



BOARD OF FIRE & POLICE COMMISSION  
An Equal Opportunity Employer  
212 3<sup>rd</sup> Avenue  
Sterling, IL 61081  
Phone: 815-632-6600  
[www.sterling-il.gov](http://www.sterling-il.gov)

**Application Period: Ending 9/28/2020**  
**LATERAL ENTRY POLICE OFFICER APPLICATION**

The Sterling Police Department ("Department") and Sterling Fire & Fire Commission ("Commission") accepts for employment and promotes without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, order of protection status, physical or mental disability unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law. The Department and Commission base its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The Department and Commission comply with the American with Disabilities Act (ADA).

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Sterling Police Department. Read each question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statement on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Sterling Police Department.

This form is part of the examination process and must be completed in its entirety and required documents must be attached upon submission. Submission of an application does not obligate the Department or Commission to engage in further review of the application for employment. Any questions concerning the employment process should be directed to the Board of Fire and Police Commission, Attention: Police Administration, 212 3<sup>rd</sup> Avenue, Sterling, IL 61081; 815-632-6600, [lateralhiring@sterling-il.gov](mailto:lateralhiring@sterling-il.gov).

COMPLETE & RETURN THE FOLLOWING PAGES. ATTACH ALL REQUIRED FORMS & DOCUMENTS.  
RETURN TO: Sterling Police Department, 212 3<sup>RD</sup> Avenue, Sterling, IL 61081 in person or by mail.  
No faxed or emailed applications accepted.

Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Best Phone # to Contact You \_\_\_\_\_

Email Address (required for correspondence) \_\_\_\_\_

U.S. Citizen or Naturalized Citizen as of the date of this application? ☐ Yes ☐ No

Do you have a valid driver's license? (attach copy of driver's license) ☐ Yes ☐ No

Do you hold a valid Firearms Owners ID (FOID) card? (attach copy of FOID card) ☐ Yes ☐ No

#### EDUCATION

High School (Name, City, State) \_\_\_\_\_

Diploma or GED certificate \_\_\_\_\_

College/University Education

School Name, City, State \_\_\_\_\_

Major Curriculum \_\_\_\_\_

Credit Hours Completed or Degree Earned \_\_\_\_\_

School Name, City, State \_\_\_\_\_

Major Curriculum \_\_\_\_\_

Credit Hours Completed or Degree Earned \_\_\_\_\_

List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL HISTORY INFORMATION

*You are not required to disclose juvenile records or criminal history records that have been sealed, impounded, or expunged.*

List all names or alias you have used, or have been known by \_\_\_\_\_

Date of Birth \_\_\_\_\_

List below your parents, sisters, and brothers who are still living.

Name	Relationship	Address	Phone Number

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

List all states where you have held a driver's license? \_\_\_\_\_

Has your driver's license been suspended or revoked? ☐ Yes ☐ No

Have you ever been placed on probation? ☐ Yes ☐ No

Have you ever been the respondent or named in an order of protection? ☐ Yes ☐ No

EXPLANATION OF "YES" responses or additional details (attach additional sheet if necessary):

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Have you ever been involved in any type of domestic dispute where the police were called? ☐ Yes ☐ No

Have you ever engaged in physical violence against someone with whom you were in a relationship? ☐ Yes ☐ No

Have you engaged in any type of physical fight with another individual (outside of authorized law enforcement duties) in the last 5 years? ☐ Yes ☐ No

EXPLANATION OF "YES" responses or additional details (attach additional sheet if necessary):

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Have you ever been convicted of a misdemeanor in any jurisdiction? ☐ Yes ☐ No

Have you ever been convicted of a felony in any jurisdiction? ☐ Yes ☐ No

Have you ever been convicted of a DUI? ☐ Yes ☐ No

If "YES" – provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case

List all traffic citations received and accidents you have been involved in during the last seven (7) years:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case

List any/all contact with any police jurisdiction for any other reason(s). DO NOT LIST ITEMS ALREADY INDICATED IN OTHER CATEGORIES ABOVE.

Date of Contact	Jurisdiction	Reason for Contact

Have you ever engaged in any type of gambling? ☐Yes ☐No

Have you ever filed or declared bankruptcy? ☐Yes ☐No

Have you ever been referred to a collection agency? ☐Yes ☐No

Have you ever had your wages garnished, not including qualified child/medical obligations? ☐Yes ☐No

If so, how many times? \_\_\_\_\_

Dates when wages were garnished: \_\_\_\_\_

Have you ever been or are you currently delinquent in paying any debt? ☐Yes ☐No

EXPLANATION of any "YES" responses or additional details (attach additional sheet if necessary):

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How many times per week do you consume alcohol? \_\_\_\_\_ # times per week

How many alcoholic drinks do you consume per week on average? \_\_\_\_\_ # drinks per week

How many times have you been intoxicated in the last 24 months? \_\_\_\_\_ # times in last 24 months

