

APPLICATION PACKET

ENTRY LEVEL POSITION

MACOMB POLICE DEPARTMENT

CITY OF MACOMB, ILLINOIS

Michael J. Inman  
Mayor  
Phone: 309/833-2558

Melanie Falk, MMC  
City Clerk  
Phone: 309/833-2575

City Administrator  
Phone: 309/837-0501

City Attorney  
Phone: 309/833-4373

Community Development  
Coordinator (Building & Zoning)  
Phone: 309/833-4944



# City of Macomb

P. O. BOX 377  
MACOMB, ILLINOIS 61455  
FAX: 309/836-9558



December 2018

Dear Applicant:

Enclosed is a packet of information and application relative to the upcoming testing process for the position of entry level Police Officer with the City of Macomb Police Department. **Please pay particular attention to dates and list of required documents.**

Applicants are required to attend an orientation, followed by an agility test and if passed, a written exam. **These exams are scheduled for Saturday, March 30, 2019.** Both tests will be administered in Brophy Hall on the WIU campus in Macomb, Illinois. Applicants should park in the east lot by Brophy Hall and use the lower level east door. Applicants must arrive at the testing location at 7:30 a.m. for check-in and orientation. The agility test will begin promptly at 8:00 a.m. in room #135 (lower level, east end) followed by the written exam.

**All applications and attachments must be completed, signed and on file by 4:30 p.m., Tuesday, March 12, 2019. If submitting the application by mail, it must be postmarked on or before the application deadline date AND received at the Mayor's Office within five (5) calendar days of the deadline. Late or incomplete applications will not be considered.**

Please return applications to:

FIRE & POLICE COMMISSION  
City of Macomb  
c/o Mayor's Office  
232 E. Jackson Street  
P. O. Box 377  
Macomb, IL 61455

If you have any questions, please contact Julie Adair at 309-833-2558. Thank you.

Sincerely,

Macomb Fire & Police Commission  
Beau Ingledue, Chair

**CHECKLIST OF REQUIREMENTS  
FOR APPLICANT USE**

Applicant's Name: \_\_\_\_\_

	<u>Signed</u>	<u>Returned</u>
Application, Release Form, and General Waiver & Release	_____	_____
Physical Fitness Test Waiver & Release	_____	<i>Submit at testing site</i>

**ADDITIONAL DOCUMENTATION REQUIRED:**

In order for your application to be considered complete, copies of the following are required. Do not send originals. These documents become the property of the Board of Fire and Police Commissioners. If copies are not available at the time of application include a letter of explanation.

	<u>Attached</u>
Copy of Birth Certificate	_____
Copy of Driver's License	_____
Copy of all College Transcripts	_____
Copy of DD214 (Military long form) (if applicable)	_____
Copy of Certificate of Completion of Police Academy (if applicable)	_____
Copy of Illinois Police Officer Certification License (if applicable)	_____
Application and attachments received in Mayor's Office by deadline	_____

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December 2018

The Board of Fire & Police Commissioners of the City of Macomb, Illinois offers annual testing for eligible applicants interested in being considered for appointment to the Macomb Police Department.

**Applicants must be at least 21 years of age, and no more than 35 years of age at the time of application. Military veterans may extend age limit one year for every year of active duty, not to exceed ten years. Must have a high school diploma or equivalent. Must have 60 semester hours or 90 quarter hours from an accredited academic institution. Must possess a valid driver's license. Must pass physical and written exams and have visual acuity 20/20 each eye corrected (minimum), with normal color vision and depth perception. Must have good habits and be of moral character. If hired, McDonough County residency is required. To be considered for appointment, candidate must pass medical and psychological evaluations and a background investigation.**

As of 5-1-19, starting salary is \$47,078.76 per year, then \$53,434.82 after one year of service.

1. Longevity program salary increase after 2, 4, 6, 9, 12, 15, 20 and 25 years of service.
2. 40-hour work week with time and a half for all overtime.
3. 10-hour shift schedule with union contract exceptions.
4. 10-hour shift schedule provides for 52 more days off a year when implemented.
5. 96 hours of paid sick leave per year.
6. Tuition reimbursement program for work-related courses.
7. Paid days off: 5 days vacation after one year, 10 days vacation after 2 years, 15 days vacation after 8 years, 20 days after 15 years.
8. Ten paid holidays and three paid personal days a year.
9. Retirement program after 20 years of service and at the age of 55.
10. Paid employee health insurance program. City pays 75% of dependent health premium costs.
11. Paid in-service training by state certified instructors.
12. The city will furnish all initial clothing required, with \$1500 annual clothing and cleaning allowance per year thereafter.
13. On-site workout facility with Physical Conditioning Program.
14. Fraternal Order of Police (FOP) Collective Bargaining Agreement virtually guarantees most time off.

