



City of Lexington Illinois Police Officer Application

329 W. Main Street
Lexington, IL 61753
Phone: 309.365.3871
police@lexingtonpd.com

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Expires ___/___/___ Has license ever been revoked or suspended?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		

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

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

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

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:

Name:		Major:	
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:** _____