

**MARION POLICE DEPARTMENT**  
**CONTENTS OF APPLICATION PACKET**

1. Notice of important dates (cover sheet)
2. Outline of position (Informational only)
3. City of Marion Employment Application (Must be fully completed and returned)
4. Certificate of Good Moral Character – three (3) required (Must be returned)
5. Military Service Points Application
6. Disclosure to Applicant (Must be returned)
7. Waiver for Work/Personnel Records (Must be returned)
8. MBI Employment Disclosure Form (Must be returned)
9. Merit Board Agreement Form (Must be returned)
10. Agility Test Release Form (Must be returned)
11. Medical Examiner's Certificate (Must be returned)
12. Voluntary Self-Identification Data Form
13. Physical Agility Evaluation Information

Items that are marked "must be returned" must be returned to the Marion Police Dept. 1001 W. Deyoung St. Marion, IL 62959 by April 28, 2017.

## NOTICE

Applications must be returned to the **CITY OF MARION POLICE DEPARTMENT** on or before:

**4:00 P.M., Friday, April 28, 2017**

Any packet received without ALL required materials / forms being completed will be rejected from consideration!

---

The Written Exam will be administered on:

**SATURDAY, May 13, 2017 at 9:00 AM**  
**Marion Training Center**  
**211 E. Boulevard Street**  
**Marion, Illinois**

\*This exam is pass/fail. You must pass to proceed to the Physical Agility Test. You will be told immediately of your test results.

---

The Physical Agility testing will be administered on:

**SATURDAY, May 13, 2017 at 1:00 PM**  
**The Hub**  
**917 W. Main Street**  
**Marion, Illinois**

NOTE: It is recommended that you wear appropriate clothing for this test.

---

***BE ADVISED THAT THE MARION POLICE DEPARTMENT POLICE MERIT BOARD IS ADMINISTERING THESE TESTS TO ESTABLISH A LIST OF POTENTIALLY QUALIFIED APPLICANTS.***

## OUTLINE OF POLICE POSITION

The Fire and Police Commission of the City of Marion is compiling a current eligibility list for the position of Patrol Officer, from which future hires may be made.

Below is an outline of the various points that you should know about the position with the City of Marion.

Please read the items carefully so there will be no misunderstanding of what the chosen candidate can expect and what will be expected of that candidate.

**Residency:** Patrol Officers are required to live within 10 miles of Marion City Hall. Requirements to be met within 18 months of hire date.

**Shifts:** Patrol Officers work 4 ten-hour shifts with 3 days off between shifts.

**Salary, sick days, vacation days:** Please refer to the contract for specifics and scale.

### PROCEDURE

1. All testing is mandatory. Applicants will be required to provide driver's license for admittance to any part of the procedure. Applicant's shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the applicant.
2. Written examination.
3. Physical agility evaluation.
4. Physical evaluation will only be given to those who successfully pass the written test.
5. Oral examination will be scheduled for those who successfully pass the written test.
6. Applications must be returned to the Marion Police Department by date published. Failure to do so will disqualify applicants from consideration.
7. A thorough background investigation will be made on all applicants. Applicants shall be required to sign documents authorizing release of all background information to the Police and Fire commissioners. This shall be held in a confidential capacity.

8. When returning your application, please insert the following in your packet:
- A. Copy of birth certificate.
  - B. Copy of service discharge (if applicable).
  - C. Copy of DD Form 214 (if applicable).
  - D. Copy of high school diploma or G.E.D. certificate.
  - E. Proof of previous law enforcement experience and certificates (if applicable)
  - F. **All** signed waivers and release forms. **MANDATORY!**
  - G. Original medical release – completed.
  - H. Any additional information you might feel beneficial as well as resumes.

Note: None of the above will be returned to you. Please only place copies in your packet.

9. Applicants must be at least 20 years of age, but under 35 years of age.
10. All Applicants listed on eligibility list will be subject to medical examination and in-depth physiological examination.
11. Incomplete applications shall be rejected and disqualify candidate from testing.
12. Successful candidates will be put on a registry in alphabetical order. An appointment committee will then determine which successful candidate will be issued an offer of employment.
13. A thorough psychological exam and a polygraph test will be given prior to actual employment.

FIRE AND POLICE COMMISSIONERS

# JOB APPLICATION



**City of Marion Illinois**  
1102 Tower Square Plaza, Marion, Illinois 62959  
618.993.6603

City Of Marion Illinois is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## Applicant Information

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

## Employment Position

**Position(s) applying for:**

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Salary desired: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for City of Marion Illinois before? \_\_\_\_\_

Yes No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for City of Marion Illinois Yes      No  
 If yes, state name & relationship:

Are you 18 years of age or older? Yes      No  
 Are you a U.S. citizen or approved to work in the United States? Yes      No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes      No

Do you have any condition which would require job accommodations? Yes      No

If yes, please describe accommodations required below.