All benefits and compensation itemized herein are subject to change pursuant to the effective Collective Bargaining Agreement terms.

The City reserves the right to require reimbursement of training expenses on a pro-rata basis if the officer resigns within the first two years of employment.

Living in Macomb, IL and McDonough County will provide the benefits of rural West-Central Illinois living. Local leisure activities range from hunting, fishing, camping, and bicycle and hiking trails. Western Illinois University is filled with year round sporting events, theatre performances, and numerous other cultural and entertainment events. Macomb has both public and private schools. Macomb Community Unit School District #185 is an award-winning district which prides itself in the success of its students.

Discover more about Macomb and the surrounding community by visiting [www.macomb.com](http://www.macomb.com).

## POWER TEST INFORMATION

The actual performance requirement for each test is based upon norms for a national population sample.

The applicant must pass every test.

The required performance to pass each test is based upon sex and age (decade). While the absolute performance is different for the 8 categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile rank in terms of their respective age/group. The performance requirement is that level of physical performances that approximate the 40<sup>th</sup> percentile for each age and sex group.

### POWER TEST CHART

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
AGE GROUP								
Sit & Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 Minute Sit-up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44

# **Macomb Police Applicant**

## **Drug Usage and Hiring Guidelines**

The Macomb Police Department will use the following guidelines for rejection of police applicants.

### **ANY USE OF ILLEGAL DRUGS FALLING UNDER THE FOLLOWING CATEGORIES WILL RESULT IN REJECTION.**

1. Any illegal drug use within the last two years.
2. Any illegal use of opiates/narcotics (heroin, morphine, etc.) or abuse of prescribed opiates/narcotics.
3. Any illegal use of amphetamines/methamphetamines
4. Any illegal use of cocaine, crack cocaine, free-based cocaine/paste and any illegal injection of cocaine
5. Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.)
6. Participating in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of the time frame.
7. Any illegal use of drugs after submitting an application with any law enforcement agency within the last five years.
8. Any illegal use of drugs while employed by a law enforcement agency regardless of the time frame.
9. Any illegal use of non-prescribed oral or injectable steroids over five sequences/cycles within the last two years.
10. Use of marijuana/hashish within the last two years.

### **YOU CANNOT BE A MACOMB POLICE OFFICER IF:**

1. You do not possess or cannot obtain a valid driver's license.
2. You are not 21 years old at the time of hire
3. You are not a U.S. citizen
4. You have been convicted of D.U.I. within the past five years or have two or more D.U.I. convictions. A diversion or similar action is the same as a conviction.
5. You have been convicted of any felony charges—Traffic or criminal.
6. You have possessed any illegal drug in the past year.
7. You have ever manufactured, sold, offered to sell, distributed, or transported for sale any illegal drugs/narcotics.
8. You have been convicted of any crime involving false swearing.
9. You have been dishonorably discharged from the armed services.
10. You have been convicted of a domestic violence related crime which precludes you from possessing a firearm.

**YOU ARE NOT LIKELY TO BE HIRED AS A MACOMB POLICE OFFICER  
IF:**

1. Your traffic history shows a continuing and/or recent pattern of poor decision making.
2. Your financial affairs or personal life shows a history of poor judgment and refusal to confront problems (Example: Nonpayment of child support, ignoring overdue bills etc.).
3. You have recently or are currently misrepresenting yourself or ignoring any laws (Example: Not paying taxes, using a false address for school tuition purposes etc.).
4. You have a pattern of involvement with illegal drugs.
5. Your work history shows a pattern of unexcused absences, discipline, or discharge.
6. People who know you have doubts about your honesty, integrity, or character.
7. You have been involved in significant misdemeanor activity.

Applicants are also cautioned that government clearances or success in other police agency selection processes are no guarantee of success in our process. This list is not all inclusive and is intended only as a general guideline.

# APPLICATION FOR EMPLOYMENT

## FIRE AND POLICE COMMISSION, CITY OF MACOMB, ILLINOIS

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

**PLEASE PRINT**  
ANSWER ALL QUESTIONS COMPLETELY

<b>EMPLOYMENT DESIRED</b>	<b>POLICE DEPARTMENT</b>
---------------------------	--------------------------

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Have you ever been known by or used any other name? If yes, what was that name?  
 \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street
City
State
Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Prior Addresses: (Please specify below)

Street Address	City	State	Dates of Residency	
			To	From
a. _____	_____	_____		_____
b. _____	_____	_____		_____
c. _____	_____	_____		_____
d. _____	_____	_____		_____

  

Do you have any relatives employed by the City?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes, Who: _____ Relation: _____
Do you have a valid drivers license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, explain: _____
Have you received a high school diploma or GED?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have required hours of college?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever applied with the city before?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, when/for what position? _____
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If employed, may we inquire with your employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you at least 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you legally authorized to work in the United States? (Proof of Citizenship will be required upon employment.)	<input type="checkbox"/>	<input type="checkbox"/>	if yes, explain _____

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_





## REFERENCES

List three persons not related to you, whom you have known for at least one year.

