

Position: Police Officer
Deadline: Open Testing
Agency: Washington Police Department – Washington, Illinois
Location: Washington, Illinois (Central Illinois – Peoria Metro Area)

Starting Salary: \$54,874.00

Experienced officers may be inserted into the pay plan based on prior service, up to \$74,361.69 (9 years credit). All equipment is issued to new officers.

Qualifications: Applicants must be 21 years of age when applying, have a high school diploma or GED; Associate's Degree or 60 semester college credit hours or 90 quarter college credit hours from an accredited college or university with a minimum grade of "C" for the required hours, no felony convictions, U.S. citizen, valid driver's license.

Responsibilities: Individuals must share the vision & values of the Washington Police Department. The successful applicant must display the highest levels of integrity, sound judgment and ethical standards. We are seeking individuals who are team oriented with a high level of maturity and personal responsibility. Some responsibilities include, but are not limited to: enforcement of the law; prevention of crime; discover commission of crimes; control traffic flow and enforce State & local traffic regulations; perform certain administrative and technical tasks in support of the Department; aggressive, problem solving Patrol strategies; investigation of motor vehicle accidents, as well as misdemeanor and felony complaints; process crime scenes, understand and embrace the philosophy of Community Policing. Washington is one of the fastest growing communities in Central Illinois with a population of 16,566 as of the 2016 Special Census.

Special Conditions: Applicant must participate in and successfully pass each phase of the process to continue onto the next phase of the selection process;

Phase 1: Orientation, Phase 2: Physical Agility Test, Phase 3: Written Examination, Phase 4: Oral Test, Phase 5: Applicant Ride Along Evaluation, Phase 6: Background Investigation, Phase 7: Preliminary Commission Interview, Phase 8: Polygraph Examination, Phase 9: Psychological Examination, Phase 10: Medical Examination, Phase 11: Final Physical Ability Test, Phase 12: Commission Interview.

MANDATORY ORIENTATION – for applicants for the Police Department of the City of Washington is to be determined. Physical Agility and Written Examination to follow Orientation Session.

For more information, contact:

Beth Duley, Administrative Officer bduley@ci.washington.il.us
Washington Police Department
115 W. Jefferson St.
Washington, Illinois 61571
Phone: 309-444-1143

Website: <http://www.ci.washington.il.us>

**CITY OF WASHINGTON
BOARD OF POLICE COMMISSIONERS**

DOCTOR'S RELEASE

A strenuous physical qualifications test (agility test) established by the Illinois Local Government Law Enforcement Officers Training Board will be conducted by a certified physical fitness instructor. The physical fitness of each applicant will be measured by:

- 1. Threshold Weight
- 2. Sit and Reach Test
- 3. 1 minute sit Up Test
- 4. 1 Repetition Maximum Bench Press
- 5. 1.5 Mile Run

“I hereby certify that _____ is physically capable of participating in this strenuous Physical Qualifications Test (Physical Ability Test).”

Signed: _____

Address: _____

Date: _____

TO BE TURNED IN AT THE PHYSICAL AGILITY TESTING FACILITY

This form is **NOT** to be turned in with the completed application; you will be required to bring this form with you to the physical agility test. If you do not present this form at the physical agility test, you will not be allowed to participate in the test, and will be eliminated from the testing process.

BOARD OF POLICE COMMISSIONERS POLICE OFFICER APPLICATION

115 W. Jefferson St., Washington, IL 61571
 Phone: 309-444-2313/Fax: 309-444-7511

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" ("does not apply") if the question does not apply. Please type or print in blue or black ink.

1. NAME (LAST, FIRST, MIDDLE):					
2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE):					
3. HOME ADDRESS (ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY):					
4. HOME PHONE:		5. EMAIL:		6. SOCIAL SECURITY NO:	
7. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? (LIST FULL NAMES & RELATIONSHIPS):					
8. DATE OF BIRTH:		9. PLACE OF BIRTH (CITY, STATE & ZIP CODE):			
10. SEX:	11. HEIGHT: ___(FT) ___(IN)	12. WEIGHT:	13. AGE:	14. EYE COLOR:	15. HAIR COLOR:
16. ARE YOU A U.S. CITIZEN?:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF "YES":	NATIVE BORN <input type="checkbox"/>
				NATURALIZED <input type="checkbox"/>	IF "NATURALIZED," GIVE PARTICULARS:

17. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING (INCLUDE FATHER, MOTHER, SISTERS AND BROTHERS)			
NAME	RELATIONSHIP	ADDRESS	OCCUPATION

ARE YOU A FULLY COMMISSIONED POLICE OFFICER? YES NO

IF YOU ANSWERED "YES," PLEASE ATTACH A COPY OF THE CERTIFICATE OF COMPLETION OF THE POLICE TRAINING INSTITUTE TO YOUR APPLICATION.