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

*(Note: City of Marion Illinois complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional: )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_  
What branch of the military did you enlist? \_\_\_\_\_  
What was your military rank when discharged? \_\_\_\_\_  
How many years did you serve in the military? \_\_\_\_\_  
What military skills do you possess that would be an asset for this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**Additional Information:**

Specialized Skills

---

---

List professional, trade, business or civic activities and offices held

---

---

Other qualifications

---

---

**AT-WILL EMPLOYMENT**

The relationship between you and the City of Marion Illinois is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the City of Marion Illinois. No representative of City of Marion Illinois has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the Mayor

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

Dated: \_\_\_\_\_



CERTIFICATE OF GOOD MORAL CHARACTER

To: Board of City of Marion Police and Fire Commissioners

I, \_\_\_\_\_, of \_\_\_\_\_  
*(Printed Name)* *(Complete Address)*

\_\_\_\_\_, do certify that I do not hold any elected or  
*(Telephone)*  
appointed position in municipal, county, or state government, nor in any  
branch of the United States Government.

I have known Mr./Ms. \_\_\_\_\_ for the  
past three (3) years and he/she is a person of good moral character, or correct  
and orderly deportment, of temperate, industrious habits, and in my opinion,  
is qualified in all respects of the position of Police Officer.

Additional comments:

---

---

---

---

---

I \_\_\_\_\_ am \_\_\_\_\_ am not related to the applicant.

I further certify that I am willing that this Certificate of Good Moral  
Character be made public.

\_\_\_\_\_  
Signature

**CERTIFICATE OF GOOD MORAL CHARACTER**

To: Board of City of Marion Police and Fire Commissioners

I, \_\_\_\_\_, of \_\_\_\_\_,  
*(Printed Name)* *(Complete Address)*

\_\_\_\_\_, do certify that I do not hold any elected or  
*(Telephone)*

appointed position in municipal, county, or state government, nor in any branch of the United States Government.

I have known Mr./Ms. \_\_\_\_\_ for the past three (3) years and he/she is a person of good moral character, or correct and orderly deportment, of temperate, industrious habits, and in my opinion, is qualified in all respects of the position of Police Officer.

Additional comments:

---

---

---

---

---

I \_\_\_\_\_ am \_\_\_\_\_ am not related to the applicant.

I further certify that I am willing that this Certificate of Good Moral Character be made public.

\_\_\_\_\_  
Signature

**CERTIFICATE OF GOOD MORAL CHARACTER**

To: Board of City of Marion Police and Fire Commissioners

I, \_\_\_\_\_, of \_\_\_\_\_  
*(Printed Name)* *(Complete Address)*

\_\_\_\_\_, do certify that I do not hold any elected or  
*(Telephone)*  
appointed position in municipal, county, or state government, nor in any  
branch of the United States Government.

I have known Mr./Ms. \_\_\_\_\_ for the  
past three (3) years and he/she is a person of good moral character, or correct  
and orderly deportment, of temperate, industrious habits, and in my opinion,  
is qualified in all respects of the position of Police Officer.

Additional comments:

---

---

---

---

---

I \_\_\_\_\_ am \_\_\_\_\_ am not related to the applicant.

I further certify that I am willing that this Certificate of Good Moral  
Character be made public.

\_\_\_\_\_  
Signature

MILITARY SERVICE POINTS

To: City of Marion Police and Fire Commissioners

Gentlemen:

I, \_\_\_\_\_, do hereby state that:

(check applicable statement)

\_\_\_\_\_ I desire to use my military service points toward the examination for police officer with the City of Marion.

\_\_\_\_\_ I was not in the service.

\_\_\_\_\_ I do not wish to use my service points.

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

\_\_\_\_\_  
Applicant

Note: If you desire to use military service points, you must furnish us with a copy of your service discharge and DD Form #214.

---

**DISCLOSURE TO APPLICANT**

The City of Marion, Il. may obtain a consumer report (commonly known as a credit report) for employment purposes.

The Fair Credit Reporting Act provides:

A person (e. g., City) may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer unless:

- A. A clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purpose; and
- B. The consumer has authorized the procurement of the report by that person.

**AUTHORIZATION**

I, the undersigned, hereby authorize in writing the procurement of a consumer report by the City of Marion, Il.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

## WAIVER FOR WORK/PERSONNEL RECORDS

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

### TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Marion Police and Fire Commissioners any and all information that you may have concerning me, my work record or my reputation.

Please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Marion Police Department.

I hereby release you and/or your employer from any liability and damage of any nature as a result of furnishing the information requested.

Signature \_\_\_\_\_

## MBI EMPLOYMENT DISCLOSURE & RELEASE OF PERSONAL HISTORY FORM

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with an address to obtain copy of the consumer/credit report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, credit history, criminal history and mode of living. This information may be obtained by contacting your previous employers, local and/or state law enforcement authorities or reference supplied by you. Please be advised that you have the right to request in writing, within a reasonable amount of time, that we make a disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you within five days of the time the report was first requested.

