



CITY OF PAXTON POLICE DEPARTMENT

755 N. Railroad Ave. P.O. Box 59

Paxton, Illinois Phone

217-379-4315

Dear Applicant:

The community of Paxton is a middle-class city of approximately 4500 people and is located in East Central Illinois. Much of the industry is related to agriculture. The City of Paxton has its own school system, 3 major thoroughfares, and many of the features of a larger community.

The City of Paxton faces many of the same challenges that other vibrant and diverse communities across the United States face today. The Paxton Police Department will be dedicated to a team approach of solving community problems and working together to solve problems that may arise in the community.

The Paxton Police Department plays a vital role in maintaining law and order, while promoting the best quality of life for our community. The Paxton Police Department is committed to recruiting the best possible candidates for employment for our Police Department. The expectations of our officers include taking a widely focused approach to policing; this often encompasses more than just answering service calls. The Paxton Police Department is seeking men and women who are committed to the rule of law and constitutional accountability as well as dedication to a complex job.

This job is not for everyone. The officer selection and training process is competitive and challenging. Those who succeed in being selected will find this is a very rewarding and fulfilling career. If you are dedicated to making a difference and would like to serve with professional police officers that have earned the respect and cooperation of their community, then employment with the Paxton Police Department may be the opportunity for you.

Sincerely,

Coy L. Cornett
Chief of Police

GENERAL INFORMATION

- 1. Type or print legibly in black ink only.**
- 2. All questions must be answered completely. Print N/A in any blank which does not apply to you.**
- 3. If space available is insufficient, attach a separate sheet of 8 ½ “ x 11” paper for each topic. Be sure to label each heading.**
- 4. Where addresses are requested, be sure to provide the complete address (street address, city, state, and zip code).**
- 5. Whenever the question asks for names, be sure to provide: first name, last name, and middle name. If there is a middle initial only, indicate by “I.O” If there is no middle name, indicate by “NMN”.**
- 6. In answering the section pertinent to employment history, list all jobs held since high school.**
- 7. In the section dealing with references, please provide (3) individuals (not relatives or former employers), who are responsible adults of reputable standing in their communities. These individuals should be known for at least 3 years.**



CITY OF PAXTON POLICE DEPARTMENT

POLICE OFFICER APPLICATION

Name:

CONFIDENTIAL

PERSONAL HISTORY

NAME: _____

STREET ADDRESS	CITY	STATE	ZIP
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DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SOCIAL SECURITY NUMBER: _____ **PHONE:** _____

LIST ANY NICKNAMES, ALIASES, OR OTHER NAMES THAT YOU HAVE BEEN KNOWN BY. IF YOU ARE A MARRIED FEMALE OR HAVE BEEN MARRIED IN THE PAST AND STILL USE YOUR MARRIED NAME, INCLUDE YOUR MAIDEN NAME.

MEDICAL

ARE YOU WILLING TO BE EXAMINED BY A PHYSICIAN AND SUBMIT TO A DRUG SCREENING?
 YES () NO ()

DO YOU CURRENTLY HAVE ANY MEDICAL CONDITION(S) THAT WOULD HINDER YOU
 IN PERFORMING THE DUTIES THAT THIS JOB MAY REQUIRE YOU TO DO?
 YES () NO ()

VISION

DO YOU NOW OR HAVE YOU IN THE PAST HAD ANY VISION PROBLEMS TO INCLUDE
 COLOR BLINDNESS? YES () NO ()

DO YOU WEAR PRESCRIPTION GLASSES OR CONTACTS? YES () NO ()

IF YES:
 ARE THEY REQUIRED WHEN DRIVING? YES () NO ()

DATE OF LAST EYE EXAM: _____ LOCATION OF EXAM: _____

HEARING

DO YOU CURRENTLY HAVE ANY HEARING PROBLEMS? YES () NO ()

IF YES, PLEASE LIST CURRENT CONDTION: _____

EDUCATION

HIGH SCHOOL GRADUATE: YES () NO ()

IF YES, SCHOOL ATTENDED: _____

STREET ADDRESS CITY STATE ZIP

YEARS ATTENDED: _____

IF NO, YEARS COMPLETED: _____

DO YOU HAVE AN EQUIVALENCY (GED)? YES () NO ()

IF YES, WHERE WAS YOUR GED OBTAINED? _____

COLLEGE/UNIVERSITY OR BUSINESS TRADE SCHOOLS ATTENDED:

NAME OF SCHOOL: _____

STREET ADDRESS CITY STATE ZIP

YEARS ATTENDED: _____ DID YOU EARN A DEGREE? YES () NO ()

NAME OF SCHOOL: _____

STREET ADDRESS CITY STATE ZIP

YEARS ATTENDED: _____ DID YOU EARN A DEGREE? YES () NO ()

NAME OF SCHOOL: _____

STREET ADDRESS CITY STATE ZIP

YEARS ATTENDED: _____ DID YOU EARN A DEGREE? YES () NO ()

CRIMINAL HISTORY:

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME? YES () NO ()

IF YOU ANSWERED YES, THIS WILL NOT AUTOMATICALLY DISQUALIFY YOU AS A CANDIDATE FOR THE POSITION.

