streator Police Department from any and all action, cause of action claim, demand, liability of any kind or description as my position on the Final Candidate Eligibility List changes.

I acknowledge that I understand that I will remain on the Final Eligibility List for a period of two years from the date of being placed on the list by the Board of Fire & Police Commissioners, unless I am removed due to being disqualified as a candidate or the said list is depleted prior to the two-year anniversary.

I acknowledge that I understand that I will not be permitted to re-test during the time period I am on the Final Eligibility List

Considering I advance to being placed on a Final Candidate Eligibility List, I understand this agreement is valid during the entire period I am on the said Eligibility List or considered a candidate for Police Officer for the Streator Police Department.

I acknowledge that I have read this agreement form, been given the opportunity to have it contents explained to me, fully understand its meaning and that this shall bind the applicant, their heirs, executors, and administrators to agreement as stated above.

Applicant Signature

Date

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Rules and Regulations Agreement

I hereby agree to abide by all Rules and Regulations, as they now exist or as they may be amended, of the Board of Fire & Police Commissioners of the City of Streator, IL, during the giving of any examination and the period following any examination until released. Also during any probationary period I might be appointed to; or as a probationary Police Officer.

These rules are available for examination at Streator City Hall, 204 S. Bloomington St., Streator, IL 61364.

Printed Name: _____

Signature: _____

Date: _____

P.O.W.E.R. Test Requirements

The following tests may NOT be given in the following sequence. **The applicant must pass every test.**

Sit and Reach Test The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. *The score is in the inches reached on a sit and reach box.*

1 Minute Sit-Up Test This is a measure of the muscular endurance of the abdominal muscles. *The score is in the number of bent leg sit-ups performed in one minute.*

1 Repetition Maximum Bench Press This is a maximum weight pushed from the bench press position. *The score is a ratio of weight pushed divided by body weight.*

1.5 Mile Run This is a timed run to measure the heart and vascular system's capability to transport oxygen. *The score is in minutes and seconds.*

TEST	MALE AGE Range				FEMALE AGE Range			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit & Reach	14.4	13	12	10.5	17	16.5	15	14.8
1 Minute Sit Up	33	30	24	19	24	20	14	10
Maximum Bench Press Ratio	88%	78%	72%	63%	51%	47%	43%	39%
1.5 Mile Run	14:00	14:34	15:24	16:58	16:46	17:38	18:37	20:44

Certifications can be completed through Joliet Junior College (JJC). Candidates must contact JJC at 815-280-2674 to schedule their POWER test or go to www.jjc.edu/powertesting.

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Authorization For Release Of Information Agreement

Applicant's Name: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Streator Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for the position which I applied for. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Streator Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Streator Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my full consent for full and complete disclosure, for the specific purpose of the Streator Police Department pursuing a background investigation that may provide pertinent information about me, to consider in determining my suitability for employment in the department.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service, educational records, my financial status, my criminal record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollection of attorney's at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or seized.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the information provider's organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability and damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliant with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon the request of the duly accredited representative of the Streator Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information request.

For consideration of the Streator Police Department acceptance and processing of my application and employment, I agree to hold the information provider, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to advance me in the application process, testing/assessment process or to employ me with the Streator Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand me rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Streator Police Department in conjunction with employment procedures.

I understand a copy or FAX copy of this release from will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Considering I advance to being placed on a Streator Police Officer Eligibility List, I understand this waiver is valid during the entire period I am on the said Eligibility List or considered a candidate for Police Officer for the Streator Police Department.

Should there be any questions as to the validity of this release, you do have permission to contact me.

I agree to pay any and all charges for fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Signature: _____

Date: _____

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THOMAS RISLEY, COMMISSIONER

Waiver Release for Psychological and Polygraph Assessments

I, _____ **(Printed)** do voluntarily, without threats, promises of immunity or reward and without duress, coercion or force agree to participate in Polygraph and/or Psychological Assessments for the mutual benefit of myself, the testing agency, Streator Police Department and Streator Police and Fire Commission.

I understand that I have the right to consult an attorney or anyone else I wish to, before taking either examination or signing this form. I understand that my responses to either assessment will be kept confidential. I understand that my responses will not be released to any department to which I may later apply.

