



NOW HIRING LATERAL & CERTIFIED

Establishing a Lateral & Certified Eligibility List

The Sandwich Police Department, an equal opportunity employer, is currently establishing a lateral and certified police officer eligibility list. Multiple immediate openings are available. The Sandwich Police Dept. has an authorized force of 15 full time police officers and offers many opportunities such as Detective, Narcotics, K9, School Resource Officer, Field Training Officer, etc. The Sandwich Police Dept. has recently moved into the new public safety building! For more information contact Chief Kevin Senne at ksenne@sandwich.il.us or contact by phone at (815) 786-7261.

WE WANT YOU!

**Currently certified by
ILETSB (Full or P/T)**

Excellent integrity

**Have at least 2 years
of experience**

**Experience as a
sheriff's deputy, IL
trooper, or
municipal police
officer**

Application Available:

Sandwich Police Dept.
1251 E. 6th St.
Sandwich, IL 60548

police.sandwich.il.us

[www.facebook.com/
SandwichPoliceDepartmentIL](http://www.facebook.com/SandwichPoliceDepartmentIL)

WAGES

P/T & F/T - Break in Service	\$63,423.04
Laterals - 2 Yrs Experience	\$67,170.00
Laterals - 3 Yrs Experience	\$70,915.88
Laterals - 4 Yrs Experience	\$74,665.00
Laterals - 5 Yrs Experience	\$78,410.88

*** Part-Time Officers and Certified Officers with a break in service start one step above starting wage.

*** Current Contract expires 04/30/23 - Negotiations ongoing

Additional Benefits

- 12 Hour Shifts
- 11 Paid Holidays
- \$725 Yearly Uniform Allowance
- Field Training Officer Pay Incentive
- All Officers Issued Ballistics Vest and Glock 22
- BCBS HMO/PPO + Eye/Dental (85% Paid By City)
- Downstate Article 3 Police Pension
- Life Insurance
- Health Savings Account
- No Residency Requirement

BENEFITS

Education Incentive Pay
Per Year:

Associates: \$1,500

Bachelors: \$2,000

Masters: \$2,500

Generous Longevity

(% of Base Pay):

1-3 Years 2.5%

4-6 Years 3.0%

7-9 Years 3.5%

10-12 Years 4.0%

13-15 Years 4.5%

16-18 Years 5.0%

19-21 Years 5.5%

22-24 Years 6.0%

25+ Years 6.5%

Vacation Pay: 80 Hours

After One Year up to 270

Hours After 25 Years

Sick Pay: 120 hrs/yr

Personal Time: 20 hrs/yr

Comp Bank to 100 hrs





SANDWICH POLICE DEPARTMENT

SANDWICH BOARD OF POLICE AND FIRE COMMISSIONERS

1251 E. 6th St., Sandwich, Illinois 60548

Phone: 815-786-7261 Fax: 815-786-7450



Sandwich Police and Fire Commission

Thank you for requesting an application.

In addition to the Police Officer Application, please review and complete all other forms included in this packet.

Additionally, please include the following items with your completed packet:

1. Copy of high school diploma
2. Copy of birth certificate
3. Copy of military record (DD214), if applicable.
4. Recent photograph; max 2X2" - 1 X 1 "
5. Copy of Law Enforcement Officer Certification



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The following are standards prescribed by the Sandwich Police Department that each applicant will need to address before completing the application and participating in the testing process. During the process, there will be a polygraph exam (lie detector) administered. These are the major topics that will be asked:

1. No sale of illegal drugs and/or cannabis.
2. Applicants cannot have used any illegal drugs more than five times in their life. Any use cannot have occurred within the last three years.
3. Applicants cannot have used any illegal drugs while employed in a criminal justice related position (or since submitting an application),
4. No theft more than \$50 of merchandise/property in the last year, or not more than \$250 merchandise/property in the last five years.
5. No theft of money or property while employed in a criminal justice related position or since submitting an application, with the exception of similar situations such as college pranks, keeping change from parents, taking pens and pencils from work, etc.
6. Applicants cannot have intentionally withheld or falsified information, or been purposely not cooperative during any phase of the Sandwich Police Department's application process, including but not limited to:
 - a) the background application (personal history statement)
 - b) background questionnaire
 - c) polygraph examination
7. Applicants cannot have participated in or committed any serious crimes.