EDUCATION

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATES ATTENDED	GRADUATE YES NO		AVERAGE GRADE
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

19. JUNIOR COLLEGE, COLLEGES OR UNIVERSITIES	NO. OF YEARS COMPLETED	MAJOR OR FIELD OF STUDY	DEGREES ATTAINED	DATES ATTENDED

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES NO IF "YES" PLEASE EXPLAIN:

21. LIST OTHER FORMAL EDUCATION BEYOND HIGHSCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES:

22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOOLD OR HAVE HELD:

DRIVING HISTORY

23. CAN YOU OPERATE AN AUTOMOBILE	YES <input type="checkbox"/> NO <input type="checkbox"/>	24. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFER'S LICENSE FROM ILLINOIS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF "YES" DATE OF EXPIRATION:		DRIVERS LICENSE NUMBER:	
25. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFER'S LICENSE BY ANY STATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:	
HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFER'S LICENSE IN ANY OTHER STATE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
26. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:	
27. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:	

RESIDENCES

28. LIST YOUR RESIDENCES FOR THE LAST TEN YEARS, STARTING WITH YOUR PRESENT ADDRESS.				
FROM (MO & YR)	TO (MO & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE	
29. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?		YES <input type="checkbox"/> NO <input type="checkbox"/>	30. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF "YES" PLEASE GIVE LOCATION:				

MILITARY SERVICE

31. HAVE YOU EVER SERVED IN ANY ANY MILITARY ORGANIZATION OF THE U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHAT BRANCH?			
32. WHAT IS YOUR SERVICE SERIAL NO.:	33. HIGHEST RANK HELD:	34. RANK AT DISCHARGE:			
35. GIVE DATE AND LOCATION OF ENTRANCE TO ACVTIVE DUTY (CITY & STATE):					
36. LIST PERIOD(S) OF ACTIVE SERVICE (FROM DATE):					
37. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, CONDITIONS, ETC.)?	PLEASE BE EXACT:				
38. IF YOU HAD NO MILITARY SERVICE EXPLAIN:					
39. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD (I.E., 1-A, ETC.):					
40. IF YOU ARE A NON-VET, LIST THE FOLLOWING:					
LOCAL BOARD NO.:	ADDRESS, CITY, STATE & ZIP CODE:				
41. WERE YOU EVER CONVICTED AT A COURT-MARTIAL?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:			
42. ARE YOU OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>	BRANCH:	UNIT:	RANK:
		ADDRESS:		FROM:	TO:
43. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHAT STATE:	REGIMENT:	UNIT:	RANK:
		RANK:	TYPE OF DISCHARGE:	FROM:	TO:
44. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT:					

LAW ENFORCEMENT CONTACT CIRCUMSTANCES

45. HAVE YOU EVER HAD CONTACT WITH THE POLICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN BELOW:
46. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN BELOW:
47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN BELOW:

AGENCY	DATE	PURPOSE

48. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION

EMPLOYMENT HISTORY

	AGENCY	APPROXIMATE EXAM DATE	POSITION ON LIST	STATUS	
49. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
50. ARE YOU NOW ON ANY ELIGIBILITY LISTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
51. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST AND NOT HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
52. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
53. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
54. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" LIST POSITION	DATE FROM	DATE TO	LOCATION	
55. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:		INCLUDE NAMES & ADDRESSES OF EMPLOYERS:		
56. ARE YOU NOW OR YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
57. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS.					
1	EMPLOYERS NAME:	ADDRESS:		TYPE OF BUSINESS:	
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
2	EMPLOYERS NAME:	ADDRESS:		TYPE OF BUSINESS:	
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	

3	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
4	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
5	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
6	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
7	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
8	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	FROM:	TO:	SALARY PER MONTH:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	

58. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH FOR US TO CONTACT:

59. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION:

CREDIT HISTORY

60. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES
(INCLUDE BANK OR CHARGE ACCOUNT, OR FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE).

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	DATE OPENED	DATE CLOSED

61. HAVE YOU EVER BEEN SUED?
 YES NO IF "YES" PLEASE EXPLAIN:

62. LIST ANY OUTSTANDING DEBTS & LIST THE AMOUNT(S) WHETHER IN ARREARS:

AMOUNT OF ORIGINAL DEBT	AMOUNT CURRENTLY OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" PLEASE EXPLAIN:

ACQUAINTANCES

63. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME:	ADDRESS:		HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION OR PROFESSION:	BUSINESS PHONE:	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME:	ADDRESS:		HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION OR PROFESSION:	BUSINESS PHONE:	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME:	ADDRESS:		HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION OR PROFESSION:	BUSINESS PHONE:	WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

64. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFEREABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

1	NAME:	ADDRESS:	HOME PHONE:	
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:
2	NAME:	ADDRESS:	HOME PHONE:	
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:
3	NAME:	ADDRESS:	HOME PHONE:	
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:
4	NAME:	ADDRESS:	HOME PHONE:	
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:
5	NAME:	ADDRESS:	HOME PHONE:	
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:

I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all of my answers are true and correct to the best of my knowledge and belief.

Signature in Full: _____ **Date:** _____

Subscribed and Sworn before me this _____ **day of** _____, **20**_____.

Notary Public

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical examination prior to appointment. Medical examination may include testing for drugs/narcotics, communicable diseases and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the City of Washington.