EXPLAIN: _____

HAVE YOU EVER BEEN **CONVICTED** OF A **MISDEMEANOR** OFFENSE?
YES () NO () IF YES, EXPLAIN:

HAVE YOU EVER BEEN **CONVICTED** OF A **FELONY** OFFENSE? YES () NO ()
IF YES, EXPLAIN:

HAVE YOU EVER BEEN PLACED ON PROBATION? YES () NO ()
IF YES, EXPLAIN:

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, LIST WHAT CITY, COUNTY, AND STATE WHERE THIS OCCURRED AND WHAT THE DATES AND DISPOSITION OF THAT CHARGE WAS.

CITY COUNTY STATE

DATE OF CHARGE DISPOSITION

CITY COUNTY STATE

DATE OF CHARGE DISPOSITION

DRIVING HISTORY

DO YOU HAVE A VALID ILLINOIS DRIVER LICENSE? YES () NO ()

LICENSE NUMBER: _____

HAVE YOU EVER HELD A DRIVER LICENSE IN ANY STATE OTHER THAN ILLINOIS?
YES () NO ()

IF YES, WHAT STATE? _____

HAVE YOU EVER BEEN **CHARGED OR CONVICTED** OF A TRAFFIC OFFENSE OTHER
THAN A MINOR OFFENSE? _____ IF YES, EXPLAIN:

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED IN THIS OR ANY OTHER
STATE? YES () NO ()

IF YES, PROVIDE COMPLETE INFORMATION.

REASON FOR SUSPENSION / REVOCATION: _____

PERIOD OF SUSPENSION / REVOCATION: _____

LIST ANY AND ALL CITATIONS THAT YOU HAVE RECEIVED IN THE PAST 5 YEARS:

LOCATION	VIOLATION	DATE	DISPOSITION
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LOCATION	VIOLATION	DATE	DISPOSITION
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MILITARY HISTORY

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? YES () NO ()

IF YES, WHAT BRANCH? _____

RANK AT TIME OF DISCHARGE: _____

DID YOU RECEIVE AN HONORABLE DISCHARGE? YES () NO ()

WHAT WAS YOUR JOB AND WHAT DUTIES DID THIS JOB REQUIRE?

ARE YOU CURRENTLY IN THE ACTIVE RESERVES OR NATIONAL GUARD?
YES () NO () IF YES, WHAT IS YOUR RELEASE DATE FROM SERVICE? _____

EMPLOYMENT HISTORY BEGINNING WITH THE MOST RECENT:

LIST ALL JOBS THAT YOU HAVE HELD IN THE LAST 10 YEARS. BEGIN WITH THE MOST RECENT POSITION. INCLUDE MILITARY SERVICE IN THE PROPER SEQUENCE. LIST FULL OR PART TIME AND TEMP JOBS.

(EMPLOYERS WILL NOT BE CONTACTED UNLESS YOU ARE CHOSEN FOR AN INTERVIEW)

(1) EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM _____ TO _____ PHONE: _____

SUPERVISOR: _____

REASON FOR LEAVING:

(2) EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM _____ TO _____ PHONE: _____

SUPERVISOR: _____

REASON FOR LEAVING:

(3) EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM _____ TO _____ PHONE: _____

SUPERVISOR: _____

REASON FOR LEAVING:

(4) EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM _____ TO _____ PHONE: _____

SUPERVISOR: _____

REASON FOR LEAVING:

(5) EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM _____ TO _____ PHONE: _____

SUPERVISOR: _____

REASON FOR LEAVING:

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN BECAUSE OF MISCONDUCT OR
UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION: YES () NO ()

IF YES, EXPLAIN:

LIST ANY SPECIAL SKILLS OR TRAINING (i.e. certifications, computer training, foreign languages, etc.):

LIST ALL ADDRESSES THAT YOU HAVE LIVED AT WITHIN THE LAST 10 YEARS BEGINNING WITH THE MOST RECENT.

