

Taylorville Police Department

APPLICATION PROCESS

Thank you for your interest in becoming a member of the Taylorville Police

Department! ALL CANDIDATES MUST COMPLETE THE FOLLOWING

- Completed Application
- Waiver and Release of Liability

Applicants may submit completed materials in any of the following manners:

- Mailed to the Taylorville Police, 108 W. Vine Street, Taylorville, IL 62568
- Delivered in person to the Taylorville Police Department
- Emailed to Dwayne.Wheeler@TaylorvillePolice.com

Completed application materials will be provided to the department's Recruitment Committee and the city's Human Resource Department for review. Each submission will be reviewed individually and on its own merits. Only submissions containing all completely filled out required documents will be considered. Applicants will also undergo a pre-screening of their background. Applicants meeting the expectations for the position of police officer will be invited to participate in the selection process.

Applicants who are currently or formerly a certified law enforcement officer will participate in the same process as other applicants except for the polygraph test. Applicants with qualifying law enforcement experience, as defined by the Board of Fire and Police Commissioners.

The City of Taylorville is an Equal Opportunity Employer and does not discriminate based on age, race, color, religion, gender, national origin, sexual orientation, disability, or any other non-merit factor.

Taylorville Police Department Police Officer Application

Last name	First name	Middle name

Other names you have used (example: maiden name, name(s) by a former marriage, or name change)	

List the current address where you physically reside (Not a post office box number).			
Number, street, and apt. number	City	State	Zip code

List a mailing address if unable to obtain mail at your residence.			
Number, street, and apt. number or PO Box	City	State	Zip code

Personal telephone number	Work telephone number
()	()
E-mail address	

Date of birth	Age	Sex
Month / Day / Year (XXXX)		<input type="radio"/> M <input type="radio"/> F

Driver's License Number	Classification	Restrictions	State of Issue	Expiration Date
		<input type="checkbox"/> No restrictions		Month / Day / Year

Is anyone you are related to (blood or marriage) employed with the City of O'Fallon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Person and relationship to you: _____	
Position within the City: _____	

Employment Section

List your three most recent employers, beginning with your current employer.

Employment start date	Name of current employer
Month / Year	

Current employer's mailing address	If not the same as mailing address, list your actual work location

Your title or position

Supervisor's name	Supervisor's title

Have you ever received, or do you have any pending disciplinary actions? Explain in section below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1st Former Employer

Name of former employer	Former employer's mailing address

Start Date	Month / Year	End Date	Month / Year
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Full time
 Part-Time
 Temporary
 Internship

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (Area code)	

Explain reason for leaving employment.

Do you feel this former employer would rehire you? If you answered "No" explain below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Supervisor's name (first name, last name)	Supervisor's title

Did you ever receive, or do you have any pending disciplinary actions? Explain below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2nd Former Employer

Name of former employer	Former employer's mailing address

Start Date	Month / Year	End Date	Month / Year
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Full time
 Part-Time
 Temporary
 Internship

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number () Area code	

Explain reason for leaving employment.

Do you feel this former employer would rehire you? If you answered "No" explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Did you ever receive, or do you have any pending disciplinary actions? Explain below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Professional References

List two professional references. Professional references include former employers, clients, colleagues, teachers, supervisors, etc.

Name: (first name, last name)	Employer / School (If Applicable)
Relationship to you:	How long have you known this person?
Contact number: ()	Years:
Name: (first name, last name)	Employer / School (If Applicable)
Relationship to you: (relative, family friend, etc.)	How long have you known this person?
Contact number: ()	Years:

Education

Yes No Graduated High School or G.E.D. Certified? Name of high school: _____

Date of Graduation: _____ / _____ Location of School: _____

Month Year City State

Yes No I possess a degree from an accredited college or university:

Type of Degree: AA BA BS MA MS Other: _____

Major/Minor: _____ (Leave blank if degree not yet received).

Yes No Currently enrolled in College? Total credit hours earned: _____

College(s) or university name and location: Name: _____

Location: _____

Law Enforcement Experience

Most Recent Department: _____ Term of Service: From: _____ / _____ To: _____ / _____

Month Year Month Year

TOTAL Years Full-Time Service: _____ TOTAL Years Part-Time Service: _____

Military Service

Branch of Service: _____ Term of Service: From: _____ / _____ To: _____ / _____
Month Year Month Year

If other than Honorable Discharge, Please Explain: _____

TOTAL Years Active Duty: _____ TOTAL Years Reserve Duty: _____

Preliminary Criminal Background Section

Are you now using, or have you ever used, tried, or experimented with?

