

# APPLICATION FOR EMPLOYMENT

## FIRE AND POLICE COMMISSION, CITY OF MACOMB, ILLINOIS

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

**PLEASE PRINT**  
ANSWER ALL QUESTIONS COMPLETELY

**EMPLOYMENT DESIRED**

**POLICE DEPARTMENT**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Have you ever been known by or used any other name? If yes, what was that name?  
 \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street
City
State
Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Prior Addresses: (Please specify below)

Street Address	City	State	Dates of Residency	
			To	From
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

Do you have any relatives employed by the City?  Yes  No if yes, Who: \_\_\_\_\_ Relation: \_\_\_\_\_

Do you have a valid drivers license?  Yes  No if no, explain: \_\_\_\_\_

Have you received a high school diploma or GED?  Yes  No

Do you have required hours of college?  Yes  No

Have you ever applied with the city before?  Yes  No if yes, when/for what position? \_\_\_\_\_

Are you currently employed?  Yes  No \_\_\_\_\_

If employed, may we inquire with your employer?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Are you at least 21 years of age?  Yes  No

Are you legally authorized to work in the United States?  Yes  No if yes, explain \_\_\_\_\_

*(Proof of Citizenship will be required upon employment.)*

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_



## REFERENCES

List three persons not related to you, whom you have known for at least one year.

Name	Phone	Address	Business	Years Known	Relationship
1.					
2.					
3.					

## RECORD OR CONVICTION(S)

Please include traffic offenses

Date	Location	Type of Offense	Sentence
1.			
2.			
3.			
4.			
5.			

## EDUCATION

Name/Location of School	Years Attended	Date Graduated	Major/Minor Subjects Studied
High School			
College			
College			
Other Training			

Have you completed basic training as a Police Officer? \_\_\_\_\_

Specify any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

Describe any honors you have received. \_\_\_\_\_

State any additional information you feel may be helpful in considering your application. \_\_\_\_\_

## ADDITIONAL INFORMATION

The following documents must accompany this completed application:

1. Proof of age (Birth Certificate or Copy) **Must be 21 years old at time of application**
2. DD214, if applicable (Military Discharge Certificate)
3. Valid Drivers License (Copy)
4. Proof of highest education completed (Copy of college transcripts) **60 semester or 90 quarter hours are required**

I, the undersigned, affirm that the information given by me on this application is true and correct and I hereby acknowledge that falsification of any part of this application may result in denial of employment or discharge after employment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

# GENERAL WAIVER AND RELEASE

• • • Please Read Carefully Before Signing • • •

I hereby agree to release and hold harmless the City of Macomb, its employees, elected and appointed, the City of Macomb Board of Fire and Police Commissioners and any and all of their agents from and against any claim or claims arising as a result of the conduct of any background investigation they may determine appropriate and necessary upon and of me to ascertain my fitness for the position sought, or tests taken or to be taken by me for and to determine my fitness for the position sought and to generally and specifically waive and agree to hold harmless those persons, firms, corporations and other entities who supply requested information during the conduct of an investigation of fitness for the position being sought.

I understand physical and psychological examinations are required prior to beginning employment. All test scores are the property of the commission and are not available to applicants. Further I understand that I must pass the Physical Fitness Standards required by the Illinois Local Government Law Enforcement Officers Training Board for entering any of the Illinois police academies. I also understand that if hired, I will be required to maintain permanent residence within the boundaries of McDonough County, Illinois.

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Date

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Signature

RETURN COMPLETED APPLICATION TO:

Mayor's Office  
City of Macomb  
232 E. Jackson Street  
P.O. Box 377  
Macomb, IL 61455

Note: Please notify the Mayor's Office of any change in your address and/or contact information.

# RELEASE FORM

In connection with my application for employment with the City of Macomb, I understand and agree that investigative inquiries are to be made on myself which may include, but not limited to: consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the City of Macomb may request information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, municipalities, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.

This authorization, in original, copy, or facsimile form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

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

TO: Affirmative Action Office  
City Hall  
232 E. Jackson Street  
P. O. Box 377  
Macomb, IL 61455

**CITY OF MACOMB**

The City of Macomb compiles summary data from its applicants regarding characteristics related to equal employment opportunity. For the purpose of statistical analysis only, we are requesting that you complete and return this form. This is voluntary information, if provided, will neither enhance nor detract from your opportunity for employment. Return of this form is optional and may be returned separately from the application, if you so choose. Thank you.

Position applied for: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  Female  Male

Citizenship: Native U.S.A. \_\_\_\_\_ Naturalized \_\_\_\_\_ Non-U.S.A. Citizen \_\_\_\_\_

EEO class:  American Indian/Alaskan Native  Black  White  
 Asian or Pacific Islander  Hispanic

Are you a veteran?  Yes  No Discharge Date: \_\_\_\_\_

Advertisement source?

Publication name: \_\_\_\_\_

Other: \_\_\_\_\_

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