1. _____
ADDRESS CITY STATE ZIP

2. _____
ADDRESS CITY STATE ZIP

3. _____
ADDRESS CITY STATE ZIP

4. _____
ADDRESS CITY STATE ZIP

5. _____
ADDRESS CITY STATE ZIP

LIST 3 REFERENCES OF PERSONS THAT ARE NOT RELATED TO YOU OR EMPLOYERS:

1. _____ PHONE: _____
NAME (RELATIONSHIP)

ADDRESS CITY STATE ZIP

2. _____ PHONE: _____
NAME (RELATIONSHIP)

ADDRESS CITY STATE ZIP

3. _____ PHONE: _____
NAME (RELATIONSHIP)

ADDRESS CITY STATE ZIP

FINANCIAL INFORMATION

HAVE YOU EVER FILED BANKRUPTCY IN ANY STATE? YES () NO ()

IF YES, EXPLAIN THE DATE AND CIRCUMSTANCES SURROUNDING FILING:

HAVE YOU EVER DEFAULTED ON ANY LOAN OR CREDIT OBLIGATION? YES () NO ()

IF YES, EXPLAIN: LIST THE DATE, LOCATION, COMPANY, AND CIRCUMSTANCES SURROUNDING THE DEFAULT:

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS MAY BE CAUSE FOR DISMISSAL.

SIGNATURE: _____ **DATE:** _____

IF YOU ARE SELECTED FOR AND CONSENT TO A PERSONAL INTERVIEW, YOU WILL BE REQUIRED TO EXECUTE THE ATTACHED RELEASE OF INFORMATION FORMS.

I REITERATE THAT I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON(S) AND/OR AGENCIES AND/OR THEIR AGENTS TO WHOM THIS REQUEST IS PRESENTED FROM AND AGAINST ALL CLAIMS, LOSSES, AND EXPENSES, INCLUDING ALL ATTORNEY FEES ARISING OUT OF, FROM, OR BY REASON(S) OF COMPLYING WITH THIS REQUEST.

SIGNATURE (INCLUDING MAIDEN NAME)

ADDRESS CITY STATE ZIP

_____/_____/_____
DATE OF BIRTH SOCIAL SECURITY NUMBER DRIVERS LICENSE #

HOME PHONE NUMBER CELL PHONE NUMBER DATE

AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

Before me personally executed _____ who certified that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed this _____ day of _____ 20_____

Notary Public

PAXTON POLICE DEPARTMENT AUTHORIZATION
FOR RELEASE OF MEDICAL RECORDS AND REPORTS

TO:

RE:

DOB:

SSN:

ADRS:

I, the undersigned authorize any physician or nurse who has treated or attended to me, or any hospital at which I have been confined, to furnish the Paxton Police Department, any and all information which may be requested regarding any physical condition and treatment rendered therefore, and if necessary, to allow them or any physician appointed by them to examine X-ray pictures taken of me or records regarding any physical condition. **A photocopy of this authorization shall be as effective as the original.**

Dated: _____ 20 _____

Signature: _____

Witness: _____

**WRITTEN CONSENT FOR CLOSURE OF RECORDS AND
COMMUNICATIONS UNDER THE ILLINOIS MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES ACT**

1. I, _____ consent to the disclosure of the records and/or communications by _____, and it's physicians, agents, employees, or representatives concerning the Mental Health or Developmental Disabilities services provided to the following recipient:

_____ Clinic# _____ DOB: _____

2. The records and/or communications are to be disclosed to the following person or agency:

PAXTON POLICE DEPARTMENT

I understand that these persons shall have the right to inspect and copy the records and/or communications.

3. The purpose for which the records or communications are to be disclosed is as follows:

EMPLOYMENT APPLICATION

4. The nature of the information to be disclosed is as follows:

PSYCHOLOGICAL, PSYCHIATRIC, AND MENTAL HEALTH RECORDS

5. The consequences of a refusal to consent, of any, are as follows:

NONE AT THIS TIME

6. This consent for Disclosure of Records and Confidential Communications shall not be valid after the following date:

7. I understand and acknowledge that I have the right to revoke this consent for Disclosure of Records and Confidential Communications in writing at any time.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

**PAXTON POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF MILITARY RECORDS**

Instructions: Please type or print in block letters, using only black ink, all information asked for.

Applicant: Complete items 1-5
Military: Please complete items 7-14 and return to:

**Paxton Police Department
755 N. Railroad Ave.
P.O. Box 59
Paxton, Illinois 60957
Attn: Coy Cornett**

1. _____
Complete Name

2. _____
Street Address City State Zip

3. **Branch of Service:** _____

Date released from active service: _____

4. _____
Present military status: (i.e. active reserve, retired, etc.)

***** COPY OF DD214 WILL BE REQUIRED WITH THIS APPLICATION**

5. **Position applied for:** Police Officer

As an applicant for a position with the Paxton Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualification. In connection, I authorize the release of any information from my military records.

