

CITY OF STREATOR

BOARD OF POLICE AND FIRE COMMISSIONERS

ROBERT LEE II, CHAIRMAN

JORDAN RISLEY, SECRETARY

THOMAS RISLEY, COMMISSIONER

LATERAL TRANSFER POLICE OFFICER APPLICANT INFORMATION

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 **MUST** be complete, legible and returned with completed application:

- Authorization of Release of Information Agreement
- Indemnification Agreement
- Rules and Regulations Agreement
- Waiver Release for Psychological and Polygraph Assessments

Lateral Transfer Patrol Officer Requirements

Applicants for Lateral Police Patrol Officer must be currently employed as a Law Enforcement Officer, have a minimum of two (2) years of training and experience as a Law Enforcement officer as defined by the Illinois Police Training Act or two (2) years of training experience which in the judgment of the Commission is equal to the definition established by the Illinois Police Training Act. Such training and experience does not have to be with the State of Illinois or any political subdivision of Illinois.

Every applicant for Lateral Transfer Police Patrol Officer must be not less than 24 years of age or over 35 years of age; provided, however, that in cases where an applicant has had special training or experience in police related work, the Commission may, accept applicants thirty six (36) years of age or older with one (1) year of increased age allowed for each year of training or experience. The maximum of such age allowance shall be four (4) years.

Every applicant shall be free on any felony convictions or any disqualifying misdemeanor convictions as set forth in 651LCS 5/Article 10-1-7(c).

Every applicant must not be prohibited by any Court action and/or state or federal statute from carrying a firearm.

Every applicant must present a high school diploma or proof of equivalent education.

Every applicant must possess a valid Illinois driver's license at the time of appointment

Every applicant must be a U.S. Citizen as a condition of his employment

Prior to appointment the applicant must be accepted into the Streator Police Pension Fund

Every applicant must provide proof of documentation showing proof of eligibility to the Commission's satisfaction which may include written test scores from the Entry Level Patrolman Test, provide High School diploma or equivalent, College transcripts, DD214 or police training certification.

Every applicant shall be in good health, be of good moral character and not possess an adverse police record. Every applicant shall possess physical strength and agility sufficient to handle aggressive situations, able to work in all weather conditions, handle emergency situations quickly and possess good general intelligence and emotional stability.

Every applicant will be required to take the following: Medical Examination and Psychological Assessment.

Every applicant may be interviewed by the Fire & Police Commission prior to any offer for employment.

Benefits:

- Competitive Salary
- 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
- Background check
- Oral Interview (if requested)
- Psychological and Polygraph Assessments
- Medical Examination

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

- Successful completion of the Department's in-house training
- Successful completion of the twelve (12)-month probationary period
- Residency must established and maintained within 15 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
Phone: 815-672-3111

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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)**
- _____ 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

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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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: _____

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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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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



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.

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			

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:

29. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST:

_____ YES _____ NO

IF YES: AGENCY DATE PURPOSE

30. ARE THERE ANY WARRANTS, TRAFFIC CITATIONS, COURT CASES PENDING AGAINST YOU?

_____ YES _____ NO

IF YES, EXPLAIN:

EMPLOYMENT HISTORY

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 1

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING: _____

SUPERVISOR TO CONTACT: _____

EMPLOYER 2

EMPLOYER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ JOB TITLE: _____

DATES: BEGAN EMPLOYMENT _____ ENDED EMPLOYMENT _____

REASON FOR LEAVING: _____

SUPERVISOR TO CONTACT: _____

EMPLOYER 3

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 KNOW 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 _____

