



# 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](mailto: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](http://police.sandwich.il.us)

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

## WAGES

|                           |             |
|---------------------------|-------------|
| ☑                         | \$63,423.04 |
| Laterals - ☑rs Experience | \$67,170.00 |
| Laterals - ☑rs Experience | \$70,915.88 |
| Laterals - ☑rs Experience | \$74,665.00 |
| Laterals - ☑rs 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. 6<sup>th</sup> 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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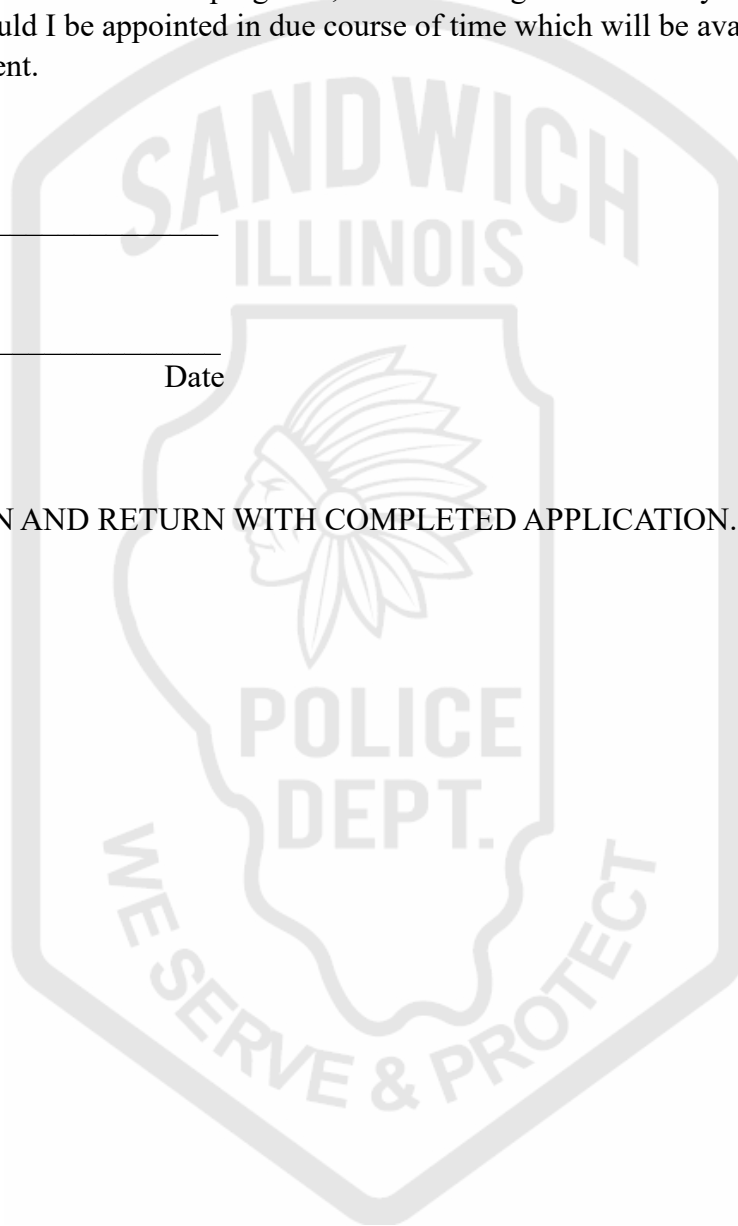
I hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners of the City of Sandwich during and after all examination programs, and further agree to abide by all rules and regulations of the Police Department should I be appointed in due course of time which will 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.

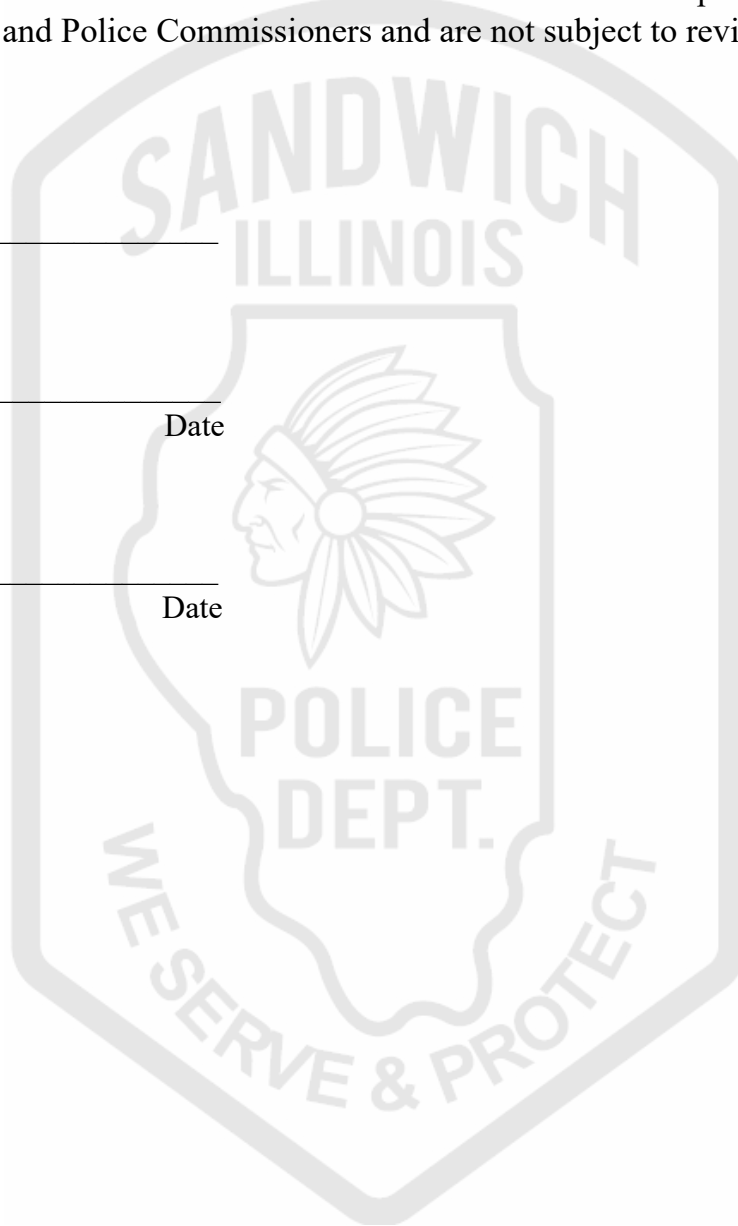
\_\_\_\_\_  
Name

\_\_\_\_\_  
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<br><input type="checkbox"/> YES <input type="checkbox"/> NO                  |
| IF "YES"<br><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<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS?<br><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<br><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<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| WAS YOUR LICENSE EVER SUSPENDED OR REVOKED<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                   | IF "YES" EXPLAIN  |                             |   |
| HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION<br><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.<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>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?<br><br><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?<br><br><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

