



22 South Cedar St., Nokomis, IL 62075 (217)563-7138 Fax: (217)563-7002

# POLICE OFFICER EMPLOYMENT APPLICATION PACKET

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability and Release Form
- Credit Information Release Form
- Pre-employment Drug Screen Consent Form
- Police Officer Position Description

Return the entire packet to the address below: (Please do not staple.)

Nokomis City Hall 22 South Cedar Street Nokomis, IL 62075

Office Use Only	: Date received_		





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## POLICE OFFICER EMPOYMENT APPLICATION

### Instructions

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the City of Nokomis

Bas	sic Personal Informa	ation			
Type of employment desired:F	ull-Time	Part-	-Time	Auxiliary	Police
Name:					
Last	First		Middle (Full)		
Please list any other names that you have used					
Home Address:		W 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Street	City		State Zip		
Social Security Number:	E-mail addre	ess:		y (0.004)	
Telephone:					
Telephone:	Daytime Number		Cell Nun	mber	
Driver's License:	- 10 10 10 10 10 10 10 10 10 10 10 10 10				
Number		State	Туре		
Date of Birth: Place of B	Birth:				
	Cîty		State	County	
	Eligibility				
1. Are you at least 21 years of age?				Yes	Nc
2. Do you have a legal right to work in the Unit	ed States?			U.S.	Citizen
3. Are you a licensed peace officer in the State	of Illinois?			Yes	No
4. If yes, where and when did you obtain your l			ademy or Departme	out.	
	P031	Training Acc	иету от реракте	ent	
Address City	State	Zip		Date	
5. Has your IL peace officer's license ever been	suspended:			Yes	No

6. If yes, explain the	circumstances on a separa	te sheet.	
7. Are you a commis	sioned/licensed peace offi	cer in another state of the U.S.?	YesNo
8. If yes, in which sta	te did you receive your co	mmission/license?	
9. If Yes, when and v	vhere did you obtain your		
		POST Training Academy or	r Department
Address	City	State Zip	Date
10. Have you applied	d for a position with the Cit	y before?	YesNo
11. If yes, when and	previous position(s) applie	d for:	
NAA JAMAN KAN AMARAN K		Military Service	
Please make copies of	of all applicable service rec	ords including any discharge papers	and attach to this application.
Branch:		Serial Number:	
Date of Service:	to	Reserve Status:	
Type of discharge:		If not honorable, explain:	
Grade and duty assig	nment at discharge/separa	ation:	
Are you registered fo	or the Selective Service?		YesNo
Are you a member of	f the Reserves or National	Guard?	YesNo
If yes, give unit, locat	tion, grade and duty assign	ment:	
Location	Grade	Duty Assignme	nt
	and the second s	Education	
Please complete the and grades to the ap		nd attach copies of your diplomas o	or copies of your course schedule
If you did not comple	ete high school, do you hav	e a GED?	YesNo
SCHOOL NAME	ADDRESS, PHONE NUMBER	GRADUATE Yes/No Dates Enrolled	COURSE OF STUDY/MAJOR
High School			

College/Univ.				-	
Graduate School			-		
Other	`				
	Specialized Ski	lls and Training			
Do you speak another langu	age other than English?		o Eluan	t? Var	No
If yes, please list:					
received, please attach the	cills you have. If you have on to the application:				
	et sites (Facebook, MySpace,			7	
application:	s of certificates for				
	Persona	l History			
1. Do you know of any reas	on you could not pass a backg	ground check?		Yes	No
2. Have you ever been fired	or asked to resign from a job	?		Yes	No
3. Have you ever received o	lisciplinary action from an em	ployer?		Yes	No
4. Have you ever stolen fro	m an employer?			Yes	No
5. Have you ever committee	d a crime for which you were	not arrested?		Yes	No
6. Have you ever assisted so	omeone in committing a crime	?		Yes	No
7. Have you ever falsified a	police report?			Yes	No
8. Have you ever accepted i	money not to report a crime?			Yes	No

