

APPLICATION PACKET

ENTRY LEVEL POLICE OFFICER



Board of Fire and Police Commissioners

Beau Ingledue, Chair
Adrienne Graham
Jill Myers



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MINIMUM QUALIFICATIONS, STARTING SALARY AND BENEFITS

The Board of Fire & Police Commissioners of the City of Macomb, Illinois offers periodic testing for eligible applicants interested in being considered for appointment to the Macomb Police Department.

Applicants must be at least 20 years of age and under 35 years of age as of the date of testing in order to apply for employment with the Macomb Police Department, unless exempt from such age limitation as provided by Illinois law (65 ILCS 5/10 et. seq.). Applicants who are 20 years of age are hereby notified that while their name will be placed on the final eligibility list, the Department and the Board of Fire and Police Commissioners reserve the right to pass over them if they will not have attained the age of 21 by the start date of the Academy for the round of hiring in question due to the age requirement of the Academy. Any applicant passed over in this manner for this reason shall retain his or her place on the list for the next round of hiring.

Applicants must have completed 60 semester or 90 quarter hours from an accredited academic institution, or obtained an AA, AS or AAS, or have two (2) years prior service in law enforcement with certain agencies and successfully completed the Illinois Law Enforcement Basic Training Program; must possess a valid driver's license; must pass physical and written exams; 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. The educational requirement may be waived with verified documentation of certain military service as permitted by law (65 ILCS 5/10-2.1-6). 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, candidate must pass, to the satisfaction of the Board, medical and psychological evaluations and a background investigation.

As of May 1st, 2024, starting salary is \$54,591.76 for the first year and up to \$65,679.86 after one year of service.*

1. Longevity program provides salary increase after 2, 4, 6, 9, 12, 15, 20 and 25 years of service.
2. 12 hour shifts with alternating weekends off
3. Up to 96 hours of paid sick leave per year.
4. Tuition reimbursement program for work-related courses.
5. Paid days off: 40 hours vacation after one year, 80 hours vacation after 2 years, 120 hours vacation after 8 years, 160 hours vacation after 15 years.
6. Award of 80 hours of holidays per anniversary year and three paid personal days a year.
7. Retirement program after 20 years of service and at the age of 55.
8. Paid employee health insurance program. City pays 75% of dependent health premium costs.
9. Paid in-service training by state certified instructors.
10. The City will furnish all initial clothing required, with \$1,500 annual clothing and cleaning allowance per year thereafter.
11. Workout facility with Physical Conditioning Program.
12. Fraternal Order of Police (FOP) Collective Bargaining Agreement virtually guarantees most time off.
13. 4 weeks of 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.



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CHECKLIST OF REQUIREMENTS FOR APPLICANT USE

Applicant's Name: _____

Signed

Returned

Application, Release Form, and
General Waiver & Release

ADDITIONAL DOCUMENTATION REQUIRED

In order for your application to be considered complete, copies of the following are required, **before a conditional offer can be made**. 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.

Attached

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
(if applicable)

Copy of Illinois Police Officer Certification License
(if applicable)

POWER Test Card, issued within 6 months of testing date
(in lieu of fitness testing at facility, if desired – can be
presented at test site)

Application on file prior to the applicable deadline

**RETURN COMPLETED APPLICATIONS TO:
Macomb Police Department
120 S. McArthur St.
Macomb, Illinois 61455**



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 #: _____

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

Do you have 60 semester hours of college education?* Yes No

*(Must be completed by time of conditional offer)

Have you ever applied with the City before? Yes No If Yes, when/what position?

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.)

Driver's License Number _____ State of Issue: _____

Military Service

Branch: _____ From: _____ to Discharge Date: _____

Duties performed: _____

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

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**Macomb Police Department
120 S. McArthur 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.

I hereby acknowledge that I understand that a physical fitness test is required prior to beginning employment with the Fire and Police Commission of the City of Macomb, Illinois. I further warrant that I am physically fit and able to take said physical fitness test. As such, I hereby agree to waive any and all liability and 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 my performance of the physical fitness test.

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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POWER TEST INFORMATION

The actual performance requirement for each test is based upon norms for a national population sample.

The applicant must pass every test.

The required performance to pass each test is based upon sex and age (decade). While the absolute performance is different for the 8 categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile rank in terms of their respective age/group. The performance requirement is that level of physical performances that approximate the 40th percentile for each age and sex group.

POWER TEST CHART

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit & Reach	14.4	13.0	12.0	10.5	17.0	16.5	15.0	14.8
1 Minute Sit-up	33	30	24	19	24	20	14	10
Maximum Bench Press Ratio	88%	78%	72%	63%	51%	47%	47%	39%
1.5 Mile Run	14:00	4:34	15:24	16:58	16:46	17:38	18:37	20:44

*Applicants may present a valid POWER Card issued within 6 months of examination date in lieu of testing in person.



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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: _____