<input type="radio"/> Yes <input type="radio"/> No Marijuana (Illegally)?	<input type="radio"/> Yes <input type="radio"/> No Heroin or opiates in any form?
<input type="radio"/> Yes <input type="radio"/> No LSD (acid)?	<input type="radio"/> Yes <input type="radio"/> No PCP (green, flake, angel dust)?
<input type="radio"/> Yes <input type="radio"/> No Any designer drug or hallucinogenic?	
<input type="radio"/> Yes <input type="radio"/> No Any controlled dangerous substance or narcotic drug in any form?	
<input type="radio"/> Yes <input type="radio"/> No Illegal steroids or illegally obtained steroids?	
<input type="radio"/> Yes <input type="radio"/> No Any drug prescribed for someone else and used by you with the intention of getting high?	
<input type="radio"/> Yes <input type="radio"/> No Any substance that was inhaled, injected, or ingested with the intention of getting high?	

List drug(s) used, date of last use, age at last use and number of times used.

Drug or substance used	Date of last use	Age at last use	Times used
	Month / Year		
	Month / Year		
	Month / Year		

If you answer yes to any of the questions below, please explain and reference the question number using the last page of this application.

1. Have you ever been discharged or terminated from employment (fired) for any reason? _____
2. Have you ever resigned (quit) after being told that your employer intended to take disciplinary action against you, discharge or terminate (fire) you? _____
3. Have you ever been investigated by your employer's internal affairs, loss prevention or any other disciplinary investigation unit? _____
4. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? _____
5. Have you ever resigned while under investigation by your employer's internal affairs, loss prevention or any other disciplinary investigation unit? _____
6. Have you ever left an employer and been told you were not eligible for rehire? _____
7. Have you ever received a written reprimand from any employer? _____
8. Have you ever received counseling or otherwise been put on notice by any employer? _____
9. Has any employer ever suspended you for misconduct or as a disciplinary action? _____
10. Have you ever been arrested or charged with a criminal offense by any law enforcement agency for any reason? _____
11. Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member or any other person? _____
12. Have you ever been the subject of an emergency protective order, restraining order, or stay-away order? _____
13. Have you or your spouse/partner ever been referred to, questioned by, or investigated by Dept of Children and Family Services or any similar state and/or local government agency? _____
14. Have you ever committed a sexual act or had sexual contact with a person less than 16 years old since your 18th birthday? _____
15. Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer? _____

APPLICANT CERTIFICATION

I understand that in the event my application is disapproved, non-selected, or otherwise does not result in my employment or appointment with the City of Taylorville Police Department, sources of confidential information and/or the reason(s) for non-selection cannot be released or revealed to me.

I hereby certify that all answers and statements made in this Application are true and complete to the best of my knowledge. I understand that any discrepancies, misstatements, omissions, and/or falsifications may be cause for permanent disqualification or immediate termination if an appointment has been offered or accepted.

I understand this document is a permanent record and the exclusive property of the City of Taylorville.

Under penalty of perjury, I hereby attest that the information provided in this application is true and correct to the best of my knowledge.

Print

_____ / _____ / _____
First Middle Last

Signature: _____

Date: _____

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Taylorville Police Department, whether the said records are of a public, private or confidential nature, including, but not limited to, applicant background information.

I authorize you to furnish the Taylorville Police Department when requested with any and all information that you have concerning my: work record, salary, attendance, reputation, medical records, criminal history, credit history, loan history, driving history, and military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Taylorville Police Department in determining my qualifications and fitness for the position I am seeking with the department.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Taylorville Police Department. I understand that all materials pertaining to this background investigation become the property of the Taylorville Police Department and will not be returned to me.

I hereby release you and your organization from any and all liability or damages which may result from furnishing the information requested. I further release the Taylorville Police Department, City of Taylorville and its agents, from any and all liability which may be incurred or as a result from the collection of such information. I further understand that in the event my application is disapproved; the sources of confidential information cannot be revealed to me.

Applicant's Signature

Date of Birth

Print Name

Date

Witness

Taylorville Police Department