

DU QUOIN BOARD OF FIRE AND  
POLICE COMMISSIONERS  
ANNOUNCES

EXAMINATION FOR POLICE OFFICER

APPLICATION FORMS MAY BE OBTAINED AND RETURNED TO THE CITY  
CLERK'S OFFICE, 302 EAST POPLAR STREET BY 4:00 P.M. ON

**FRIDAY, JULY 20, 2018**

APPLICANTS WILL BE NOTIFIED BY MAIL,  
OF THE TEST DATE.

BENEFITS:

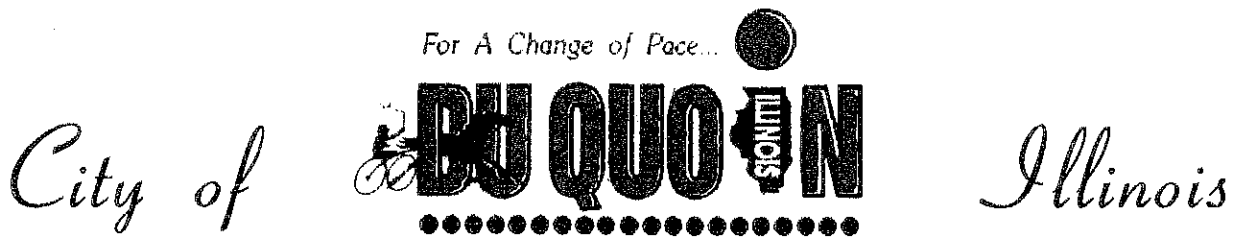
- \*BEGINNING SALARY COMPLIANT WITH CITY OF DU QUOIN FRATERNAL  
ORDER OF POLICE CONTRACT
- \*PAID MAJOR MEDICAL INSURANCE
- \*13 PAID HOLIDAYS ANNUALLY
- \*VACATION: 1 YEAR-1 WEEK, 2-YEARS-  
2 WEEKS, 10 YEARS-3 WEEKS
- \*RETIREMENT PROGRAM

QUALIFICATIONS:

AGE 21-35\* HIGH SCHOOL GRADUATE OR GED DIPLOMA  
APPLICANTS REQUIRED TO TAKE WRITTEN EXAMINATION AND MUST  
SCORE 70% OR BETTER FOR CONSIDERATION OF AN ORAL INTERVIEW  
APPLICANTS MUST PASS THE POWER TEST AT THE POLICE TRAINING  
INSTITUTE AND PASS A MEDICAL EXAMINATION.  
A PSYCHIATRIC EVALUATION IS ALSO REQUIRED

BOARD MEMBERS

HOWARD BAXTER, CHAIRMAN  
LORA BOOKER, SECRETARY  
JIM JUSTICE, BOARD MEMBER  
ED LANUM, BOARD MEMBER  
STEVE MAREK, BOARD MEMBER



## NOTICE

### NOTICE TO ALL FIRE AND POLICE APPLICANTS:

THE CITY OF DU QUOIN IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO THE POLICY OF EQUAL EMPLOYMENT OPPORTUNITY IN HIRING, CAREER ADVANCEMENT AND ALL OTHER PERSONNEL PRACTICES.

ALL FIRE AND POLICE POSITIONS ARE FILLED IN ACCORDANCE WITH PROCEDURES ADMINISTERED BY THE FIRE AND POLICE MERIT BOARD. TESTS ARE CONDUCTED PERIODICALLY IN ORDER TO MAINTAIN ELIGIBLE LISTS FROM WHICH POSITIONS ARE FILLED AN ADVANCE NOTICE IS PUBLISHED IN THE DU QUOIN NEWSPAPER WHEN SUCH TESTS ARE TO BE GIVEN. ALL APPLICATIONS MUST BE DELIVERED TO THE CITY'S MUNICIPAL OFFICE BY THE DEADLINE ESTABLISHED FOR EACH TEST.

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY AND WILL BE USED ONLY TO HELP ASSURE THE BEST USE OF THE CAPABILITIES OF THE APPLICANT.

PLEASE COMPLETE THE ATTACHED APPLICATION IN YOUR OWN HAND-WRITING IN INK. DO NOT TYPE. APPLICANTS WILL BE NOTIFIED WHEN AND WHERE THE WRITTEN EXAMINATION IS TO BE HELD. INTERVIEWS WILL BE CONDUCTED LATER. AN APPLICANT MUST PASS A PHYSICAL AGILITY TEST BEFORE ORAL INTERVIEW IS CONDUCTED.

POSITION APPLIED FOR: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
LAST FIRST INITIAL

PERMANENT ADDRESS \_\_\_\_\_  
NUMBER STREET

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

CURRENT ADDRESS \_\_\_\_\_  
NUMBER STREET

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

AGE \_\_\_\_\_ BIRTHDATE \* \_\_\_\_\_  
\*ATTACH BIRTH CERTIFICATE

U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, INDICATE VISA TYPE \_\_\_\_\_  
CLASS \_\_\_\_\_ NUMBER \_\_\_\_\_

EXPLAIN ANY CHRONIC ILLNESS, OR PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION:

| SCHOOLS ATTENDED*      | FROM | YEARS    | GRAD.  | DEGREE | MAJOR | MINOR |
|------------------------|------|----------|--------|--------|-------|-------|
| BEGIN WITH HIGH SCHOOL | - TO | LOCATION | COMPL. | DATE   |       |       |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*ATTACH SCHOOL TRANSCRIPT FOR HIGHEST LEVEL OF EDUCATION

LIST ANY SPECIAL DEGREES, TRAINING CERTIFICATES, SPECIALIZED WORK EXPERIENCES, OR OTHER FACTORS YOU THINK SHOULD BE TAKEN INTO CONSIDERATION IN PLACING YOU IN A PARTICULAR JOB.

\_\_\_\_\_

MILITARY:

HAVE YOU EVER SERVED IN THE U.S. MILITARY? YES \_\_\_\_\_ NO \_\_\_\_\_

BRANCH OF SERVICE\* \_\_\_\_\_

DATES OF ACTIVE DUTY \_\_\_\_\_

RANK ATTAINED \_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_

\*ATTACH MILITARY DISCHARGE PAPERS TO RECEIVE MILITARY CREDIT

WORK HISTORY:

PLEASE COMPLETE WORK HISTORY BEGINNING WITH YOUR PRESENT EMPLOYER, LIST SUMMER AND/OR PART TIME POSITIONS.

LAST OF PRESENT EMPLOYER

EMPLOYER: \_\_\_\_\_

FROM - MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO - MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

STARTING POSITION: \_\_\_\_\_ LAST \_\_\_\_\_ START\$ \_\_\_\_\_ END\$ \_\_\_\_\_

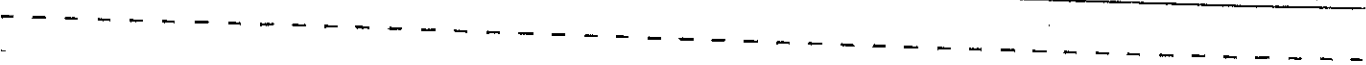
TYPE OF BUSINESS \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_



WORK HISTORY CONTINUED:

EMPLOYER:

FROM - MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

STARTING POSITION \_\_\_\_\_ LAST \_\_\_\_\_ START\$ \_\_\_\_\_ END\$ \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER:

FROM - MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

STARTING POSITION \_\_\_\_\_ LAST \_\_\_\_\_ START\$ \_\_\_\_\_ END\$ \_\_\_\_\_

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