

Sycamore Fire and Police Commission

308 West State Street * Sycamore, Illinois 60178

Jeff Petersen - Chairman
Samantha Dailey - Secretary
Teresa Jacobson- Commissioner

Police Officer City of Sycamore, Illinois

The City of Sycamore (population 15,000) is seeking both initial entry recruits and certified Police Officers to establish an eligibility list for the position of Police Officer. Applications may be obtained during the period of July 1 – July 31, 2009 from Human Resources at the Sycamore Center, 308 West State Street or from the Police Reception desk at the Public Safety Building, 535 DeKalb Avenue. Applications are also available on the City's website at www.cityofsycamore.com or on the Police Department website at www.sycamorepd.com.

Completed applications must be returned to Human Resources by 5:00 p.m. on Tuesday, July 31, 2009.

Qualifications

Applicants must:

- Be authorized to work in the United States;
- Be over 21 and under 35 years of age, unless qualified for exceptions specified in Illinois law.
- Possess binocular vision correctable to 20/20.
- Possess a valid Drivers License.
- Have a High School diploma or equivalent plus 60 hours of college credits from an accredited college or university.
- Possess the ability to meet job related physical requirements.
- Be willing to reside within 20 miles of the DeKalb County Courthouse by end of probation.
- Satisfactorily complete written and oral testing requirements, as well as a background investigation, polygraph, medical, and psychological examinations.

Benefits

- Certified police officers start at \$46,963.33; initial entry recruits start at \$44,434.97.
- 10-hour, four-day shift schedule with a three-month rotation.
- Excellent health, dental, vision, and life insurance benefits.
- Comprehensive Labor Contract between City of Sycamore and F.O.P. Lodge
- 11 Paid Holidays.
- 6 days of vacation at hire with 12 days of vacation after one year.
- 90 hours of annual sick leave.
- Education Incentives and Tuition Reimbursement.
- Police Retirement Pension.
- Duty gear and uniforms provided.
- Excellent in-service training.

Agency contacts: Jean Tritle, (815)895-0786 (Human Resources Director)
Colleen Ziegler, (815)895-3435 (Command Staff Secretary)

Agency website: www.sycamorepd.com

The City of Sycamore is an Equal Opportunity Employer

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July 2009

Dear Candidate:

Please read the following carefully, as it contains important information concerning our application process.

Applications for the position of entry-level Police Officer will be accepted during the period of July 1 – July 31, 2009. Completed applications should be turned into the Fire and Police Commission in care of our Human Resources Department, located on the second floor of the Sycamore Center, 308 W. State Street. Along with your completed application, you are required to turn in the following items:

1. A certified copy of your birth certificate for verification of your age;
2. A certified copy of your college transcripts for verification of college credits;
3. For applicants with military service, a copy of your Military Discharge Papers (Form DD-214);
4. Copies of any pertinent certifications, such as State of Illinois Police Certification.

Applicants who fail to turn in a complete application and all of the above items by 5:00 p.m. on July 31, 2009 will be disqualified from continuing on in the testing process.

ORIENTATION

A **mandatory** orientation will be held for all qualified applicants on Saturday, August 15, 2009 at 9:00 a.m. at the Sycamore Public Library, 103 E. State Street. Registration will begin at 8:30 a.m. Spouses or Significant Others are also welcome to attend. At orientation, you will be informed about our City and our Police Department. You will hear about shift work, the pay scale, vacation, benefits, training opportunities and requirements, our Department's policing philosophy, and the selection process. You will meet and hear from the Chief of Police, Command Staff personnel, the Fire and Police Commissioners, and other City staff members who can answer questions that you may have. **Please note: failure to arrive for orientation on time will result in disqualification from the testing process. Candidates are required to present a photo ID and sign in and out.**

WRITTEN EXAMINATION

The written examination for both initial entry recruits and certified Police Officers will be given on Saturday, August 15, 2009 at the Sycamore Public Library. Testing will take approximately 2 – 2 ½ hours and will commence immediately after orientation. **Candidates are required to present a photo ID and sign in and out.**

ORAL EXAMINATION

The dates for the oral examination of those applicants who qualify after the written exam are tentatively scheduled to occur the week of September 14 – September 18, 2009.

Thank you for your interest in employment with our Police Department. We look forward to meeting you on August 15th.



