

CITY OF EFFINGHAM
Application for Employment

Effingham Board of Fire and Police Commissioners
201 East Jefferson - P.O. Box 648
Effingham, Illinois 62401
Voice Mail: (217) 342-5367

Introduction and Directions

Your application will be considered with others without regard to race, color, religion, sex, marital status, national origin, age, ancestry, handicap, disability, or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment.

1. Department Applied For (check one)

Fire Department

Police Department

Personal Information

2. Name _____ Social Security Number _____
Last First Middle

3. Present address _____

City State Zip

4. Home telephone number _____ Cell telephone number _____

5. E-mail address _____

6. Date of Birth _____

7. Do you have a valid driver's license? Yes No

8. Are you legally eligible for employment in the United States? Yes No

9. Have you ever been convicted of a felony?

Yes No If Yes, describe in full where convicted and disposition of the case.

10. Do you speak, read and/or write any foreign languages? Yes No

If Yes, which languages. _____

[NOTE: The purpose of this question is to help assist the department in assigning work when dealing with police or fire department matters involving citizens who do not speak English.]

11. Are you willing to participate in pre-employment testing related to the position applied for? Yes No

If No, please explain _____

12. Do you have the ability to perform the essential functions of the position for which you are applying? Yes No

If No, please explain _____

13. Are there any workplace accommodations that would assure you better job placement and/or better enable you to perform your job duties to maximum capacity? Yes No

If Yes, please explain _____

Employment History

14. Have you ever worked for the City of Effingham? Yes No

If Yes, provide details under employment history.

15. Have you ever applied for a position with the City of Effingham? Yes No

If Yes, when? _____ Department _____

16. Are you presently employed? Yes No

Please give accurate employment record of all part time and fulltime positions. Start with your current job and list all former jobs, starting with the most recent.

16a. Company Name	Telephone ()
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	

16b. Company Name	Telephone ()
Address	Employed (month and year)
	From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	
16c. Company Name	Telephone ()
Address	Employed (month and year)
	From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	
16d. Company Name	Telephone ()
Address	Employed (month and year)
	From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact the following:

Employer Name _____

Reason _____

Military Service Record

17. Have you served in the U.S. Armed Forces? Yes No

If Yes, in what Branch? _____

Dates of Service From _____ To _____

Rank _____

Type of Discharge _____

Education, Training and Experience

18. School	Name and Address	Number of Years	Did you Graduate	Degree/ Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Training and Experience

19. School	Name and Address	Number of Years	Did you Graduate	Degree/ Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

If employed, I consent to submit to and cooperate in any questioning, any searches of my assigned vehicle, locker or storage area, or bags and other belongings on or in City property that the City, in its discretion, may request. I understand that refusal to submit to or cooperate in these procedures will result in disciplinary action, up to and including immediate discharge.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Effingham and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City of Effingham or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the Mayor, with the approval of the City Council, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City of Effingham. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City of Effingham in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City of Effingham during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the

job or work for which I was hired, and will be required during my employment only when job-related and consistent with business necessity. I understand that refusal to submit to any physical or medical examination ordered by the City of Effingham will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the City of Effingham and is exclusively the City of Effingham's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City of Effingham.

Signature

Date

FOR OFFICE USE ONLY	
Application Source	Testing Information
<input type="checkbox"/> COE Office	<input type="checkbox"/> Hand delivered
<input checked="" type="checkbox"/> COE Website	<input type="checkbox"/> Mailed

**CITY OF EFFINGHAM
BOARD OF FIRE & POLICE COMMISSIONERS
QUALIFICATIONS FOR FIRE & POLICE APPLICANTS**

- **Age.** Applicants must be at least 21 years of age and under 35 years of age at the time of testing with the exceptions being those listed in 65 ILCS 5/10-2.1-6, Sections d, e, and f. (Examination of applicants; disqualifications) Please see the back of this form for those exceptions.
- **Education.** Applicants must have a high school diploma or a General Equivalency Diploma (GED).
- **Citizenship.** Proof of United States Citizenship is required: a United States birth certificate, naturalization papers, a United States passport or a Certificate of Live Birth Abroad of a United States citizen.
- **Criminal record.** An applicant may have no felony convictions.
- **Drug use.** Applicants, who use illegal drugs currently or have used them within (1) year of the date of application, including the use of marijuana or the illegal use/abuse of prescription drugs, shall be disqualified from further consideration. Drug use at any time prior to that period will be evaluated on a case by case basis and may be grounds for disqualification.
- **Good driving and employment record.** Applicants must possess a valid driver's license and, have a good driving and employment record.
- **Background investigation.**
 - Verification of qualifying credentials
 - A review of any criminal record
 - Verification of at least three personal references

I, _____, do hereby acknowledge that I have
(Please print name)

read and understand the Qualifications set forth by the Board of Fire & Police Commissioners for all Fire & Police applicants. By my signature below, I agree that I meet all of these qualifications.

Signature

Date

65 ILCS 5/10-2.1-6 Examination of Applicants; Disqualifications

- (d) The age limitation in subsection (a) does not apply (i) to any person previously employed as a policeman or fireman in a regularly constituted police or fire department of any (I) municipality or (II) a fire protection district whose obligations were assumed by a municipality under Section 21 of the Fire Protection District Act, (ii) to any person who has served a municipality as a regularly enrolled volunteer fireman for 5 years immediately preceding the time that the municipality begins to use full time firemen to provide all or part of its fire protection service, or (iii) to any person who has served as an auxiliary policeman under Section 3.1-30-20 for at least 5 years and is under 40 years of age, or (iv) to any person who has served as a deputy under section 3-6008 of the County Code and otherwise meets necessary training requirements.
- (e) Applicants who are 20 years of age and who have successfully completed 2 years of law enforcement studies at an accredited college or university may be considered for appointment to active duty with the police department. An applicant described in this subsection (e) who is appointed to active duty shall not have power of arrest, nor shall the applicant be permitted to carry firearms, until he or she reaches 21 years of age.
- (f) Applicants who are 18 years of age and who have successfully completed 2 years of study in fire techniques, amounting to a total of 4 high school credits, within the cadet program of a municipality may be considered for appointment to active duty with the fire department of any municipality.

**NOTICE TO APPLICANTS FOR EMPLOYMENT AS AN OFFICER
WITH THE CITY OF EFFINGHAM FIRE DEPARTMENT OR CITY OF EFFINGHAM
POLICE DEPARTMENT OF POLICY CONCERNING REIMBURSEMENT OF HIRING,
TRAINING AND UNIFORM EXPENSES**

Section II A) of the City of Effingham Personnel Polices and Procedures and Chapter II Section 8 of the Rules and Regulations of the Board and Fire and Police Commissioners for the City of Effingham, Illinois requires that all individuals tendered an offer for employment as an officer of the City of Effingham Fire or Police Department, as a condition of employment, shall execute and deliver to the City of Effingham Board of Fire and Police Commissioners and City Clerk a reimbursement agreement for hiring, training, and uniform expenses, in such form as prescribed by the City of Effingham Board of Fire and Police Commissioners from time to time.

RECEIPT

The undersigned, _____, by execution hereof acknowledges receipt of the abovesaid notice this ____ day of _____, 20__.

Signature: _____