I do hereby specifically waive any and all rights of privacy that I have or may have with the reference of taking of the examination. I do hereby specifically waive any and all rights of privacy that I have or may have to be made known the results and the Examiner's opinion arising therefrom. I agree to authorize the testing agency to disclose both orally and in writing the results and opinions of the Examiner to the hiring authority of the Streator Police Department and Streator Police and Fire Commission. I hereby specifically waive any and all rights to view the results of either assessment. I do hereby specifically waive any and all rights to discuss the results or any and all portions of either assessment with the testing agency, the Examiner, hiring authority of the Streator Police Department and Streator Police and Fire Commission.

I agree to release, waive and forever discharge all and each of the above named individuals from any and all action, cause of action claim, demand, liability of any kind or description which could have resulting directly or indirectly or remotely from taking either examination and all future actions taken by any of the above named parties because of the examination.

I represent that I am in good physical and mental condition and that I knew of no physical or mental ailment which might impair or/to be impaired by taking either assessment. I have read this waiver form, been given the opportunity to have it contents explained to me and I fully understand its meaning before signing it.

Applicant Signature

Dated

City of Streator

204 South Bloomington Street • Streator, Illinois 61364-0517 • (815) 672-2517 • Fax (815) 672-7566



BOARD OF POLICE AND FIRE COMMISSIONERS

DATE OF APPLICATION _____

INSTRUCTIONS: PRINT, USING INK. Applicant must complete application fully, truthfully and accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term 'N/A' if the question does not apply.

POSITION APPLIED FOR

_____ POLICE OFFICER

_____ FIREFIGHTER

PERSONAL INFORMATION

NAME _____ S.S.N _____

STREET _____ CITY _____

STATE _____ ZIP _____ COUNTY _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ SEX _____ AGE _____

PLACE OF BIRTH (City, State and Zip Code) _____

HEIGHT _____ FT _____ IN WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

1. ARE YOU A U.S. CITIZEN?

_____ YES _____ NO _____ NATIVE BORN _____ NATURALIZED

IF NATURALIZED, GIVE PARTICULARS

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME IF APPLICABLE) _____

3. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER AND SIBLINGS.

NAME	RELATIONSHIP	ADDRESS / PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. ARE YOU SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

RESIDENCES

5. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY, STATE AND ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION AND TRAINING

6. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED

NAME AND ADDRESS OF SCHOOL (INCLUDE CITY, STATE AND ZIP CODE)	NO. OF YEARS COMPLETED	DATES ATTENDED	GRADUATED
ELEMENTARY SCHOOLS			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGH SCHOOLS

COLLEGE OR UNIVERSITY

7. IF POSSESSING COLLEGE EDUCATION, PLEASE DESCRIBE:

COLLEGE	COURSE OF STUDY	DEGREE (S) ATTAINED

8. WERE YOU EVER EXPELLED FROM ANY GRADE LEVEL OF SCHOOLING _____ YES _____ NO

IF YES, EXPLAIN:

9. LIST OF FORMAL EDUCATION YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES

10. LIST ANY PROFESSIONAL LICENSE OR CERTICATIONS YOU HOLD

11. LIST ANY FOREIGN LAUNGUAGES IN WHICH YOU ARE FLUENT

MILITARY

12. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S. _____ YES _____ NO

IF YES, WHAT BRANCH _____

13. WHAT IS YOUR SERVICE SERIAL NUMBER _____

14. HIGH RANK HELD _____

15. RANK AT DISCHARGE _____

16. LIST PERIOD (S) OF ACTIVE SERVICE

FROM (DATE)

TO (DATE)

17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE

_____ HONORABLE _____ DISHONORABLE _____ HONORABLE CONDITIONS

IF OTHER THAN "HONORABLE" PLEASE EXPLAIN:

18. WERE YOU EVER CONVICTED OF A COURT – MARTIAL _____ YES _____ NO

IF YES, EXPLAIN:

19. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES

_____ YES _____ NO

IF YES: _____ ACTIVE _____ INACTIVE

FROM (DATE) _____ TO (DATE) _____

BRANCH: _____ UNIT: _____

RANK: _____

20. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD

_____ YES _____ NO

IF YES, WHAT STATE: _____

FROM (DATE) _____ TO (DATE) _____

REGIMENT: _____ RANK: _____

TYPE OF DISCHARGE: _____

21. LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT

DRIVING HISTORY

22. DO YOU POSSESS A VALID DRIVERS LICENSE FROM THE STATE OF ILLINOIS

_____ YES _____ NO

IF YES, LIST YOUR DRIVERS LICENSE NUMBER: _____

LIST THE DATE OF EXPIRATION: _____

23. LIST ALL OTHER STATES IN WHICH YOU HAVE HELD A DRIVER'S LICENSE

STATE

LICENSE NUMBER

EXPIRATION DATE

24. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED

_____ YES _____ NO

IF YES, EXPLAIN:

25. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)

APPROX. DATE

VIOLATION

DISPOSITION OF CASE

SECURITY DATA

26. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

_____ YES _____ NO

IF YES:

DATE

POLICE AGENCY

CRIME CHARGED

DISPOSITION OF CASE

27. HAVE YOU EVER BEEN PLACED ON PROBATION

_____ YES _____ NO

IF YES, EXPLAIN:

28. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00

_____ YES _____ NO

IF YES, EXPLAIN:

_____ YES _____ NO

_____ YES _____ NO

31. LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN YEARS, INCLUDING PERIOD OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST.

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING: _____

SUPERVISOR TO CONTACT: _____

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING: _____

SUPERVISOR TO CONTACT: _____

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING:

SUPERVISOR TO CONTACT:

EMPLOYER 4

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING: _____

SUPERVISOR TO CONTACT: _____

EMPLOYER 5

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING: _____

SUPERVISOR TO CONTACT: _____

32. WERE YOU EVER REJECTED FROM A POLICE OFFICER OR FIREFIGHTER ELIGIBILITY LIST?

_____ YES _____ NO

IF YES, EXPLAIN:

33. ARE YOU CURRENTLY ON ANY POLICE OFFICER OR FIREFIGHTER ELIGIBILITY LISTS?

_____ YES _____ NO

IF YES, EXPLAIN:

34. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION?

_____ YES _____ NO

IF YES, EXPLAIN WITH DATES EMPLOYED AND EMPLOYER CONTACT INFORMATION:

35. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM PREVIOUS EMPLOYMENT DUE TO MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION?

_____ YES _____ NO

IF YES, EXPLAIN :

36. HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER?

_____ YES _____ NO

IF YES, EXPLAIN:

CREDIT HISTORY

37. LIST ANY OUTSTANDING DEBTS THAT ARE IN ARREARS:

AMT. OF ORIGINAL	AMT. NOW OWNED	NAME	OWED TO ADDRESS
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____

38. HAVE YOU EVER BEEN SUED?

_____ YES _____ NO

IF YES, EXPLAIN:

39. HAVE YOU EVER FILED FOR BANKRUPTCY?

_____ YES _____ NO

IF YES, EXPLAIN:

REFERENCES

40. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF FIVE YEARS.

REFERENCE 1

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ YEARS KNOWN: _____

OCCUPATION: _____

WHAT CAPACITY DO YOU KNOW THIS PERSON: _____

REFERENCE 2

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ YEARS KNOWN: _____

OCCUPATION: _____

WHAT CAPACITY DO YOU KNOW THIS PERSON: _____

REFERENCE 3

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ YEARS KNOWN: _____

OCCUPATION: _____

WHAT CAPACITY DO YOU KNOW THIS PERSON: _____

REFERENCE 4

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ YEARS KNOWN: _____

OCCUPATION: _____

WHAT CAPACITY DO YOU KNOW THIS PERSON: _____

REFERENCE 5

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ YEARS KNOWN: _____

OCCUPATION: _____

WHAT CAPACITY DO YOU KNOW THIS PERSON: _____

EMERGENCY CONTACTS

41. LIST THREE ADULTS YOU WOULD HAVE NOTIFIED IN CASE OF AN EMERGENCY. RELATIVES ARE PERMITTED TO BE LISTED. IT IS PREFERRED THAT REFERENCE ALREADY LISTED NOT BE USED.

CONTACT 1

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATIONSHIP: _____

CONTACT 2

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATIONSHIP: _____

CONTACT 3

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATIONSHIP: _____

42. PLEASE EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION:

AGREEMENT

I hereby certify that there are no willful misrepresentations, or falsifications in this applications, and all of my answers are true and correct to the best of my knowledge and belief.

It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been chose for employment.

I give the employer the right to investigate all reference and to secure additional information about me. I hereby release from liability the employer and its representatives from seeking such information and all other person, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date _____

CONTINUATION SHEET

INDICATE IN THE LEFT HAND COLUMNS THE NUMBER OF THE PAGE AND QUESTION YOU ARE ANSWERING, THEN COMPLETE YOUR ANSWER IN THE SPACE PROVIDE.

[illegible]

SIGNATURE _____ DATE _____