

Lewistown Police Department

Job Application

119 S Adams St.
Lewistown, IL 61542

Phone: (309)547-2226
Fax: (309)547-7250

Lewistown Police Department is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume as well, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume." Please make sure to submit three reference letters. Please print and use extra sheet for of Prior Work Experience as needed.

Personal Information:

Last Name:		First Name:		MI	Social Security #:
Street Address:				Home Phone:	
				Cell Phone:	
City:		State:	Zip Code:		Email:
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No DOB:		
Have you been charged with a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain.		
Do you or have you ever used any illegal drug? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give full details.		
Have you been convicted of spousal abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No			Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:		
Have you ever been a Law Enforcement Officer, or held similar position? If Yes, state Agency name and dates worked.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What position are you applying for?				How did you hear about this position?	
Drivers License Number:				Date Available:	

Personal References. Please attach three reference letters.

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

WORK EXPERIENCE - Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional work experience sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume." PLEASE NOTE: Lewistown Police Department reserves the right to contact all current and former employers for reference information.

Prior Work Experience:			
	Current or Most Recent	Prior	Prior
Employer			
Address			
Phone			
Name of Immediate Supervisor:			
Position/Job Title			
Dates of Employment			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education:

	Name Location	Last Year Completed	Degree and Major/Emphasis
High School		9 10 11 12	
College/University		1 2 3 4	
Trade School			
Other			

List any applicable special skills, training or proficiencies.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Lewistown Police Department to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Lewistown Police Department serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with the City of Lewistown and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Lewistown Police Department Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature:

Date:

POLICE DEPARTMENT
CITY OF LEWISTOWN
119 S. Adams
Lewistown, IL 61542
Phone (309) 547-2226 Fax (309) 547-7250

Physician's Release

A strenuous physical qualification test (agility test) established by the Illinois Law Enforcement Training and Standards Board will be conducted. The physical fitness will be measured by:

- ◆ Sit and Reach Test
- ◆ 1 Minute Sit Up Test
- ◆ 1 Repetition Maximum Bench Press
- ◆ 1.5 Mile Run

"I certify that _____
Is physically capable of participating in this strenuous Physical Qualification Test."

Signed: _____

Address _____

Date _____

TO BE TURNED IN AT PHYSICAL AGILITY TESTING FACILITY