6. _____ **Date:** _____
Applicant Signature

7. **Date of Entry:** _____ **Date Separated:** _____

8. **Reason for Separation:** _____

9. **Character of Service:** _____

10. **Physical Condition at Separation:** _____

11. **Significant Illness or Injury:** _____

12. **Any Discipline to Include Dates and Disposition:** _____

13. **Name of Releasing Officer:** _____

14. **Signature of Releasing Officer** _____ **Date** _____

PAXTON POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for employment with the Paxton Police Department, I _____ do hereby authorize a complete, full review of and complete, full disclosure of **ALL RECORDS** concerning myself to any duly authorized agent of the Paxton Police Department, whether the records are of public, private, or confidential nature. I reiterate and emphasize that the intent of this authorization is to provide the Paxton Police Department full and free access to the history of my personal, employed, and/or professional life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Paxton Police Department to consider in determining my physical and/or mental stability for employment. It is my specific intent to provide full access to **ALL** records including agreements and/or settlements entered into during my personal, employed, and/or professional life.

The intent of this authorization is to give my consent for full and complete disclosure of the public and private records of educational institutions, my financial status, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) medical and psychiatric treatments and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Administration, employment and pre-employment records, including background reports, and efficiency ratings, the recollections of attorney's at law or 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, attendance records, any internal affairs investigations and/or discipline actions, including **ANY** files deemed to be confidential and/or sealed.

I understand that any information obtained by personal, employed, or professional background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my physical and/or mental stability employment by the Paxton Police Department. I also certify that any person(s), organizations, agencies or others, from any and all liability which may be incurred as a result of furnishing such information.

I acknowledge that I have read and understand all the above. I further acknowledge that I agree that **ALL RECORDS** in **ANY** of my personal and/or disciplinary hearings and/or disciplinary action files, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Paxton Police Department. I also certify that any person(s) and/or agencies who may furnish such information concerning me, shall not be held accountable for giving this information and do hereby release said person(s) and/or agencies and/or others from any and all liability which may be incurred as a result of furnishing such information.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though the said photocopy or facsimile copy does not contain an original writing of my signature.

Signature

Date

PLEASE ATTACH YOUR RESUME TO THIS
APPLICATION AND RETURN TO:

PAXTON POLICE DEPARTMENT
755 N. Railroad Ave. BOX 59
Paxton, IL. 60957
PHONE (217) 379-4315 FAX (217) 379-3091

***** REMINDER *****

Carefully read over the application to ensure that all areas that pertain to you have been completely filled out and are true and correct.

Any application that is not completed properly will not be considered. If you have any questions as to the application in whole or in part, you can call the Paxton Police Department at the number provided at the top of this page.

CITY OF PAXTON EMPLOYEE BENEFITS

- 1. Health/Dental/Vision Insurance (City pays 75% employee, 50% dependent), Insurance deductible paid into a Health Savings Account by city at 75% not to exceed \$3000 on January 1st yearly.**
- 2. IMRF Retirement – Employee pays 4.5 % salary toward retirement, up to an additional 10% can be invested in IMRF Voluntary Contributions.**
- 3. Employee term life Insurance policy - \$20,000.00, premium paid by City of Paxton
Dependent life policy available - \$1000.00, premium paid by employee
Disability policy - \$400.00 per week up to 26 weeks (employee pays for health insurance premium if on disability)**
- 4. Paid vacation:**

1 week after 1 year	2 weeks and 3 days after 8 years
2 weeks after 2 years	2 weeks and 4 days after 9 years
2 weeks and 1 day after 6 years	3 weeks after 10 years
2 weeks and 2 days after 7 years	4 weeks after 15 years
- 5. 10 paid holidays per year (including employee’s birthday)**
- 6. Can carry up to 50 hours comp time**
- 7. Uniforms, and most gear provided by City of Paxton**
- 8. \$400.00 per year work related equipment allowance**
- 9. 1st 12 months employment salary: \$1864.80 bi-weekly at \$23.31 per hour
After 12 months: \$1907.20 bi-weekly at \$23.84 per hour
Completion of PTI: \$1.00 per hour raise
FOP Contract Raise: 3.5% per hour on May 2022 & May 2023**
- 10. Longevity:**

0-3 years	0%	10-14 years	9%
4-6 years	3%	15-19 years	12%
7-9 years	6%	20+ years	15%
- 11. 2 hours minimum call out pay, 2 hours minimum for court**
- 12. 8 hours sick time accumulated every month, no limit on number of hours carried**
- 13. Cell phone provided by the City of Paxton**
- 14. Direct deposit for payroll offered**
- 15. Bereavement Leave, immediate family member – 3 work days per fiscal year**