



Washington Police Department

Michael D. McCoy

Chief of Police

115 WEST JEFFERSON STREET
WASHINGTON, ILLINOIS 61571
NON-EMERGENCY (309) 444-2313
FAX (309) 444-7511

Washington Police Department Patrol Officer Description and Information

Responsibilities: Individuals must share the vision & values of the Washington Police Department. The successful applicant must display the highest levels of integrity, sound judgment and ethical standards. We are seeking individuals who are team oriented with a high level of maturity and personal responsibility. Some responsibilities include, but are not limited to: enforcement of the law; prevention of crime; discover commission of crimes; control traffic flow and enforce State & local traffic regulations; perform certain administrative and technical tasks in support of the department; aggressive, problem solving patrol strategies; investigation of motor vehicle accidents, as well as misdemeanor and felony complaints; process crime scenes, understand and embrace the philosophy of community policing. Washington is one of the fastest growing communities in Central Illinois with a population of 16,566 as of the 2016 Special Census.

Special Conditions: Applicant must participate in and successfully pass each phase of the process to continue onto the next phase of the selection process;

Phase 1: Physical Agility Test (POWER Test), **Phase 2:** Orientation, **Phase 3:** Written Examination, **Phase 4:** Commission Interview, **Phase 5:** Applicant Ride Along Evaluation, **Phase 6:** Background Investigation, **Phase 7:** Commission Interview, **Phase 8:** Polygraph Examination, **Phase 9:** Psychological Examination, **Phase 10:** Medical Examination

Washington Police Department Job Benefits

Starting Salary: \$57,713.33 **Third Year:** \$64,329.18 **Fifth Year:** \$73,217.66
(All salaries will increase after a new contract that goes into effect, May 1, 2023.)

- Paid vacation: one year = 40 hours, two to five years = 80 hours, six years plus = eight hour increase per year, vacation carry over, paid holidays (ten), deferred compensation plan, sick time accrual buy-back (after 240 hours), ability to earn compensatory time up to 80 hours
- Holiday pay (eight hours standard time if not working, eight hours standard time plus two times = three times if working, two and one-half times if working overtime)
- Police pension plan, retirement plan (1.5% from the city), Life insurance (\$20,000 provided by the City of Washington)
- Shift bid by seniority in November to take place in January
- Uniform allowance – initial purchase up to \$5,000.00. After one year, \$690 total in two payments (January and July)
- Many training opportunities (CIERT, future K-9, Accident reconstruction, motorcycle, field training, firearm and more)

Beth Duley – Administrative Officer

Email: bduley@ci.washington.il.us

Office: 309-444-1143

WASHINGTON POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

115 W. Jefferson St., Washington, IL 61571
 Phone: 309-444-2313/Fax: 309-444-7511

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" ("does not apply") if the question does not apply. Please type or print in blue or black ink.

1. NAME (LAST, FIRST, MIDDLE):					
2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE):					
3. HOME ADDRESS (ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY):					
4. HOME PHONE:		5. EMAIL:		6. SOCIAL SECURITY NO:	
7. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? (LIST FULL NAMES & RELATIONSHIPS):					
8. DATE OF BIRTH:		9. PLACE OF BIRTH (CITY, STATE & ZIP CODE):			
10. SEX:	11. HEIGHT: ___(FT) ___ (IN)	12. WEIGHT:	13. AGE:	14. EYE COLOR:	15. HAIR COLOR:
16. ARE YOU A U.S. CITIZEN?: YES <input type="checkbox"/> IF "YES": NATIVE BORN <input type="checkbox"/> IF "NATURALIZED," GIVE PARTICULARS: NO <input type="checkbox"/> NATURALIZED <input type="checkbox"/>					

17. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING (INCLUDE FATHER, MOTHER, SISTERS AND BROTHERS)			
NAME	RELATIONSHIP	ADDRESS	OCCUPATION

EDUCATION

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.

NAME & ADDRESS OF SCHOOL <i>(INCLUDE CITY, STATE & ZIP CODE)</i>	NO. OF YEARS COMPETED	DATES ATTENDED	GRADUATE YES NO		AVERAGE GRADE
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
OTHER SCHOOLS NOT INCLUDING JUNIOR COLLEGE, COLLEGES OR UNIVERSITIES					
EXTENSION OR CORRESPONDENCE COURSES					

19. JUNIOR COLLEGE, COLLEGES OR UNIVERSITIES	NO. OF YEARS COMPETED	MAJOR OR FIELD OF STUDY	DEGREES ATTAINED	DATES ATTENDED

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES NO IF "YES" PLEASE EXPLAIN:

21. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE, INCLUDING SPECIAL TRAINING COURSES:

22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOLD OR HAVE HELD:

