



Yorkville Police Department is currently seeking applicants for the position of PATROL OFFICER.

Minimum Requirements:

- \$25.00 non-refundable application fee made payable to United City of Yorkville
- U.S. Citizenship
- No Felony Convictions
- High School Diploma or equivalence as determined by the Board of Fire & Police Commissioners
- Valid Driver's License
- Be at least 21 years old by October 30, 2009 (application deadline)
- Have not attained 35 years old by the date on which the final eligibility list is posted, unless these age requirements are otherwise waived by Statute based on prior police and/or military experience
- No residency required

Application Deadline is 5:00 p.m. on Friday, October 30, 2009. Pick up an application at the Yorkville Police Department, 804 Game Farm Road, or go online at www.yorkville.il.us and find the application under Career Opportunities.

Testing Process will include, among other things:

- Mandatory orientation session, written exam, and a power test on Saturday, November 14, 2009 at Yorkville High School. Check in from 8 - 9:00 a.m. All testing begins at 9:00 a.m.
- Oral examination (Date and time TBA)
- Background investigation
- Medical and psychological exams also required once a conditional offer of employment has been made

Starting Salary: \$46,581.17 (High School Diploma/Equivalence)
\$47,512.34 (Bachelor's Degree)

If you have any questions, please contact:

By Mail: United City of Yorkville Board of Fire and Police Commissioners
804 Game Farm Road
Yorkville, Illinois 60560

By Phone: Yorkville Police Department
Lieutenant Donald P. Schwartzkopf
630-553-4340 (Monday through Friday, 8:00 a.m. to 5:00 p.m.)

The United City of Yorkville and its Board of Fire and Police Commissioners are equal opportunity employers.

Applications available starting 09-23-2009



Yorkville Police Department

APPLICATION AND TESTING INFORMATION

Application deadline: 5:00 pm Friday, October 30, 2009

Please complete this application in its entirety. Include all requested documents with your application. (Certifications, diplomas, military discharge, transcripts, etc.)

The Orientation and Testing will be:
Saturday, November 14, 2009
Yorkville High School
797 Game Farm Road

Note that check-in will begin at 8:00 am and end at 9:00 am. Testing begins promptly at 9:00 am and no applicants will be admitted after the doors are closed.

The Written Test will be followed by a Power Test. Please dress appropriately for the fitness test (which will be outdoors, weather-permitting) and includes: 1.5 mile run, sit-ups, bench press, and sit and reach.

If you have any questions, please contact:
Lieutenant Donald Schwartzkopf
630-553-4340
(Monday through Friday, 8:00 am to 5:00 pm)



YORKVILLE POLICE DEPARTMENT

Employment Application for Patrol Officer

APPLICANT CHECKLIST

All applicable items on this checklist must be submitted or your application will be considered incomplete and will not be processed. **NOTE: Official transcripts must be requested and must show the degree awarded and the date it was awarded.**

- Completed Application (either typed or printed neatly in blue/black ink)
Section 1 through Section 9 must be completed in entirety.
If information is not applicable to applicant, please mark "n/a".
- College Transcripts (must be included with this application if applicant claims to have more than a high school education.)
- High School/Equivalency Transcripts
- Military Service Records/Discharge Records
- Law Enforcement State Certificate (applicable only to applicants with prior LE experience.)
- Credit History Report (must be current and no more than thirty days old at time of application deadline.)
- \$25 Non-Refundable Application Fee (*Make check payable to the Yorkville Police Department*)

APPLICATION RULES

- This application must be completed in blue or black ink, and must be printed legibly or typed.
- Applicants must complete this application in its entirety. If any section/question does not apply to the applicant, please indicate by placing an "N/A" in the space provided for that section/question.
- This application and \$25 fee must be received by the Yorkville Police Department on 10-30-2009 no later than 5:00pm. If you are mailing this application, please allow ample time for mail processing. We are not responsible for lost or stolen mail and will not accept late applications.
- If any items from the above listed checklist are not present at the time the application is submitted, the application will be considered incomplete and will not be processed.

If throughout the hiring process any of this information changes, you will be responsible to supply the BFPC, in writing, with the updated information (i.e. phone number, address, etc.)

EQUAL OPPORTUNITY EMPLOYER

The United City of Yorkville and its Board of Fire & Police Commissioners (BFPC) are an equal opportunity employer and will not discriminate in any phase of employment. This application is not an offer of employment and/or contract. Furthermore, the City and BFPC are committed to complying with the Americans with Disabilities Act (ADA). If you believe that you need a reasonable accommodation in order to participate in the application or testing process due to the fact that you have a disability, please check the following box. Also, at the original appointment orientation meeting, please notify the BFPC about your request for a reasonable accommodation in connection with the application or testing process. The BFPC reserves the right to require you to furnish documentation from an appropriate professional (e.g. a doctor, rehabilitation counselor, etc.), confirming that you have a disability and/or concerning your functional limitations for which a reasonable accommodation is being requested.

Accommodation Request:



YORKVILLE POLICE DEPARTMENT

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Section 1: Applicant Information

1-A Name of Applicant: Last: _____ First: _____ MI: _____

1-B Contact Numbers: Home: _____ Cell: _____

1-C Identifiers: Date of Birth: _____ SSN: _____
Driver's License Number: _____ State: _____

1-D Work Authorization: Are you legally authorized to work in the United States? " Yes " No
Proof of legal status to work in the United States will be required after hiring.