9. Have you ever slept on t	he job?		Yes	_No
10. Has any driver's license	e issued to you ever been su	ispended or revoked?	Yes	_No
11. Have you ever used, sc	old, or otherwise handled in	an illegal manner any		
Controlled substance?			Yes	_No
12. Have you ever been bo	ended?		Yes	_No
13. Have you ever been re	fused bond?		Yes	_No
separate sheet. List the qu "yes" answers will be clo	iestion number. If you are i sely examined during a ba	ove, please write a brief exponential or over the control of the control of these facts were pur omission of these facts were our omission of these facts were over the control of the con	d about any "yes" answers. answer does not automat	Any ically
M. (1)	Traffic, Civil Cou	rt and Criminal Record	43/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	
		vil court actions in which yo ace is needed, list on a separ		, any
	Type of Case Ju	urisdiction City,	, State	
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3				
	Finar	ncial Status	The state of the s	
ist all creditors or persons. sheet:	to whom you are financial	ly obligated. If additional sp	ace is needed, list on a sep	arate
NAME	ADDRESS	·BALANCE	MONTHLY PAYMENT	
Have you every declared ba	ankruptcy?		Yes	_No
	ankruptcy?		Yes	_No

## **Employment History**

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company:	Pos	Position:			
Address:	City:	State:	Zip:_		2
Dates fromto					
Supervisor's Name:		Telephone No:			
Job Duties:					
Reason for leaving:					
Company:					
Address:	City:	State:	Zip:_		2
Dates fromto					
Supervisor's Name:					
Job Duties:					_
Reason for leaving:					
Company:	Pos	sition:		FT P	r
Address:					
Dates fromto					
Supervisor's Name:		Telephone No:			
Job Duties:	NAME OF THE PARTY	and the same of th			-
Reason for leaving:					Ä.
Company:	Pos	ition		ET D	Т
Address:					
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Supervisor's Name:		Telephone No:			
Job Duties:					
Reason for leaving:					-
Company:					
Address:	City:	State:	Zip:_		-
Dates fromto					
Supervisor's Name:					
Job Duties:					-
Reason for leaving:		- Allendaria de la companya dela companya dela companya dela companya de la compa			×

## Residences

List all residences where you have lived during the past five years.	Begin	with	your	present	address	and	work
backwards. List the complete address including street number, street	name	, city,	state	and zip	code. If	faddi	tional
space is needed, list on a separate sheet.							

	CITY	STATE	ZIP CODE	DATES
William Committee of the Committee of th			1	
	Person	al References		
List three personal reference	ces that are not related to	you. Do not use fo	ormer or current	employers. Be sure to
nclude all the information r	equested.			
NAME		ADDRESS, CITY		AREA CODE &
		STATE, ZIP CODE		PHONE NUMBER
				- Carrier Control of the Control of
		A 4 4 4 4 70 4		
	R	temarks		
Please tell us about yourself	f. Include any awards, hon	ors, licenses or certi	ficates that you h	ave received. What are
your hobbies and interests?	f. Include any awards, hon	ors, licenses or certi	ficates that you h on any answers t	ave received. What are to any questions on this
Please tell us about yourself your hobbies and interests? application:	f. Include any awards, hon	ors, licenses or certi	ficates that you h on any answers t	ave received. What are to any questions on this
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Ple	ase Read Carefully Before	Signing This Application	on	And Company and Annual State Company and Annual State Company and Annual State Company and Annual State Company
I declare that the foregoing states falsification of any information o misrepresentation or omission o separation from Clty service if I ha	n this application is grou of facts upon this applica	nds for disqualification	. I further understa	nd that any
Applicant Signature:		1	Date:	
The Nokomis Police Department t will happen with our application.	ests applicants at least on	ce each year or as need	ded to fill vacancies.	This is what
	iewed to ensure you mee ccuracy, legibility and com		ations for a police	
2. If the application is accare not sent for rejected	cepted, you will receive a applications.	etter notifying you of a	acceptance. Letters	
3. Your application will b	e placed on file until a tes	t is scheduled.		
4. All applicants on file w	rill be notified by mail of th	ne next test date.		

5. Failure to appear on the scheduled test date disqualifies the applicant and their application

will be discarded. You must submit a new application for the next testing period.