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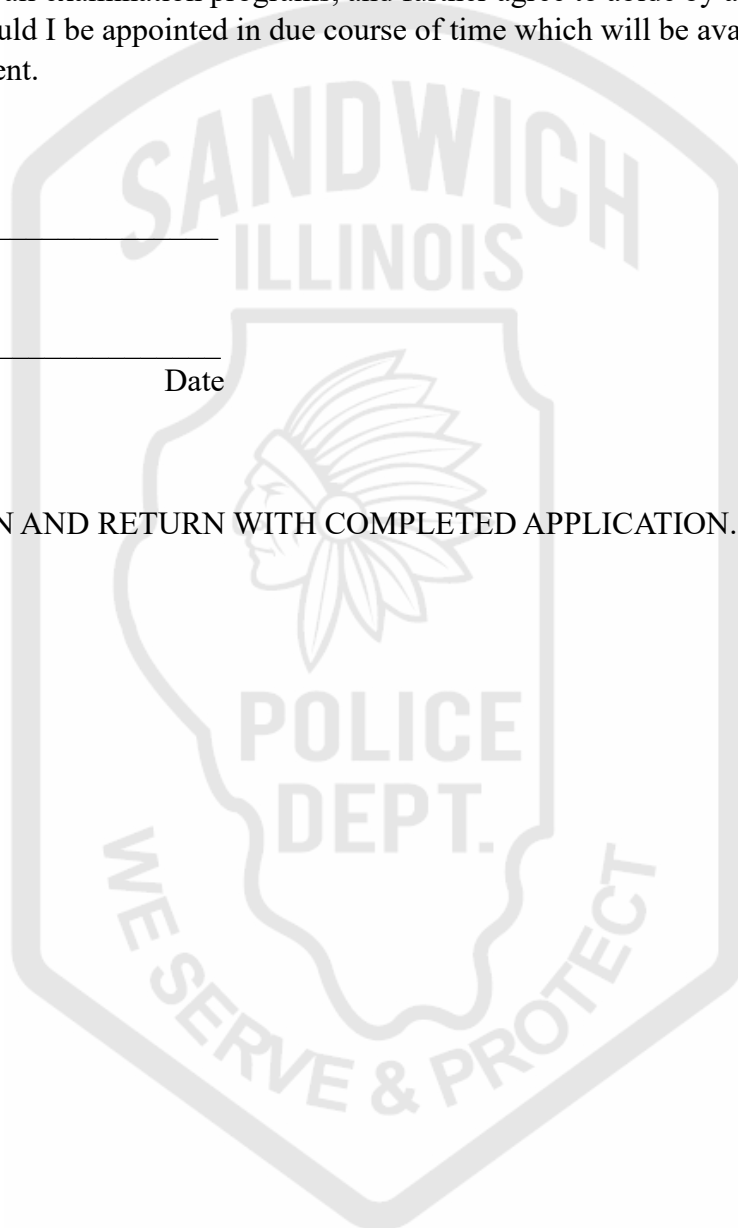
I hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners of the City of Sandwich during and after all examination programs, and further agree to abide by all rules and regulations of the Police Department should I be appointed in due course of time which will be available for me to read at the Sandwich Police Department.

Name

Signature

Date

APPLICANT MUST SIGN AND RETURN WITH COMPLETED APPLICATION.





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I, the undersigned, understand that all tests and results thereof become the property of the City of Sandwich Board of Fire and Police Commissioners and are not subject to review.