I, \_\_\_\_\_ with the intention of binding myself, my heirs, executors, administrators, and assigns, release and discharge Midwest Backgrounds, Inc. ("M.B.I."), its officer, officials, employees and agents and all persons, companies or agencies retained by M.B.I. to perform the investigation of my personal history from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have, or claim to have against M.B.I., its officer, officials, employees and agents, and all persons, companies, or agencies retained by M.B.I. to perform the investigation of my personal history arising out of the performance of any and all personal history investigation.

M.B.I. is also hereby authorized to make any review, inquiry or investigation into my personal, professional, residential, past employment including worker's compensation filings, credit and/or criminal history (hereinafter referred to as "personal history") through any agency, company or person that may retain information regarding such categories. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the attached supplement sheet to the document.

I hereby release all law enforcement agencies, department of labor aka. Worker's compensation agencies, employers, landlords, and their officials, employees or representatives, from any and all liability for any injury or damage that may result from furnishing any personal history to M.B.I.

I do hereby authorize and request all local, state and/or federal law enforcement agencies, prior employers, prior landlords or property manager, credit bureaus, and any other agency or person that may have information relating to my character, general reputation, personal characteristics, worker's compensation claim filings, driving record and mode of living, to release any and all requested information for my personal, professional, employment, residential and/or criminal history to M.B.I. upon M.B.I.'s request. I hereby release and hold harmless all aforementioned parties from any cause of action or liability that may arise for any personal injury or damage that may result from furnishing the same to M.B.I.

\*\*\*PLEASE WRITE LEGIBLY\*\*\*

APPLICANTS PRINTED NAME \_\_\_\_\_

OTHER NAMES KNOWN BY \_\_\_\_\_  
Last Name First Name Middle

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

APPLICANTS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

By initialing, I understand that the following information is for the exclusive use of M.B.I. to acquire my accurate personal history, and by no means will an employment decision be based on this information.

\_\_\_\_\_ Initials

(Circle One) MALE FEMALE Race \_\_\_\_\_

By my signature below, I hereby authorize Midwest Backgrounds, Inc. to obtain my personal history I hereby state that I have read this document in detail and clearly understand the terms and rights that I have granted to M.B.I. for the collection and release of the aforementioned information.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Give copy with Summary of Rights to applicant. Retain copy for your files

**AGREEMENT**

To: **Board of Police & Fire Commissioners  
City of Marion, Illinois**

**I hereby agree to abide by all rules and regulations of the Board of Police and Fire Commissioners for the City of Marion, IL during and after taking the examination, and during any probationary period which might be applicable as a regular member of the Marion Police Department.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

Signature \_\_\_\_\_



**AGILITY TEST**

**RELEASE OF ALL LIABILITIES**

I hereby release and discharge the City of Marion, a municipal corporation, its officers, servants, agents and employees of, and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person that may have caused by, or may at any time arise, as the result of a certain Police Department, Examination Agility Test, conducted by the Board of Police and Fire Commissioners of said City of Marion, the intention hereof being to completely, absolutely, and finally release said City of Marion and its officers, servants, agents and employees of and from any and all liability, arising wholly or partially from the cause aforesaid.

Dated at Marion, Illinois this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Signature of Examinee

---

Witness

MEDICAL EXAMINER'S CERTIFICATE

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

This is to certify that I have made a medical examination of the above person and find that he/she is physically able to take part in a strenuous performance test consisting of a distance run, push-ups, sit ups, as well as other tests of physical endurance. He/she will be participating in these exercises to demonstrate physical agility in performing the duties for the City of Marion Police Department.

Signed: \_\_\_\_\_  
Signature of Physician

Address: \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

### Voluntary Self-Identification Data

We consider all applicants for positions without regard to race, religion, national origin, sex, citizenship, age, mental or physical disability, or sexual preference. In order to comply with applicable requirements for Federal government recordkeeping and reporting, and to ensure that the City of Marion meets EEOC legal requirements, the following information is being included in the Application for Employment for the City of Marion. Completion of this form is strictly voluntary. This information will not affect the hiring process in any way, nor will there be any negative personnel decision if the applicant does not fill out this form. This form will not be kept with your personnel file. Should you have questions about the information contained in this form, you may contact the Human Resource Office, located in City Hall. Thank you for your cooperation.

Sex  Male  Female

Race  Caucasian  
 Hispanic  
 African American  
 Native American (American Indian)  
 Asian  
 Hawaiian/Pacific Islander  
 Other  
 Two or More Races (please specify)

Veteran's status

veteran  
 veteran, disabled

Other disability status:

## PHYSICAL AGILITY EVALUATION

A physical agility test will be given for evaluation purposes. The test will consist of sit and reach, 1 minute sit-ups, maximum bench press, and 1.5 mile run. Your scores in each of these will be documented so make sure you do the best you can.

The Illinois Law Enforcement Training Standards Board gives the P.O.W.E.R. test to each officer that enters the training academy and you **must** pass this test to stay in the academy. We are attaching this chart so you will know what would be expected of you at the academy if you are hired.

**POWER CHART**

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and 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