Police Department

Don Thomas
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the signature date on this form, I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Sycamore Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statement and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys, at law, or of 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; police reports, records and contacts, either adult or juvenile and criminal history records.

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 Sycamore Police Department. I also certify that any person (s) is released from any and all liability, which may be incurred as a result of furnishing such information. I further release the Sycamore Police Department and their designated agent from any and all liability, which may be incurred as a result of collecting such information.

A Photocopy of this release form will be valid as an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Witness Signature

Signature (include maiden name)

Witness Printed Name

Address

Phone: _____

Date of Birth: _____

Social Security: _____

Date: _____



EMPLOYMENT APPLICATION

RESIDENCY REQUIREMENT

The City of Sycamore requires that all employees reside and maintain their domicile within twenty (20) miles of their place of work to be qualified employees of the City of Sycamore, Illinois. Residency must be established within twelve (12) months of the date of hire unless otherwise specified in a collective bargaining agreement.

(PLEASE PRINT OR TYPE)

Applicant Information

Full Name: _____ Date: _____	
<i>Last</i>	<i>First</i>
<i>M.I.</i>	
Address: _____	
<i>Street Address</i>	<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>
<i>ZIP Code</i>	
Home Phone: () _____	Cell Phone: () _____
If hired, date available: _____	Social Security No.: _____
Desired Salary: \$ _____	
Position Applied for: _____	
Applicants must be authorized to work in the U.S. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?	If so, when?
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature and the date of the offense, as well as the surrounding circumstances and the relevance of the offense to the position applied for may however, be considered. The applicant is not obligated to disclose sealed or expunged records of conviction or arrest pursuant to Section 12 of the Illinois Criminal Act.
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____	
Are you between the ages of 18 and 35?	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Driver's License?	Classification (circle): A B C D L M or CDL
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Are you related to any employee of the City of Sycamore or an elected official?	If yes, please state their name and relationship to you: _____
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Please indicate how you heard about the position for which you are applying:	
Newspaper <input type="checkbox"/>	Relative <input type="checkbox"/>
Friend <input type="checkbox"/>	Website <input type="checkbox"/>
Walk-in <input type="checkbox"/>	
Education	
High School: _____	Address: _____
Number of Years completed: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Degree: _____	
College: _____	Address: _____
Number of Years completed: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Degree: _____	
Credit Hours: _____	
Other: _____	Address: _____
Number of Years Completed: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Degree: _____	

List any correspondence courses, special courses, seminars, workshops, etc. that you have attended that might relate to this position:

List any professional organizations that you belong to that might relate to this position:

List any licenses or certifications that you hold that may relate to this position:

List any other skills/experience that you have that may relate to this position:

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

References

Please list three business/work references, excluding current City of Sycamore employees or elected officials

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Disclaimer and Signature

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Sycamore to thoroughly investigate my references, work record, and other matters related to my suitability for employment and further, I authorize my former employers to disclose to the City of Sycamore any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the City of Sycamore, my former employers, and all other persons, corporations, partnerships, and associations, from any and all claims, demands, or liabilities arising out of or in anyway related to such investigation or disclosure.

I understand that any offer of employment is conditional upon the successful completion of a background check, drug screen, and physical examination.

I understand that nothing contained in this application or conveyed during my interview, which I may be granted, is intended to create an employment contract between the City of Sycamore and myself. In addition, I understand and agree that, if I am employed, I must serve a probationary period, during which I may be terminated at any time with or without prior notice, at the option of the City of Sycamore or myself. Furthermore, no promises or representation contrary to the foregoing are binding on the City of Sycamore unless made in writing and signed by the City of Sycamore and myself.

Signature: _____ **Date:** _____

IT IS THE POLICY OF THE CITY OF SYCAMORE TO PROVIDE EMPLOYMENT, TRAINING, COMPENSATION, PROMOTIONS, AND OTHER CONDITIONS OF EMPLOYMENT WITHOUT REGARDS TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY, EXCEPT WHERE AGE, SEX, OR PHYSICAL STANDARDS ARE APPLICABLE BONA FIDE OCCUPATIONAL REQUIREMENTS.

C. EXPERIENCE AND EMPLOYMENT – Beginning with your present or most recent job, list all employment held for the past 10 (ten) years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary.

