

**APPLICATION PACKET**  
**LATERAL POLICE OFFICER**



**Board of Fire and Police Commissioners**

Beau Ingledue, Chair  
Andrea Henderson  
Jill Myers



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**CHECKLIST OF REQUIREMENTS  
FOR APPLICANT USE**

Applicant's Name: \_\_\_\_\_

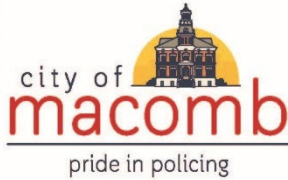
	<u>Signed</u>	<u>Returned</u>
Application and General Waiver & Release	_____	_____
Equal Opportunity Data Collection (Optional)	_____	_____

**ADDITIONAL DOCUMENTATION REQUIRED:**

In order for your application to be considered complete, copies of the following are required. Do not send originals. These documents become the property of the Board of Fire and Police Commissioners. If copies are not available at the time of application include a letter of explanation.

	<u>Attached</u>
Copy of Birth Certificate	_____
Copy of Driver's License	_____
Copy of all College Transcripts	_____
Copy of DD214 (Military long form) (if applicable)	_____
Copy of Certificate of Completion of Police Academy	_____
Copy of Illinois Police Officer Certification License (if applicable)	_____
Application on file prior to the applicable deadline	_____

**RETURN COMPLETED APPLICATIONS TO:  
Board of Fire and Police Commissions  
120 S. McArthur St.  
Macomb, Illinois 61455**



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### MINIMUM QUALIFICATIONS, STARTING SALARY AND BENEFITS

The Board of Fire & Police Commissioners of the City of Macomb, Illinois offers testing for Lateral/Experienced Police Officers, interested in being considered for appointment to the Macomb Police Department.

Applicants must be at least 21 years of age; be certified by the Illinois Law Enforcement Training Standards Board; have been employed with their respective law enforcement agency within the State of Illinois for at least two (2) years; and been actively employed as a police officer within the last twelve (12) months.

Applicants must possess a valid driver's license; must have visual acuity 20/20 each eye corrected (minimum), with normal color vision and depth perception; must have good habits and be of moral character. If hired, residency requirements must be met within 60 days of being hired. Residency must be maintained in the following Illinois counties: McDonough, Warren, Henderson, Fulton, Hancock, Knox, and Schuyler. To be considered for appointment, candidates must participate in an oral board interview and pass, to the satisfaction of the Board, medical and psychological evaluations and a background investigation.

As of May 1, 2023, starting salary for Lateral Police Officer is up to \$66,458.80, depending on experience and shift assignment.\*

1. Longevity program salary increases after 2, 4, 6, 9, 12, 15, 20 and 25 years of service, depending on starting salary.
2. \$5,000 Signing Bonus (Paid in bi-weekly increments during first 12 months of service)
3. 12 hour shifts with alternating weekends off
4. Up to 96 hours of paid sick leave per year.
5. Tuition reimbursement program for work-related courses.
6. Paid time off: Minimum of 80 hours up to 120 hours of vacation, depending on years of prior service, awarded after one year of service with the Department.
7. Award of 80 hours of holidays per anniversary year and three paid personal days per year.
8. Retirement program after 20 years of service and at the age of 55.
9. Paid employee health insurance program. City pays 75% of dependent health premium costs.
10. Paid in-service training by state certified instructors.
11. The City will furnish all initial clothing required, with \$1,500 annual clothing and cleaning allowance per year thereafter.
12. Workout facility with Physical Conditioning Program.
13. Fraternal Order of Police (FOP) Collective Bargaining Agreement virtually guarantees most time off.
14. 4 weeks paid maternity/paternity leave.

\*All benefits and compensation itemized herein are subject to change pursuant to the applicable Collective Bargaining Agreement terms. The City reserves the right to require reimbursement of training expenses on a pro-rata basis if the officer resigns within the first two years of employment.

*The City of Macomb is an Equal Opportunity and Affirmative Action Employer  
Minorities and women are encouraged to apply*

**APPLICATION FOR EMPLOYMENT**  
**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 disability, or any other legally protected status.

**PLEASE PRINT**

**Application Date** \_\_\_/\_\_\_/\_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY & NEATLY Position Applied**

**for:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Last

First

Middle

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

Present Address: \_\_\_\_\_

Street

City

State

Zip

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prior Addresses:

Street Address

City

State

Residency Dates  
From                      To

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Have you received a high school diploma or GED?  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 20 years of age?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

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

**Military Service**

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

Duties performed: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** Please list your last four employers, starting with the most recent.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize job-related skills & qualifications from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

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

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

**EDUCATION**

	Name/Location of School	Did you graduate?	Major/Minor Subjects Studied
High School/ GED	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Training	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Are you an IMRF retiree?  Yes  No If you are an IMRF retiree, it is suggested you review General Memo 688 and the return-to-work rules for IMRF retirees. Your retirement status will have no effect on this application.

**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.**

**I understand a physical examination and drug screen will be required prior to beginning employment and that I will be required to undergo drug testing if deemed necessary by supervisory personnel. I also understand that upon commencing employment, I will be required to maintain permanent residence within the boundary lines of McDonough, Warren, Henderson, Fulton, Hancock, Knox, or Schuyler County, Illinois.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATION TO:**

**Board of Fire and Police Commissioners  
Office of the Mayor - Macomb City Hall  
232 E. Jackson St.  
Macomb, IL 61455**



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### **GENERAL WAIVER AND RELEASE** **Please Read Carefully Before Signing**

In connection with my application for employment with the City of Macomb, I understand and agree that investigative inquiries are to be made which may include, but not limited to: my 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 hereby agree to release and hold harmless the City of Macomb, its employees (elected or appointed), the 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 any 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 and agree that the City of Macomb and/or Board of Fire and Police Commissioners 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 any reservations 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.

I understand successful completion psychological examinations are required prior to beginning employment. I also understand that if hired, I will be required to maintain permanent residence within the boundaries of McDonough, Warren, Henderson, Fulton, Hancock, Knox, or Schuyler County, Illinois.

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: \_\_\_\_\_





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### CITY OF MACOMB EQUAL OPPORTUNITY DATA COLLECTION

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 voluntary information, if provided, will neither enhance nor detract from your opportunity for employment. Return of this form is optional. Thank you.

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

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

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

Name: \_\_\_\_\_

Sex:  Female  Male

Citizenship:  Native USA  Naturalized  Non-USA Citizen

EEO Class:  Hispanic or Latino  
 White (Not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  
 Asian  
 Native Hawaiian or Other Pacific Islander

Are you a veteran?  Yes  No

Discharge Date: \_\_\_\_\_

Advertisement source? \_\_\_\_\_

Publication Name: \_\_\_\_\_

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