DRIVING HISTORY

23. CAN YOU OPERATE AN AUTOMOBILE	YES <input type="checkbox"/> NO <input type="checkbox"/>	24. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFER'S LICENSE FROM ILLINOIS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF "YES" DATE OF EXPIRATION:		DRIVERS LICENSE NUMBER:	
25. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFER'S LICENSE BY ANY STATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:	
HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFER'S LICENSE IN ANY OTHER STATE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
26. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:	
27. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:	

RESIDENCES

28. LIST YOUR RESIDENCES FOR THE LAST TEN YEARS, STARTING WITH YOUR PRESENT ADDRESS.			
FROM (MO & YR)	TO (MO & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

29. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?	YES <input type="checkbox"/> NO <input type="checkbox"/>	30. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF "YES" PLEASE GIVE LOCATION:			

MILITARY SERVICE

31. HAVE YOU EVER SERVED IN ANY ANY MILITARY ORGANIZATION OF THE U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHAT BRANCH?			
32. WHAT IS YOUR SERVICE SERIAL NO.:	33. HIGHEST RANK HELD:	34. RANK AT DISCHARGE:			
35. GIVE DATE AND LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE):					
36. LIST PERIOD(S) OF ACTIVE SERVICE (FROM DATE):					
37. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, CONDITIONS, ETC.)?	PLEASE BE EXACT:				
38. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD (I.E., 1-A, ETC.):					
39. ARE YOU REQUIRED TO REGISTER:	YES <input type="checkbox"/> NO <input type="checkbox"/>	40. DID YOU REGISTER? :			
41. WERE YOU EVER CONVICTED AT A COURT-MARTIAL?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:			
42. ARE YOU OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>	BRANCH:	UNIT:	RANK:
	ADDRESS:			FROM:	TO:
43. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHAT STATE:	REGIMENT:	UNIT:	RANK:
	RANK:		TYPE OF DISCHARGE:	FROM:	TO:
44. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT:					

LAW ENFORCEMENT CONTACTS

45. HAVE YOU EVER HAD CONTACT WITH THE POLICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN BELOW:
46. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN BELOW:
47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN BELOW:

AGENCY	DATE	PURPOSE

48. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION

EMPLOYMENT HISTORY

	AGENCY	APPROXIMATE EXAM DATE	POSITION ON LIST	STATUS	
49. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
50. ARE YOU NOW ON ANY ELIGIBILITY LISTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
51. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST AND NOT HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
52. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
53. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
55. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:		INCLUDE NAMES & ADDRESSES OF EMPLOYERS:		
56. ARE YOU NOW OR YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" PLEASE EXPLAIN:				
57. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS.					
1	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM: TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
2	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM: TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	
3	EMPLOYERS NAME:	ADDRESS:			TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM: TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:	

4	EMPLOYERS NAME:	ADDRESS:				TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM:	TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:				REASON FOR LEAVING:	
5	EMPLOYERS NAME:	ADDRESS:				TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM:	TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:				REASON FOR LEAVING:	
6	EMPLOYERS NAME:	ADDRESS:				TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM:	TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:				REASON FOR LEAVING:	
	EMPLOYERS NAME:	ADDRESS:				TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM:	TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:				REASON FOR LEAVING:	
	EMPLOYERS NAME:	ADDRESS:				TYPE OF BUSINESS:
	NAME & TITLE OF SUPERVISOR:	SUPERVISOR EMAIL:	MONTHLY SALARY:	FROM:	TO:	EXACT TITLE OR POSITION:
	EXPLAIN WHAT YOUR DUTIES WERE:				REASON FOR LEAVING:	
58. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH FOR US TO CONTACT:						
59. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION:						

ACQUAINTANCES

63. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME:	ADDRESS:	EMAIL:	HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION OR PROFESSION:	BUSINESS PHONE:	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME:	ADDRESS:	EMAIL:	HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION OR PROFESSION:	BUSINESS PHONE:	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME:	ADDRESS:	EMAIL:	HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION OR PROFESSION:	BUSINESS PHONE:	WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

64. FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

1	NAME:	ADDRESS:	EMAIL:	HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:
2	NAME:	ADDRESS:	EMAIL:	HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:
3	NAME:	ADDRESS:	EMAIL:	HOME PHONE:
	BUSINESS ADDRESS:	BUSINESS OCCUPATION/PROFESSION:	BUSINESS PHONE:	YEARS KNOWN:

I hereby certify that there are no willful misrepresentations or falsifications in this application, and all of my answers are true and correct to the best of my knowledge and belief.

Signature in Full: _____ **Date:** _____

Subscribed and Sworn before me this ____ **day of** _____, **20**__.

Notary Public

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical examination prior to appointment. Medical examination may include testing for drugs/narcotics, communicable diseases, and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the City of Washington.

CONTINUATION SHEET

Indicate in the left-hand column, the number of the question you are answering, and then complete your answer in the space provided.

QUESTION NUMBER	CONTINUATION OF ANSWER

