

# **Mt. Carmel Police Department**

120 East 4th Street, Mt. Carmel, Illinois

## **POLICE OFFICER EMPLOYMENT APPLICATION PACKET**

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability and Release Form
- Credit Information Release Form
- Pre-employment Drug Screen Consent Form
- Police Officer Position Description

Return the entire packet to the address below:

**Mt. Carmel City Hall  
631 N Market Street  
Mt Carmel, IL 62863**

Office Use Only: Date received \_\_\_\_\_

## Instructions

## Basic Personal Information

Place of birth: \_\_\_\_\_

City State Country

6. If yes, explain the circumstances on a separate sheet.

7. Are you a commissioned/licensed peace officer in another state of the U.S.? ☐ Yes ☐ No

8. If yes, in which state did you receive your commission/license? \_\_\_\_\_

9. If yes, when and where did you obtain your license? \_\_\_\_\_  
Training Academy or Department

Address City State Zip Date

10. Have you applied for a position with the City before? ☐ Yes ☐ No

11. If yes, when and previous position(s) applied for: \_\_\_\_\_

### Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

Grade and duty assignment at discharge/separation: \_\_\_\_\_

Are you registered for the Selective Service? ☐ Yes ☐ No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard? ☐ Yes ☐ No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_  
Unit

Location Grade Duty Assignment

### Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED? ☐ Yes ☐ No

SCHOOL NAME	ADDRESS, PHONE NUMBER	GRADUATE Yes/ No Dates Enrolled	COURSE OF STUDY / MAJOR
HIGH SCHOOL			

COLLEGE / UNIV.			
GRADUATE SCHOOL			
OTHER			

### Specialized Skills and Training

Do you speak another language other than English? \_\_\_Yes \_\_\_No      Fluent? \_\_\_Yes \_\_\_No

If yes, please list:

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

Please list any social internet sites (Facebook, personal blogs) that you have an active or past account with:

Briefly list any training or skills, including firearms, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

### Personal History

1. Do you know of any reason that you could not pass a background check? \_\_\_ Yes \_\_\_ No
2. Have you ever been fired or asked to resign from a job? \_\_\_ Yes \_\_\_ No
3. Have you ever received disciplinary action from an employer? \_\_\_ Yes \_\_\_ No
4. Have you ever stolen from an employer? \_\_\_ Yes \_\_\_ No
5. Have you ever committed a crime for which you were not arrested? \_\_\_ Yes \_\_\_ No
6. Have you ever assisted someone in committing a crime? \_\_\_ Yes \_\_\_ No
7. Have you ever falsified a police report? \_\_\_ Yes \_\_\_ No
8. Have you ever accepted money not to report a crime? \_\_\_ Yes \_\_\_ No

9. Have you ever slept on the job? ☐ Yes ☐ No
10. Has any driver's license issued to you ever been suspended or revoked? ☐ Yes ☐ No
11. Have you ever used, sold, or otherwise handled in an illegal manner  
any controlled substance? ☐ Yes ☐ No
12. Have you ever been bonded? ☐ Yes ☐ No
13. Have you ever been refused bond? ☐ Yes ☐ No

If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

### Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

	Type of case	Jurisdiction	City, State
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

### Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	MONTHLY PAY- MENT

Have you ever declared bankruptcy? \_\_\_\_\_ Yes \_\_\_\_ No  
If yes, give date and circumstances: \_\_\_\_\_

### Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT PT  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

### Residences

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP CODE	DATES

### Personal References

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

### Remarks

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

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Joe Judge, Mayor  
631 N. Market Street • Mt. Carmel, Illinois 62863  
Phone: (618) 262-4822 • Fax: (618) 262-4208

## PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.

The Mt Carmel Police Department tests applicants as needed to fill vacancies. This is what will happen with your application.

1. Your application is reviewed to ensure you meet the minimum qualifications for a police officer position and for accuracy, legibility, and completeness.
2. If the application is accepted, you will receive a letter notifying you of acceptance. Letters are not sent for rejected applications.
3. Your application will be placed on file until a test is scheduled.
4. All applicants on file will be notified by mail of the next test date.
5. Failure to appear on the scheduled test date disqualifies the applicant and their application will be discarded. You must submit a new application for the next testing period.

### Please Read Carefully Before Signing This Application

Please include a one to one and a half page essay in your own printed hand writing describing why you wish to join The Mt. Carmel Police Department. What you hope to contribute and what your aspirations are for the future. Also state why you think you should be considered the best candidate for the position you are applying for.

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





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## WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Mt Carmel Police Department and the City of Mt Carmel, Illinois hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions: Full Name (typed or printed)

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

### DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_



THE CITY OF  
**Mount  
Carmel**

Joe Judge, Mayor  
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## **CREDIT INFORMATION RELEASE FORM**

### **Consumer Report Disclosure**

By this document, the City of Mt Carmel discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

\_\_\_\_\_  
Applicant Full Name (typed or printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### **Consumer Report Authorization**

This document shall authorize the procurement of a consumer report by the City of Mt Carmel part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Mt Carmel to procure consumer reports at any time during my employment period.

\_\_\_\_\_  
Applicant Full Name (typed or printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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### PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, \_\_\_\_\_, as an applicant with the City of Mt Carmel, Illinois consent to allow  
Applicant Full Name (typed or printed)  
my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be  
released to the City of Mt Carmel, Illinois or it authorized agents to representatives.
2. I hereby release the City of Mt Carmel and its employees from any action that may arise out of results of such  
tests or information being released to the City of Mt Carmel.
3. I understand that if I fail to sign and return this consent to the City of Mt Carmel, Illinois my application will no  
longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I  
have received will be withdrawn.

\_\_\_\_\_  
Applicant Full Name (typed or printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date