Date:\_\_\_





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## WAIVER OF LIABILITY AND RELEASE FORM

	eration of the Nokomis Police Department and the City of Nokomis, Illinois, hereinafter referred to as the processing my application of employment, I,
	oly agree to the following terms and conditions:  Full Name (typed or printed)
1.	The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate of employment with the Agency.
2.	I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any officer, agent, or employee of the Agency who my conduct my background investigation.
3.	I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4.	I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information, opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5.	I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6.	I expressly waive all of my legal rights and causes of action to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7.	I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.
DO NOT	SIGN BEFORE READING
all others	ase from liability given by me to the political division, the Agency, its officers, agents and employees, and as mentions above, shall apply to my right of action of any nature whatsoever that might accrue to me, or my personal representative.
Date:	Signature of Applicant:
Date of B	rth: Social Security Number:
Driver's L	cense Number and State:

Witnessed by:



Witness Signature





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## CREDIT INFORMATION RELEASE FORM

#### Consumer Report Disclosure

By this document, the City of Nokomis discloses to you that the consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure. Applicant Full Name (typed or printed) Date Applicant Signature Date Witness Signature Consumer Report Authorization This document shall authorize shall authorize the procurement of a consumer report by the City of Nokomis as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Nokomis to procure consumer reports any time during my employment period. Applicant Full Name (typed or printed) Date Applicant Signature

Date







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## PRE-EMPLOYMENT DRUG SCREEN CONSENT

Α.	I,, as an applicant of the City of Nokomis, Illinois
	Applicant Full Name (typed or printed) consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Nokomis, Illinois or its authorized agents or representatives.
2.	I hereby release the City of Nokomis and its employees from any action that may arise out of results of such tests or information being released to the City of Nokomis, Illinois.
3.	I understand that if I fail to sign and return this consent to the City of Nokomis, Illinois, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.
App	licant Signature
Date	
Witi	ness Signature
Date	





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#### POLICE OFFICER POSITION DESCRIPTION

Each applicant is required to review the Position Description for Police Officer. By signing this form you certify that you are aware of and capable of performing all of the requirements of the position of Police Officer with the Nokomis Police Department.

#### **ESSENTIAL FUNCTIONS**

#### 1. Community Patrolling Activities

- A. Serves as a liaison officer within the community responding to non-criminal public concerns assuring for safety and best public relations for the city.
- B. Represents the department in continual interaction with various other social service agencies to combine all resources assuring for the best service to the community.
- C. Establishes and maintains communication by the frequent use of personal contact with the community assuring for the best public relations for the city.

#### 2. Patrol Related Activities

- A. Attends daily briefing and obtains assignment assuring for professionalism.
- B. Assists with patrolling the city, as needed and conducts checks and monitors progress within the city.
- C. Responds appropriately to notification of incident/accident reports assuring for timeliness, professionalism and for safety.
- D. Completes reports and submits to supervisor as required, assuring for timeliness and accuracy.
- E. Looks for law violations that require action. Informs appropriate individual or takes action as appropriate. Does necessary follow-up as required.
- F. Determines when traffic stops for motor vehicle code violations are necessary and takes appropriate action.
- G. Responds to requests from immediate supervisor in an accurate, complete and timely manner.

#### 3. Requests for Service Activities

- A. Receives assignments and responds as requested, assuring for professionalism and the best public relations for the city.
- B. Completes the required documentation of assignments as necessary assuring for accuracy and timeliness.
- C. Responds to radio announced incidents, makes a determination regarding the emergency or nonemergency nature of the incident. Coordinates with other units as needed. Prioritizes calls based on importance.
- D. Responds appropriately and notifies dispatcher of arrival on scene. Takes appropriate enforcement or control action as required assuring that department procedures are followed and assures for officer and public safety.
- E. Notifies dispatcher of status and begins investigation of offense.
- F. Locates, gathers and preserves possible evidence and maintains chain of custody in accordance with department policies.
- G. Completes investigation, makes determination regarding enforcement action required and completes reports and documentation as required for timeliness and accuracy.





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- H. If needed, makes arrest and handles prisoners assuring for officer and public safety and assuring that department procedures are followed.
- I. Conducts and completes any required follow-up activities.

