

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



August 2020

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, October 24, 2020.** The agility test will be administered at the Macomb High School athletic field located at 1525 South Johnson Road in Macomb, IL. Applicants should park in the lot directly west of Macomb High School. 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. at the athletic field, and will be followed by the written exam to be held at the Spoon River College Outreach Center located at 2500 East Jackson Street in Macomb, IL.

**All applications and attachments must be completed, signed and on file by 5:00 p.m., Friday, October 9, 2020. 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

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

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P. O. BOX 377  
MACOMB, ILLINOIS 61455  
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August 2020

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 20 years of age and under 35 years of age as of the date of testing in order to apply for employment with the Macomb Police Department. Military veterans may extend age limit one year for every year of active duty, not to exceed ten years. Applicants who are 20 years of age are hereby notified that while their name will be placed on the final eligibility list, the Department and the Police and Fire Commission reserve the right to pass over them if they will not have attained the age of 21 by the start date of the Academy for the round of hiring in question due to the age requirement of the Academy. Any applicant passed over in this manner for this reason shall retain his or her place on the list for the next round of hiring.**

**Applicant must have a high school diploma or equivalent; must have completed 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; must 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 within 60 days after completion of the probationary period. To be considered for appointment, candidate must pass medical and psychological evaluations and a background investigation.**

As of 5-1-2020, starting salary is \$48,980.75 per year, then \$56,705.46 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. 8-hour shift schedule with union contract exceptions.
4. 96 hours of paid sick leave per year.
5. Tuition reimbursement program for work-related courses.
6. 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.
7. Ten paid holidays and three paid personal days a year.
8. Retirement program after 20 years of service and at the age of 55.
9. Paid employee health insurance program. City pays 75% of dependent health premium costs.
10. Paid in-service training by state certified instructors.
11. The city will furnish all initial clothing required, with \$1500 annual clothing and cleaning allowance per year thereafter.
12. On-site workout facility with Physical Conditioning Program.
13. 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 applicable 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.

# 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 disability, or any other legally protected status.*

**PLEASE PRINT**  
ANSWER ALL QUESTIONS COMPLETELY

<b>EMPLOYMENT DESIRED</b>	<b>POLICE DEPARTMENT</b>
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**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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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     No     If yes, Who: \_\_\_\_\_ Relation: \_\_\_\_\_

Do you have a valid drivers license?                      Yes     No     If no, Explain: \_\_\_\_\_

Have you received a high school diploma or GED?    Yes     No

Do you have the required hours of college?            Yes     No

Have you ever applied with the city before?            Yes     No     If yes, when/for what position? \_\_\_\_\_

Are you currently employed?                                Yes     No     \_\_\_\_\_

If employed, may we inquire with your employer?    Yes     No     \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?    Yes     No     \_\_\_\_\_

Do you meet the age requirements on the date of testing?    Yes     No

Are you legally authorized to work in the United States?    Yes     No

*Proof of Citizenship will be required upon employment.*

**MILITARY SERVICE** If Applicable - *Optional*

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

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

**EMPLOYMENT EXPERIENCE** Please list below your last four employers, starting with the most recent

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

Employer	Phone	Dates Employed	From	___/___/___
Address			To	___/___/___
Job Title		Supervisor		
Work Performed				
Reason for Leaving				

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## 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 Offence	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 Copy*) Must meet age requirement on date of testing.
2. DD214, if applicable (*Military Discharge Certificate Copy*)
3. Valid Drivers License (*Copy*)
4. Proof of highest education completed. Copy of College Transcripts. (*60 Semesters or 90 Quarter Hours 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

# RELEASE FORM

In connection with my application for employment with the City of Macomb, I understand and hereby agree that investigative inquiries are to be made on myself which may include, but are 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 and all 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, regarding this application.

I hereby authorize investigations of all statements made by me with no liability arising there from, to the City of Macomb, or any of its agents, and hereby agree to hold harmless the City of Macomb or any of its agents.

Printed Name: \_\_\_\_\_ 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 or 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 any 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.

\_\_\_\_\_

Date

\_\_\_\_\_

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.

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

## VOLUNTARY EQUAL OPPORTUNITY INFORMATION

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:

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native American or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

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

### Advertisement source?

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

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

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

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



**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 on file prior to the applicable deadline	_____

# **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 MAY 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 police agency within the last five years.
8. Any illegal use of drugs while employed by a police 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.

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

1. You do not possess or cannot obtain a valid driver's license.
2. You do not meet the age requirements on the date of testing.
3. You are not a U.S. citizen
4. You have plead guilty to, been convicted of, or otherwise placed on deferred sentence to the offense of D.U.I. within the past five years or have two or more D.U.I. convictions.
5. You have plead guilty to, been convicted of, or otherwise placed on deferred sentence to any felony charges—traffic or criminal.
6. You have possessed or consumed 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 falsity.
9. You have been dishonorably discharged from the armed services.
10. You have been convicted of a domestic violence related crime.

**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 another 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.

## 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

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 any and all liability and release and hold harmless the City of Macomb, its employees (elected or 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***