	Name	Phone	Address	Business	Years Known	Relationship
1.						
2.						
3.						

## RECORD OR CONVICTION(S)

Please include traffic offenses

	Date	Location	Type of Offense	Sentence
1.				
2.				
3.				
4.				
5.				

## EDUCATION

	Name/Location of School	Years Attended	Date Graduated	Major/Minor Subjects Studied
High School				
College				
College				
Other Training				

Have you completed basic training as a Police Officer? \_\_\_\_\_

Specify any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

Describe any honors you have received. \_\_\_\_\_

State any additional information you feel may be helpful in considering your application. \_\_\_\_\_

## ADDITIONAL INFORMATION

The following documents must accompany this completed application:

1. Proof of age (Birth Certificate or Copy) **Must be 21 years old at time of application**
2. DD214, if applicable (Military Discharge Certificate)
3. Valid Drivers License (Copy)
4. Proof of highest education completed (Copy of college transcripts) **60 semester or 90 quarter hours are required**

I, the undersigned, affirm that the information given by me on this application is true and correct and I hereby acknowledge that falsification of any part of this application may result in denial of employment or discharge after employment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

# GENERAL WAIVER AND RELEASE

• • • Please Read Carefully Before Signing • • •

I hereby agree to release and hold harmless the City of Macomb, its employees, elected and appointed, the City of Macomb Board of Fire and Police Commissioners and any and all of their agents from and against any claim or claims arising as a result of the conduct of any background investigation they may determine appropriate and necessary upon and of me to ascertain my fitness for the position sought, or tests taken or to be taken by me for and to determine my fitness for the position sought and to generally and specifically waive and agree to hold harmless those persons, firms, corporations and other entities who supply requested information during the conduct of an investigation of fitness for the position being sought.

I understand physical and psychological examinations are required prior to beginning employment. All test scores are the property of the commission and are not available to applicants. Further I understand that I must pass the Physical Fitness Standards required by the Illinois Local Government Law Enforcement Officers Training Board for entering any of the Illinois police academies. I also understand that if hired, I will be required to maintain permanent residence within the boundaries of McDonough County, Illinois.

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Date

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Signature

**RETURN COMPLETED APPLICATION TO:**

**Mayor's Office  
City of Macomb  
232 E. Jackson Street  
P.O. Box 377  
Macomb, IL 61455**

Note: Please notify the Mayor's Office of any change in your address and/or contact information.

# RELEASE FORM

In connection with my application for employment with the City of Macomb, I understand and agree that investigative inquiries are to be made on myself which may include, but not limited to: consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the City of Macomb may request information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, municipalities, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.

This authorization, in original, copy, or facsimile form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

TO: Affirmative Action Office  
City Hall  
232 E. Jackson Street  
P. O. Box 377  
Macomb, IL 61455

### CITY OF MACOMB

The City of Macomb compiles summary data from its applicants regarding characteristics related to equal employment opportunity. For the purpose of statistical analysis only, we are requesting that you complete and return this form. This is voluntary information, if provided, will neither enhance nor detract from your opportunity for employment. Return of this form is optional and may be returned separately from the application, if you so choose. Thank you.

Position applied for: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  Female  Male

Citizenship: Native U.S.A. \_\_\_\_\_ Naturalized \_\_\_\_\_ Non-U.S.A. Citizen \_\_\_\_\_

EEO class:  American Indian/Alaskan Native  Black  White  
 Asian or Pacific Islander  Hispanic

Are you a veteran?  Yes  No Discharge Date: \_\_\_\_\_

Advertisement source?

Publication name: \_\_\_\_\_

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHYSICAL FITNESS TEST WAIVER AND RELEASE\*  
MACOMB BOARD OF FIRE AND POLICE COMMISSIONERS

I hereby acknowledge that I understand that a physical fitness test is required prior to beginning employment with the Fire and Police Commission of the City of Macomb, Illinois.

I further warrant that I am physically fit and able to take said physical fitness test. As such, I hereby agree to waive all liability and release and hold harmless the City of Macomb, its employees, elected and appointed, the City of Macomb Board of Fire and Police Commissioners and any and all of their agents from and against any claim or claims arising as a result of my performance of the physical fitness test.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

***\*Submit at testing site***