#### 4. Other Patrol Activities

- A. Conducts nuisance violations and parking enforcement activities assuring for safety, professionalism and the best public relations for the city.
- B. Maintains an awareness of persons, who have outstanding warrants, maintains vigilance for such persons and serves warrants as required assuring for safety and professionalism, and for following prescribed polices and procedures.
- C. Assists with emergency animal control and animal related complaints.
- D. Responds to requests for assistance from other agencies assuring for professionalism and for adherence to department policies and procedures.
- E. Maintains and safeguards vehicles and other department issues supplies and equipment.
- F. Learns and maintains an awareness of all applicable department practices, policies, procedures laws and rules.
- G. Learns the geography and locations within the city.
- H. Spots trouble areas for the city utilities (water leaks, traffic light problems, etc.)
- I. If necessary, acts as supervisor when the sergeant is absent.

### 5. Jail Related Duties

- A. Present during booking of prisoners assuring that the laws, policies and regulations are followed and the safety of self, the prisoner and others is maintained. Enters all information into the appropriate data bases.
- B. Completes all required documentation in accordance with department procedures (fingerprinting, property inventory, photographing, etc.)
- C. Files prisoner information in the appropriate location assuring for accuracy.

### 6. Training and Court Duties

- A. Attends training and continuing education to maintain certifications.
- B. Develops training sessions for the police department personnel based on specialization areas.
- C. Prepares documents and evidence for court proceedings when necessary.
- D. Testifies and presents evidence before the court when subpoena received.
- E. Follows orders of the judge pertaining to the behavior in court and disposition of prisoners.

This job description in no way states or implies that these are the only duties to be performed by the employee occupying the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties as assigned by their supervisor; subject to reasonable accommodations.

#### WORK ENVIRONMENT

- · Above average accessibility to all work sites required for the position.
- Extreme exposure to weather and temperature extremes.
- Average exposure to chemical and fumes.
- Average exposure to heights.
- Above average exposure to work safety hazards.
- Average amount of overtime/extended work hours required.
- Above average exposure to dust.
- Above average exposure to loud noises.

- · Above average exposure to darkness.
- Above average exposure to cramped spaces.

#### PHYSICAL EFFORT

- Above normal physical mobility: movement from place to place on the job, considering distance and speed.
- · Above normal physical agility: ability to maneuver body while in place.
- Normal physical strength to handle office materials.
- Above normal physical strength to handle 150 lb. objects, considering frequency.
- Normal dexterity of hands and fingers.
- Normal physical balance: Ability to maintain balance and physical control.
- Normal coordination, including eye/hand, hand/foot, etc.
- Above normal endurance.

#### KNOWLEDGE REQUIREMENTS

- Completed high school diploma or equivalent.
- Valid driver's license.
- · Completed basic law enforcement academy training.
- Must be at least 21 years of age, US citizen or authorized to work in the US.
- Non-convicted felon.
- POST certification.

#### MENTAL EFFORT

- · Normal concentration/intensity: prolonged mental effort with limited opportunity for breaks.
- Average memory, considering the amount and type of information.
- · Above normal complexity of decision making.
- Normal time pressure of decision making.
- Normal analytical thinking.
- · Normal conceptual thinking.

#### COMMUNICATION

- Above-average verbal communication.
- Above-average written communication.
- · Above-average non-verbal communication.

## SENSORY ABILITIES

- Normal ability to see.
- Normal ability to distinguish colors.
- · Normal ability to hear.
- Normal ability to smell.
- Normal ability to touch.

By signing this form you certify that you are capable of performing all of the requirements of the position of Police Officer with the Nokomis Police Department.

Applicant Signature	Date	
Witness Signature	Date	





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#### WAIVER AND RELEASE OF LIABILITY

In consideration of the granting of my request to be permitted to take the City of Nokomis examinations and particularly that portion thereof known as the P.O.W.E.R. Test/physical agility test/auxiliary agility test. I hereby waive any claim for injuries to my person that may arise out of my taking and participating in P.O.W.E.R. Tests/physical agility test/auxiliary agility test and administered by the City of Nokomis. As such applicant I undertake to assume the risk of all dangerous conditions, which may exist on the premises where the tests are administered or on the equipment or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

In further consideration of my being permitted to take the P.O.W.E.R. Tests/physical agility test/auxiliary agility test, I hereby release the City of Nokomis, all its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said tests.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED this	day of, 20	•
	Name	
	Address	
	City, Sate, Zip	