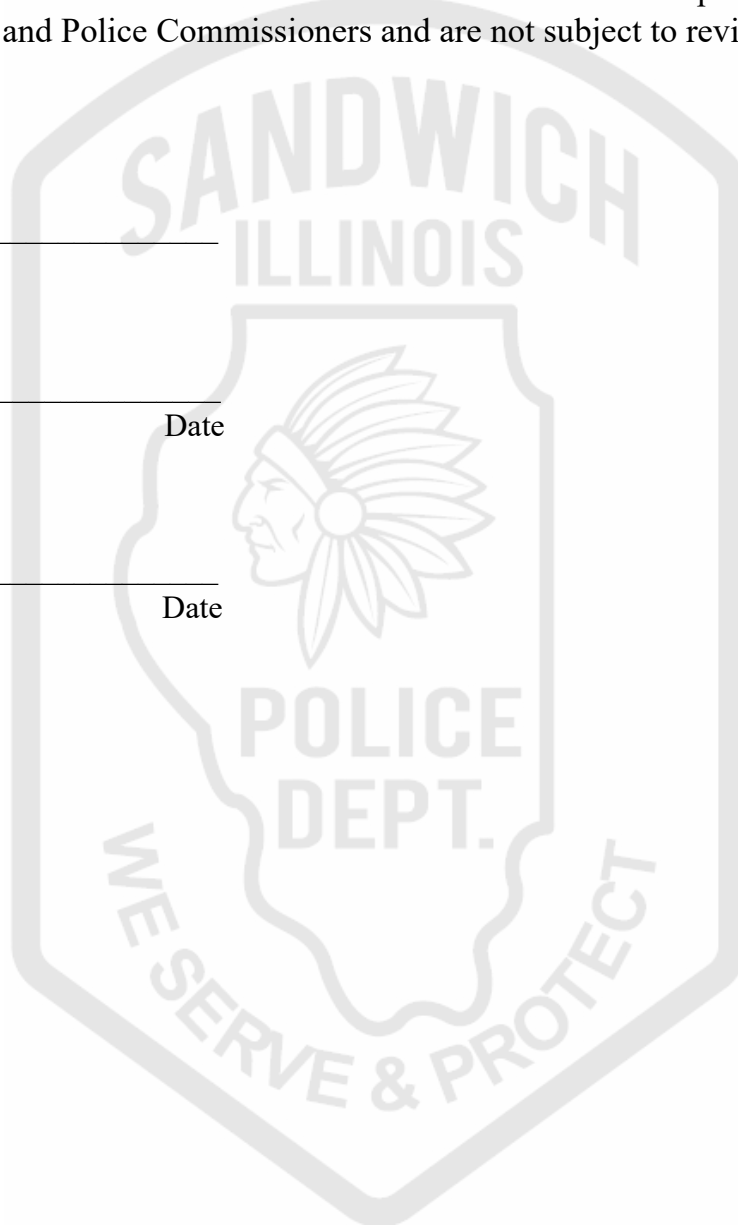
Name

Signature

Date

Witness Signature

Date





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Authorization for release of personal information

I, _____ do hereby authorize a review of any full disclosure of all records concerning myself to any duly authorized agent or attorney for the Sandwich Fire and Police Commission, City of Sandwich, or any of its agents or departments whether the said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies including credit reports and/or ratings, and other financial statements and records wherever filed, medical and psychological treatment and/or consultation, including hospitals, clinics, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and the records and recollections of attorneys at law or other counsel, whether representing the board or other person in any case, either criminal or civil, in which I presently have, or have had interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for employment by any duly authorized agent or attorney for the Sandwich Fire and Police Commission, City of Sandwich, or any of its agents or departments. I also understand that any persons who may furnish such information shall not be held accountable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as the original thereof even though a photocopy does not contain an original writing of my signature. This release becomes invalid after one year from the date of signing. This release shall be automatically effective for an additional year from the date of any new application for employment with the City of Sandwich, Sandwich Fire and Police Commission, or any of its agents or departments.

Printed Name

Address City/State/Zip Code

Telephone # (include area code)

Date of Birth

Soc. Sec. #

Signature

Date

Witness Signature

Date



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Sandwich Police and Fire Commission

Email Address Submission

Much of the initial and continuing correspondence with applicants will be through email. Please provide your email address below. Make sure that you write legibly so that you do not miss any important communications from the Sandwich Police and Fire Commission. Failure to respond to messages could disqualify you from continuing participation in the testing process.

Printed Name

Email Address



BOARD OF FIRE & POLICE COMMISSIONERS

An Equal Opportunity Employer

FIRE FIGHTER APPLICATION

POLICE OFFICER APPLICATION

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) may 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.

NAME (LAST)	(FIRST)	(MIDDLE)	LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE.)
HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)			PHONE NUMBER
PLACE OF BIRTH (CITY, STATE & ZIP CODE)			ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES" <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED		IF "NATURALIZED", GIVE PARTICULARS	

EDUCATION

LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED					
NAMES & ADDRESSES OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	# OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGE					
EXTENSION OR CORRESPONDENCE COURSES					

JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	
WHERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN				
LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL OR OTHER TRAINING COURSES YOU HAVE COMPETED					
LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD					

DRIVING HISTORY

CAN YOU OPERATE AN AUTOMOBILE <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NUMBER AND STATE
HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		HAVE EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR LICENSE EVER SUSPENDED OR REVOKED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

MILITARY SERVICE

HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATIONS OF THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHICH BRANCH
HIGHEST RANK HELD	43. RANK AT DISCHARGE
LIST PERIOD(S) OF ACTIVE SERVICE	
FROM DATE	TO DATE
WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	BE EXACT

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED				
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE	

EMPLOYMENT HISTORY

HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN BY AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
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 AND TEMPORARY OR PART-TIME JOBS.				
1	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
2	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
3	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
4	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
5	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
6	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
7	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING

EMPLOYMENT CONTINUED				
8	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS
	NAME AND TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE/POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT		EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.		

REFERENCES

FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLE MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.				
1	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	OCCUPATION/PROFESSION	BUSINESS PHONE	YEARS KNOWN
2	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	OCCUPATION/PROFESSION	BUSINESS PHONE	YEARS KNOWN
3	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	OCCUPATION/PROFESSION	BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	OCCUPATION/PROFESSION	BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	OCCUPATION/PROFESSION	BUSINESS PHONE	YEARS KNOWN

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a through medical evaluation prior to appointment. That medical evaluation may include testing for drugs/narcotics, communicable diseases, and alcohol abuse. You will be requested to give a thorough medical history and may be requested to meet vision standards established by the municipality to which you are applying.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OF FALSIFICATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE IN FULL

DATE

