City of Lexington Illinois
Police Officer Application

329 W. Main Street
Lexington, IL 61753
Phone: 309.365.3871
police@lexingtonil.gov

INSTRUCTIONS:
Please print neatly or type
A separate application must be completed for each position.
An incomplete application may result in a lost employment opportunity. Warning: Be honest and truthful in responding to all items and questions.

First Name Middle Name Last Name	Former Last Name
Home Address: Street, City, State, Zip Code	
Phone Number:	
Email Address (print clearly):	

Are you age 18 or above? Yes ☐ No ☐ If no, give date of birth ____/____/_____

Valid Driver's License? Yes ☐ No ☐ State: ____ DL Number: _____CDL? Yes ☐ No ☐

Expires ____/____/_____ Has license ever been revoked or suspended? Yes☐ No ☐

Are you able to provide proof of your lawful authorization in the US for the City of Lexington? Yes☐ No☐
Proof of your legal right to work for the City will be required if employed.

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of Lexington to provide employment, compensation, promotion and other conditions of employment without regard to race, color, religion, sex, sexual orientation, marital status, ancestry, national origin, age, disability, matriculation or political affiliation, unfavorable military status, or other legally protected status, association or expression, in accordance with law.

Anyone needing an ADA accommodation must contact the Human Resources Department in a timely manner prior to the start of the selection process.

Are you related to any employee of the City of Lexington? Yes No
If YES, state their name and relationship to you:

EMPLOYMENT HISTORY

Provide a full and complete list of your employment history. Start with your current or most recent employer (Attach extra sheets if necessary). If you have been in the military, attach a copy of your DD-214.

Have you ever been discharged or terminated from employment? Yes ☐ No ☐ If Yes, EXPLAIN:

Employer Name	Supervisor's Name	Dates Employed From ____________ To ____________
Mailing Address	Supervisor's phone number	Reason for Leaving
	Job Duties	
Job Title		

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EDUCATION/TRAINING

Select the HIGHEST Grade Completed:

Grade School:								High School:				College:				Post Graduate:	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	M.A.	Ph.D.
◉	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Are you a High School Graduate? Yes No
If not, did you obtain a G.E.D.? Yes No
Name and mailing address of last High School attended:

Colleges or Universities Attended

Name:			Major:
City:	State:	Zip:	Degree received:

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City:	State:	Zip:	Degree received:

ADDITIONAL RELEVANT INFORMATION

Skill – Check those that you feel competent in performing:

Word	Data Entry
Excel	Typing
Access	Filing
PowerPoint	Network
Publisher	Other (please explain)

Describe other skills or qualifications you feel are job-related assets:

ANSWER THESE QUESTIONS:

Have you EVER been convicted of an offense against the law, either a misdemeanor or felony? Yes ☐ No ☐
Have you EVER been placed under court supervision? Yes ☐ No ☐

NOTE 1: For both questions, OMIT traffic violations where you only paid a fine of $75 or less.
NOTE 2: Applicants are not obligated to disclose sealed or expunged records of convictions or arrests, including expunged juvenile records of adjudication or arrest. The City may not ask if an applicant has had records expunged or sealed for non-law enforcement agency employment.
NOTE 3: A criminal record will be considered as it related to the job in question based on current federal and state law.

EXPLAIN any YES answers:

PERSONAL REFERENCES

Exclude Former Employers and Relatives

Name	Relationship to You	Phone Number	Email Address

REFERENCE RELEASE OF LIABILITY

I, _____, respectfully request that you forward to the City of Lexington, Illinois, any and all information that you have concerning me, my work record, or my reputation. This includes any information that may appear in my personnel file, criminal conviction records, or other confidential files or records. This information will be used to determine my qualification and fitness for the position I am seeking with the City of Lexington.

I hereby release you and/or your employer from any liability and/or damage of whatever nature due to the furnishing of such information requested above. A copy of this release is as valid as the original signed REFERENCE RELEASE OF LIABILITY even though the copy does not contain my original signature.

Signature: _____ **Date:** _____

APPLICATION CERTIFICATION

I hereby certify that all answers to the above questions are true and I agree and understand that any false statement contained in this application may cause rejection of this application or termination of employment, and shall constitute gross misconduct for benefit eligibility. I understand that an incomplete application may result in a lost job opportunity.
I authorize the City of Lexington to contact my current and past employers and personal references listed above to verify employment, work records, and suitability for employment with the City, and to investigate personal, criminal or other areas, such as personal contact with neighbors, friends, or others with who I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that my appointment to any City position may be subject to satisfactorily completing a pre-employment medical exam, including drug and alcohol screen, and that the truthfulness of the statements in this application may be verified by polygraph examination. A physician designated by the City of Lexington will administer all pre-employment medical exams.
I understand that I will have to provide acceptable documentation attesting that I am a US Citizen or legal alien eligible for work in the United States. I also understand that I will not be appointed to a City position until I have successfully completed the selection process, including a probationary period.
I understand that this application is not a contract of employment. I understand that any oral or written statement to the contrary is expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature: _____ **Date:** _____

Authorization for Release of Personal Information

I _____ , do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Lexington, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of law enforcement agencies, office of human resources, landlords, employers, educational institutions; and the U.S. Veterans reports, efficiency ratings, complaints or grievances filed by or against me, or another person in any case, either criminal or civil, which I presently have or have had an interest. .

I understand that any of the information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a Police Department employee with the City of Lexington Police department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Lexington, their members, employees, agents and assigns from any and all liability, which may be incurred as a result of collecting and utilizing such information.

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

I have fully read and understand the contents of this “Authorization for Release of Personal Information”.

_____ _____

(Applicant Signature) Date

Authorization is valid for 6 months from the date of signature.