1. Company: _____ Phone: _____ () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

2. Company: _____ Phone: _____ () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

3. Company: _____ Phone: _____ () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

4. Company: _____ Phone: _____ () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

5. Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

6. Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

7. Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

8. Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

D. MILITARY HISTORY

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ YES _____ NO

2. DATES OF SERVICE: FROM _____ TO _____

BRANCH OF SERVICE: _____

UNIT DESIGNATION: _____

MILITARY SERVICE NUMBER: _____

HIGHEST RANK HELD: _____

TYPE OF DISCHARGE: _____

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC)? _____ YES _____ NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

E. EDUCATIONAL HISTORY

1. HIGH SCHOOL:

NAME	ADDRESS	DATES ATTENDED		GRADUATED	
		FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. COLLEGE:

(a) NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____
 ADDRESS: _____

 DATES ATTENDED: FROM _____ TO _____
 CREDIT HOURS EARNED: _____ MAJOR/MINOR: _____
 DEGREE RECEIVED, IF ANY: _____ DATE: _____

(b) NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____
 ADDRESS: _____

 DATES ATTENDED: FROM _____ TO _____
 CREDIT HOURS EARNED: _____ MAJOR/MINOR: _____
 DEGREE RECEIVED, IF ANY: _____ DATE: _____

(c) NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____
 ADDRESS: _____

 DATES ATTENDED: FROM _____ TO _____
 CREDIT HOURS EARNED: _____ MAJOR/MINOR: _____
 DEGREE RECEIVED, IF ANY: _____ DATE: _____

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.). GIVE THE NAME AND ADDRESS OF THE SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE EARNED, AND ANY OTHER PERTINENT INFORMATION.

F. SPECIAL QUALIFICATIONS AND SKILLS

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.). INDICATE THE LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION:

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE:

3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR):

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT YOU MAY POSSESS:

G. LEGAL

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE, OR SUMMONSED INTO COURT? _____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING (LIST JUVENILE AS WELL AS ADULT OCCURRENCES):

CRIME CHARGED	POLICE AGENCY CITY/STATE	DATE	DISPOSITION OF CASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. MOTOR VEHICLE OPERATION

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ YES _____ NO
IF YES, GIVE THE DATE, LOCATION, AND REASONS:

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? _____

3. TO THE BEST OF YOUR MEMORY, LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:

MONTH & YEAR	CHARGE	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS:

I. RELATIVES, REFERENCES, ACQUAINTANCES

1. MARITAL STATUS:
 _____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

2. IF MARRIED:
 DATE OF MARRIAGE: _____ CITY AND STATE: _____
 SPOUSE'S NAME (WIFE'S MAIDEN NAME): _____

3. IF EVER SEPARATED, DIVORCED, OR WIDOWED:
 DATE OF MARRIAGE: _____ CITY AND STATE: _____
 SPOUSE'S NAME (WIFE'S MAIDEN NAME): _____
 PRESENT ADDRESS: _____
 TELEPHONE NUMBER: _____
 _____ SEPARATED _____ DIVORCED _____ ANNULLED
 DATE OR ORDER OR DECREE: _____
 COURT AND STATE WHERE ISSUED: _____

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED, AND FOSTER CHILDREN):

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ALL OTHER DEPENDENTS:

NAME	RELATION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES (IF DECEASED, PLEASE INDICATE. INCLUDE MOTHER'S MAIDEN NAME):

NAME	ADDRESS	PHONE	RELATION	AGE
_____	_____	_____	FATHER	_____
_____	_____	_____	MOTHER	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. REFERENCES OR ACQUAINTANCES – LIST FIVE (5) PERSONS WHO YOU KNOW WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

(1) Full Name: _____	Relationship: _____
Business Address: _____	Years Known: _____
Business Phone: _____	Home phone: _____

(2) Full Name: _____	Relationship: _____
Business Address: _____	Years Known: _____
Business Phone: _____	Home phone: _____

(3) Full Name: _____	Relationship: _____
Business Address: _____	Years Known: _____
Business Phone: _____	Home phone: _____

(4) Full Name: _____	Relationship: _____
Business Address: _____	Years Known: _____
Business Phone: _____	Home phone: _____

(5) Full Name: _____	Relationship: _____
Business Address: _____	Years Known: _____
Business Phone: _____	Home phone: _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT (IN FULL)

DATE COMPLETED