1-E Please list address(es) for the past twenty years in chronological order beginning with current address.
Be sure to include address(es) used during college.

Current Address: _____
City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #1: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #2: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #3: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #4: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #5: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #6: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____



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Section 2: References or Social Acquaintances

List three (3) references and/or social acquaintances who are not relatives, former employers, former employees or school teachers, who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men/women, who have known you well during the past five (5) years. **References/Social Acquaintances cannot be current employees of the United City of Yorkville.**

2-A Name of Reference: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
List how long this reference has known you: _____

2-B Name of Reference: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
List how long this reference has known you: _____

2-C Name of Reference: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
List how long this reference has known you: _____



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Section 3: Law Enforcement Experience

List the number of years of previous law enforcement experience with various ranks/positions held and the amount of time spent in each position. Begin with most recent position/rank held. If more space is needed, copy page and attach to application. Remember to include a copy of your State Certificate for Patrol Officer. Also, be sure to include any internships held with law enforcement agencies; in Position/Rank Held, "List Intern".

3-A Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____

3-B Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____

3-C Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____

3-D Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____

3-E Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____

3-F Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____

3-G Law Enforcement Agency: _____

Address: _____ City: _____ State: _____

Position/Rank Held: _____ Dates Position/Rank Held: From: _____ To: _____



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Section 4: Employment History

List the number of years of previous employment (other than what is listed in the law enforcement experience section) with various positions held and the amount of time spent in each position. Begin with most recent position held. If more space is needed, copy page and attach to application.

4-A Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____

4-B Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____

4-C Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____

4-D Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____



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Section 5: Education

If more room is needed, please copy page and submit with application.

5-A High School: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____

5-B High School: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____

5-C High School Equivalency
Facility where obtained: _____
Facility Address: _____ City: _____ State: _____
Phone Number: _____ Date GED Obtained: _____

5-D College: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____ Major: _____

5-E College: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____ Major: _____

5-F College: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____ Major: _____



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Section 6: Criminal Conviction Record

List all previous criminal convictions including, but not limited to felony and misdemeanor convictions and traffic citations. If more room is needed, please copy page and submit with application.

6-A #1 Date: _____ Violation: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-B #2 Date: _____ Violation: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-C #3 Date: _____ Violation: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-D #4 Date: _____ Violation: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-E #5 Date: _____ Violation: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-F #6 Date: _____ Violation: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____



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Section 7: Military Service

7-A Branch of Service: _____ Serial Number: _____

Date of Enlistment: _____ Place of Enlistment: _____

Discharge Date: _____ Place of Discharge: _____

Status: Please only check one. List reserve/national guard duty separate from active duty.

" Active " Reserves " National Guard

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the Board of Fire & Police Commissioners, but it will not constitute an absolute bar to employment.

7-B Branch of Service: _____ Serial Number: _____

Date of Enlistment: _____ Place of Enlistment: _____

Discharge Date: _____ Place of Discharge: _____

Status: Please only check one. List reserve/national guard duty separate from active duty.

" Active " Reserves " National Guard

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the Board of Fire & Police Commissioners, but it will not constitute an absolute bar to employment.

7-C Branch of Service: _____ Serial Number: _____

Date of Enlistment: _____ Place of Enlistment: _____

Discharge Date: _____ Place of Discharge: _____

Status: Please only check one. List reserve/national guard duty separate from active duty.

" Active " Reserves " National Guard

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the Board of Fire & Police Commissioners, but it will not constitute an absolute bar to employment.

7-C Branch of Service: _____ Serial Number: _____

Date of Enlistment: _____ Place of Enlistment: _____

Discharge Date: _____ Place of Discharge: _____

Status: Please only check one. List reserve/national guard duty separate from active duty.

" Active " Reserves " National Guard

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the Board of Fire & Police Commissioners, but it will not constitute an absolute bar to employment.



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Section 8: Authorization for Release of Information

Carefully read this authorization to release information about you then sign and date in blue/black ink.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville or its Board of Fire and Police Commissioners to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its Board of Fire and Police Commissioners authorized above regardless of any previous agreement to the contrary.

I WAIVE any right that I may have pursuant to the Illinois Personnel Record Review Act, 820 ILCS 40/1 *et seq.*, to written notice from former or current employers before they release disciplinary information to investigators or other duly accredited representatives of the United City of Yorkville or its Board of Fire and Police Commissioners.

Name (Last, First Middle) Be sure to write full, legal name and suffix (i.e. Jr, IV)		Date of Birth (mm/dd/yyyy)	
Driver's License Number		State Issued	Social Security Number
Other Names Used		Home Telephone Number () -	
Street Address	City	State	Zip Code
Signature (<i>Sign In Ink</i>)		Date Signed	



YORKVILLE POLICE DEPARTMENT

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Section 9: Advertisement

Where did you hear about this position?

- Word of mouth
- Job Fair at _____
- Beacon-News
- Kendall County Record
- Online at www.yorkville.il.us
- Online at _____
- Other: _____

Section 10: Certification

Carefully read this certification statement; then print name, sign and date in ink.

I certify that all information and answers provided by this applicant on this application and during the interview process are true and accurate, along with the acknowledgement by the applicant that denial of employment or, if hired, termination of employment, may occur in the event of falsification of such information.

Signature of Applicant

Printed Name of Applicant

Date of Signature