



***CITY OF PEKIN***  
***Board of Fire and Police Commissioners***

Attention: **Lateral Transfer Applicants**  
**for Pekin Police Department**

Please complete the following application. Ensure that the entire application and release forms are signed, dated, and witnessed (where indicated) before submitting. Failure to submit any portion of the required materials included in this application packet will eliminate you from employment consideration.

Completed applications for the position of Lateral Transfer Officer should be mailed or dropped off to: City of Pekin Police Department, 111 S. Capitol Street, Pekin, IL 61554, Attn: Greg Nelson, Chief of Police.

The City of Pekin will not copy packets for any applicant, so be sure to make a copy of your application prior to submitting.

By Order of the Board of Fire and Police Commissioners

Dennis Short, Chairman

## **RECRUITING:**

### **Lateral Transfer (Experienced Police Officer) Applicants**

Applicants for Lateral Transfer Police Officers are accepted on a continuing basis.

Applicants must be 21-35 years old (unless exempt from such age limitation as provided in Section 5/10-2.1-6 of the Act), U.S. citizen or have applied for U.S. citizenship at the time of application, high school diploma or GED, Associate's Degree (in any subject) or the equivalent of an Associate's Degree when working towards a Bachelor's Degree, good moral character, sound health, no felony convictions, must be able to read and write the English language, must possess or be able to obtain a valid driver's license without recent record of suspension or revocation in any state. There is no residency requirement during the application process and probationary period, however at the end of the probationary period, officers must locate within the residency requirements stated in the agreement between the City of Pekin and the PBPA. Applicants must currently be an officer in good standing in the police department in which the applicant serves, or previously served, and left a police department in good standing within six months of application for hire with the City of Pekin.

Applicants must have a minimum of one year full time police experience in the last 18 months in the State of Illinois and have completed a basic training program acceptable to the Illinois Police Officers Training Board; or at least three years full time police experience in the last 42 months if such experience is outside the State of Illinois. Applicants must have substantially equivalent skills and abilities as a City of Pekin post-probationary officer, and the applicant must pass such examinations as the Board of Fire and Police Commissioners deem necessary to determine the applicant's fitness for duty as a police officer.

Mail completed applications or return in person to: Pekin Police Department, 111 S. Capitol Street, Pekin, IL 61554, Attn: Greg Nelson, Chief of Police.

By Order of the Board of  
Fire and Police Commissioners

Dennis Short, Chairman

Please contact Lee Ann Wrhel, Recording Secretary at 309-478-5301 should you have any questions.



**CITY OF PEKIN  
111 S. CAPITOL ST.  
PEKIN, IL 61554**



**Employment Application for Lateral Transfer to the Pekin Police Department**

Your application will be considered with others without regard to race, color, religion, sex, 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.

**Application Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Last		First		MI	
_____					
Date of Birth:			Social Security Number:		
____/____/____ mm dd yy			____/____/____		
Present Address:			Home Phone:		
Street: _____			(____) _____		
City: _____			Work or Alternate Phone:		
State: _____ Zip _____			(____) _____		
E-mail Address: _____					
Are you a United States citizen?			Yes: ____ No: ____		
Are you currently a law enforcement officer?			Yes: ____ No: ____		
<b>LEGAL</b>					
Have you ever been charged and / or convicted of any criminal charge whether felony or misdemeanor: Yes: ____ No: ____					
<b>IF THE ANSWER TO THE ABOVE QUESTION IS YES, ATTACH A DETAILED EXPLANATION TO YOUR APPLICATION. INCLUDE DATE, PLACE, CHARGE, AND FINAL DISPOSITION.</b>					

# Employment History

*Begin with your present or most recent employer and continue in reverse order. List additional employers on separate sheet.*

Current/Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_ Full Time Part Time Permanent Temporary

Responsibilities & Duties: \_\_\_\_\_

Did you supervise others? Yes No If yes, indicate number: \_\_\_\_ Professional Staff \_\_\_\_ Non-professional Staff

Reason for Leaving? \_\_\_\_\_

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Second Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_ Full Time Part Time Permanent Temporary

Responsibilities & Duties: \_\_\_\_\_

Did you supervise others? Yes No If yes, indicate number: \_\_\_\_ Professional Staff \_\_\_\_ Non-professional Staff

Reason for Leaving? \_\_\_\_\_

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Third Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_ Full Time Part Time Permanent Temporary

