Now Hiring



BE A PART OF THE NEXT GENERATION OF POLICING!

JOIN THE SANDWICH POLICE DEPARTMENT



Now Accepting Applications:

- Entry Level
- Officers < 2 Years











EVOLVING AND GROWING PROFESSIONAL ORGANIZATION:

- New Police Station
- Excellent Benefits
- New Equipment
- Special Assignments
- Community Support

The Sandwich Police Department is an equal opportunity employer.

For More Information:

(815) 786 - 8735

www.sandwichilpolice.com

Ask A Question:

dwhitecotton@sandwich.il.us

Sandwich Police Department, Chief Kevin Senne, 1251 E. 6th St, Sandwich, Illinois 60548

Benefits and More!

FOP Contract Wage Matrix:

As of May 1st, 2026 (3.5%):

Starting – $71,903.65

Step 1 – $76,418.36

Step 2 – $80,933.08

Step 3 – $85,446.48

Step 4 – $89,963.80

Step 5 – $94,477.20

Note: Contract negotiations to start this winter.

Additional Benefits:

• Educational Incentive Pay Per Year

Associates Degree $1,500 - Bachelors Degree $2,000 - Masters Degree $2,500

• 12 Hour Shifts • 11 Paid Holidays • $725 Yearly Uniform Allowance

• Vacation Pay (80 hrs after 1 year to 270 hrs after 25 years of service)

• Sick Pay (120 hrs per year) • Personal Time (20 hrs per year) • Comp Time Bank

• FTO and OIC Pay • Ballistics Vest and Firearm Provided • Life Insurance

• Participation in Article 3 Downstate Pension • No Residency Requirement

• BCBS HMO/PPO Health Insurance (85% paid by the city)

About SPD:

Service • Pride • Dedication

When you become a Sandwich Police Officer you're a partner with our community! The Department currently has an authorized strength of 15 full-time sworn Police Officers and offers many opportunities such as Detective, K9, School Resource Officer, Field Training Officer, etc. Our officers recently moved into a new Public Safety Center. We have installed new state of the art Axon squad cameras which integrate with our newly deployed AXON body cameras. New squad computers. New Ford Explorer squad cars. Our officers were recently issued a department cell phone and each officer is issued their own state of the art Taser 10. Officers are allowed to use their own rifles and side arms as authorized by the range master and Chief of Police. And so much more...

Join us while we continue to grow!

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SANDWICH, ILLINOIS
Police Department
1251 E. 6th St, Sandwich, IL 60548 | (815) 786-8735 | FAX (815) 786-7450 | sandwichilpolice.com

COMPLETED APPLICATION PACKETS ARE DUE TO THE SANDWICH POLICE DEPARTMENT, 1251 E. 6TH ST, SANDWICH, ILLINOIS 60548, BY **MONDAY DECEMBER 28TH, 2026 AT 5:00 PM**. SUBMISSIONS MAY BE COMPLETED IN PERSON OR BY MAIL. ADDITIONALLY, APPLICATION PACKETS MAY BE SUBMITTED BY EMAIL TO SGT. DAN WHITECOTTON AT DWHITECOTTON@SANDWICH.IL.US

• Entry level candidates and Certified Police Officers with **less than 2 years experience**, please select the orientation and written examination date you wish to participate in. **You will receive confirmation from the Police Commission if you are selected to continue to the written test.**

****IMPORTANT: You must bring your current POWER Card with you on the day of the written test. If you do not bring your POWER Card you will not be allowed to participate. NO EXCEPTIONS.**

☐ **Wednesday January 20th, 2027 at 6:00 p.m. @ Sandwich PD**

☐ **Saturday January 23rd, 2027 at 10:00 a.m. @ Sandwich PD**

SANDWICH POLICE DEPARTMENT

SANDWICH BOARD OF POLICE AND FIRE COMMISSIONERS
1251 E. 6th St., Sandwich, Illinois 60548
Phone: 815-786-8735 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 (if applicable)

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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)	DATE OF BIRTH
HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)	PHONE NUMBER
PLACE OF BIRTH (CITY, STATE & ZIP CODE	ARE YOU A U.S. CITIZEN ☐ YES ☐ NO
IF "YES" ☐ NATIVE BORN ☐ 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 YES	GRADUATE NO	AVERAGE GRADE
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGE					
EXTENSION OR CORRESPONDENCE COURSES					

JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN MAJOR	MINOR	DEGREE(S) ATTAINED

WHERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? ☐YES ☐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 ☐YES ☐NO	DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? ☐YES ☐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 ☐YES ☐NO	IF "YES" EXPLAIN	HAVE EVER HAD AN OPERATOR'S OR CHAUFFER'S LICENSE IN ANY OTHER STATE ☐YES ☐NO

WAS YOU LICENSE EVER SUSPENDED OR REVOKED ☐YES ☐NO	IF "YES" EXPLAIN
HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION ☐YES ☐NO	IF "YES" EXPLAIN

MILITARY SERVICE

HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATIONS OF THE U.S. ☐YES ☐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? ☐YES ☐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? ☐YES ☐NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN BY AN EMPLOYER? ☐YES ☐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 vison 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

CONTINUATION SHEET

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

QUESTION NUMBER	CONTINUATION OF ANSWER