

# APPLICATION FOR EMPLOYMENT FIRE AND POLICE COMMISSION CITY OF MONTICELLO, ILLINOIS

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PLEASE PRINT OR TYPE  
ANSWER ALL QUESTIONS COMPLETELY**

<b>EMPLOYMENT DESIRED:</b>	<b>POLICE DEPARTMENT POSITION OF POLICE OFFICER</b>
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**PERSONAL INFORMATION:**

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

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

**Present Address:**

Street	City	State	Zip
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**Date of Birth:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Prior Addresses: (Please specify below)**

Street Address	City	State	Dates of Residency
			To                      From

a.

b.

c.

d.

**PERSONAL INFORMATION (CONT.)**

	Yes	No
Do you have any relatives employed by the City? <i>If yes, Who: _____ Relation: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid driver's license? <i>If no, explain: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a high school diploma or GED?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have required hours of college?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever applied with the city before? <i>If yes, when/for what position? _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
If employed, may we inquire with your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of Citizenship will be required upon employment.)</i> <i>If yes, explain: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>

**MILITARY SERVICE**

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

Type of Discharge: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Please list below your last four employers, starting with the most recent

Employer	Phone	Dates From: ___/___/___
Address		Employed To: ___/___/___
Job Title	Supervisor	Hourly Rates/Salary Starting: _____ Final: _____
Work Performed		
Reason for Leaving		
Employer	Phone	Dates From: ___/___/___
Address		Employed To: ___/___/___
Job Title	Supervisor	Hourly Rates/Salary Starting: _____ Final: _____
Work Performed		
Reason for Leaving		
Employer	Phone	Dates From: ___/___/___
Address		Employed To: ___/___/___
Job Title	Supervisor	Hourly Rates/Salary Starting: _____ Final: _____
Work Performed		
Reason for Leaving		
Employer	Phone	Dates From: ___/___/___
Address		Employed To: ___/___/___
Job Title	Supervisor	Hourly Rates/Salary Starting: _____ Final: _____
Work Performed		
Reason for Leaving		

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment, any specialized training, internship and extra-curricular activities.


## REFERENCES

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

Name	Phone	Address	Business	Years Known	Relationship
1					
2					
3					

## RECORD OF CONVICTION(S) (IF APPLICABLE)

Please include traffic offenses

Date	Location	Type of Offense	Sentence
1			
2			
3			
4			
5			

## EDUCATION

Name/Location of School	Yrs. Attended	Date Graduated	Major/Minor Subjects Studied
Grammar School			
High School			
College			
College			
Other Training			

Have you completed basic training as a Police Officer? (circle one) Yes No

Name and location of police academy ( if applicable/ copy required )

**EDUCATION (CONT.)**

Describe any honors you have received. \_\_\_\_\_

State any additional information you feel may be helpful in considering your application

**ADDITIONAL INFORMATION**

The following documents must accompany this completed application:

- 1. Proof of age (Birth Certificate or Copy) Must be 21 years old at time of application
- 2. Proof of Citizenship (Birth Certificate will suffice)
- 3. DD214, if applicable (Military Discharge Certificate)
- 4. Valid Drivers License (Copy)
- 5. Proof of highest education completed (Transcripts required)
- 6. Recent Photo
- 7. Police Academy Certification (Copy) (If applicable)

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**RETURN COMPLETED APPLICATION TO:**

**Monticello Police Department  
301 N. Hamilton,  
Monticello, IL 61856  
(217) 762-7727**

**Note: Please notify the Monticello Police Department of any change in your address and/or contact information.**

**Monticello  
Police Department**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize the full disclosure of all records concerning myself, my employment, and my finances, present and past, to the review thereof by any duty authorized agent of the City of Monticello Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent and authorization to all persons for full and complete disclosure of records and information of educational institutions; financial or credit institutions, including records of loans, records, reports and information of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records and information, including background reports, efficiency ratings, complaints or grievances made 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; and any records or information of a police department or other law enforcement or state or federal agency.

I understand that any of the information obtained by a personal background investigation, which is developed directly, or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City of Monticello. I hereby agree to release and hold harmless the City of Monticello, its employees, elected and appointed, the City of Monticello Board of Fire and Police Commissioners and any and all of their agents from and against any claim or liability which may be incurred as a result of furnishing such information. I further release the City of Monticello Police Department 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 thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Driver's License No./State Issued)