Responsibilities & Duties: \_\_\_\_\_

Did you supervise others? Yes No If yes, indicate number: \_\_\_\_ Professional Staff \_\_\_\_ Non-professional Staff

Reason for Leaving? \_\_\_\_\_

## EDUCATIONAL RECORD

Do you have a High School Diploma or GED Equivalency?    Yes    No    If yes, location where obtained \_\_\_\_\_

### LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

<u>Institution Name &amp; Location:</u>	<u>Degree/Date:</u>	<u>Hours Completed</u>	<u>Date Attended</u>	<u>Major</u>

*Transcripts are required for all positions which require a college degree.*

### LIST ALL TRADE, BUSINESS, TECHNICAL, MILITARY OR CORRESPONDENCE SCHOOL ATTENDED:

<u>Institution Name &amp; Location</u>	<u>Dates Attended:</u>	<u>Courses Completed/Certificates Awarded:</u>

List any other relevant certifications or licenses (include date received):

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## DRIVING RECORD

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

PROVIDE DETAILS REGARDING ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR LICENSE FORFEITURES IN THE LAST 3 YEARS:

<u>Incident Details:</u>	<u>Details:</u>

Has drivers license ever been denied, suspended, or revoked?    Yes    No    Explain: \_\_\_\_\_

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**PLEASE READ AND SIGN**

**READ CAREFULLY BEFORE SIGNING THIS STATEMENT**

I certify that the information given on this application and on any appended materials is true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in the rejection of my application or, if employed, in termination of employment.

To determine my qualifications for employment, I authorize the City of Pekin to review my previous employment, driving, and criminal records and/or other background data as it may relate to the position for which I am applying. I hereby authorize all former employers and educational institutions to furnish any and all information they may have and release all parties from liability for any damage that may result from furnishing such information.

In consideration for employment, I agree to conform to the rules and regulations of the City of Pekin. I understand that no one other than the City Manager or Human Resource Director has the authority to enter into any agreement or contract for employment.

I understand that I will be required to undergo a post-offer medical exam that includes a drug screen, and I will be required to undergo a polygraph examination and psychological examination. If I should fail an examination for any reason, my offer of employment may be withdrawn.

\_\_\_\_\_

**SIGNATURE (DO NOT PRINT)**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE**

**CITY OF PEKIN**

**PHYSICAL AGILITY TEST – RELEASE OF ALL LIABILITIES**

THE UNDERSIGNED, RECOGNIZING THAT THE **PHYSICAL AGILITY TEST** IS AN INTEGRAL PART OF THE EXAMINATION FOR FIRE FIGHTERS OR POLICE OFFICERS IN THE CITY OF PEKIN, ILLINOIS, HEREBY RELEASE, REMISES AND DISCHARGES THE CITY OF PEKIN, A MUNICIPAL CORPORATION, THE BOARD OF FIRE AND POLICE COMMISSIONERS OF THE CITY OF PEKIN, THE TESTING AGENCY CONTRACTED TO DO THE TEST (S) SHOULD IT BE CONTRACTED OUT, THEIR OFFICERS, SERVANTS, AGENTS AND EMPLOYEES OF AND FROM ANY AND ALL INJURIES, LOSSES AND DAMAGES TO MY PERSON SHALL HAVE CAUSED, OR MAY AT ANY TIME ARISE AS THE RESULT OF CERTAIN FIRE OR POLICE EXAMINATIONS CONDUCTED BY THE BOARD OF FIRE AND POLICE COMMISSIONERS OF SAID PEKIN, ILLINOIS. THE INTENTION HEREOF BEING TO COMPLETELY, ABSOLUTELY AND FINALLY RELEASE SAID CITY OF PEKIN, ILLINOIS, THE BOARD OF FIRE AND POLICE COMMISSIONERS, THE TESTING AGENCY CONTRACTED TO DO THE TEST (S) THEIR OFFICERS, SERVANTS, AGENTS AND EMPLOYEES OF AND FROM ANY AND ALL LIABILITY ARISING WHOLLY OR PARTIALLY FROM THE CAUSE AFORESAID.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

I, THE UNDERSIGNED, UNDERSTAND THAT ALL OF THE TESTS AND THE RESULTS THEREOF BECOME THE PROPERTY OF THE BOARD OF FIRE AND POLICE COMMISSIONERS OF THE CITY OF PEKIN AND ARE NOT SUBJECT TO REVIEW.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_