When was the last time you were intoxicated? \_\_\_\_\_

How many times in your lifetime have you driven a vehicle while intoxicated beyond the legal limit? \_\_\_\_\_

Have you consumed alcohol while working? ☐Yes ☐No

Have you ever used marijuana or any other illegal drug? (list drugs used in explanation below) ☐Yes ☐No

Have you ever sniffed, inhaled or huffed any type of inhalant such as glue, computer duster, or gas for the purpose of getting an effect? ☐Yes ☐No

EXPLANATION of any "YES" responses or additional details (attach additional sheet if necessary):

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Have you ever used, misused or abused prescription drugs? ☐Yes ☐No

Have you ever used prescription drugs not prescribed to you? (list in explanation below) ☐Yes ☐No

When was the last time you used prescription drugs not prescribed to you? \_\_\_\_\_

Have you ever been involved with the illegal sale and/or distribution of prescription drugs? ☐Yes ☐No

EXPLANATION of any "YES" responses or additional details (attach additional sheet if necessary):

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Have you had any past or present affiliations with any gang, mafia or organized crime group? ☐Yes ☐No

Have you ever had any past or present affiliations with any terrorist, supremacist, or other subversive organization? ☐Yes ☐No

EXPLANATION of any "YES" responses or additional details (attach additional sheet if necessary):

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The Sterling Police Department has specific appearance policies for its officers and employees, including but not limited to policies related to tattoos, body art, branding, and body piercing or body alteration/mutilation. Candidates considering employment are to be aware that responses to the questions below in relation to department policies may have a direct impact on eligibility for hiring. Additional personal grooming and uniform standards apply upon hiring.

Do you have any tattoo, body art, or brand that would be visible if wearing a department uniform? ☐Yes ☐No

If yes, please describe:

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Do you have any body piercings or alterations that would be visible if wearing a department uniform? ☐Yes ☐No

If yes, please describe:

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Optional – if you wish to clarify the above responses, please provide details below:

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### MILITARY SERVICE

Are you a current member of the U.S. military service, including reserve forces or National Guard? ☐ Yes ☐ No

If YES, in what branch of service do you serve? \_\_\_\_\_

Are you a Veteran of the U.S. military service, including reserve forces or National Guard? ☐ Yes ☐ No

If YES, what branch of service did you serve? \_\_\_\_\_

Were you Honorably Discharged? ☐ Yes ☐ No

If NO, explain in detail \_\_\_\_\_

\_\_\_\_\_

Were you ever convicted at a court-martial? ☐ Yes ☐ No

If YES, explain in detail \_\_\_\_\_

\_\_\_\_\_

### LIST ALL ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Residence (From Month/Year, To Month/Year) \_\_\_\_\_

## EMPLOYMENT HISTORY

List all employment you have had for the last ten (10) years in chronological order. Include military service, unpaid employment (internship/training), volunteer work and periods of unemployment/layoff. Attach additional sheet if necessary.

### CURRENT/MOST RECENT:

Employer/Company Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Job Title/Duties \_\_\_\_\_  
\_\_\_\_\_  
From (Month/Year) – To (Month/Year) \_\_\_\_\_  
Supervisors Name/Title \_\_\_\_\_  
Phone #/Email \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Job Title/Duties \_\_\_\_\_  
\_\_\_\_\_  
From (Month/Year) – To (Month/Year) \_\_\_\_\_  
Supervisors Name/Title \_\_\_\_\_  
Phone #/Email \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Job Title/Duties \_\_\_\_\_  
\_\_\_\_\_  
From (Month/Year) – To (Month/Year) \_\_\_\_\_  
Supervisors Name/Title \_\_\_\_\_  
Phone #/Email \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Job Title/Duties \_\_\_\_\_  
\_\_\_\_\_  
From (Month/Year) – To (Month/Year) \_\_\_\_\_  
Supervisors Name/Title \_\_\_\_\_  
Phone #/Email \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EXPLAIN RESPONSES IN SPACE PROVIDED BELOW**

Have you ever received discipline during any employment, job position, or volunteer/unpaid position such as oral reprimand, written reprimand, or suspension? ☐Yes ☐No

Have you been discharged or forced to resign from any employment or volunteer/unpaid position (not including layoff)? ☐ Yes ☐ No

Are you eligible for rehire by all your former employers (assuming there is a job available)? ☐Yes ☐No

<p><b>*EXPLANATIONS (attach additional sheet if necessary)</b></p>	
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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## INTEREST STATEMENT

Please indicate your interest in the Sterling Police Department and why you feel you are qualified to join the Sterling Police Department (attach additional sheet if necessary):

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

## REFERENCES

Please list five (5) adults not related to you whom you have known for at least five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The City of Sterling or its representatives reserve the right to contact the reference at any time.

Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact Phone and Email \_\_\_\_\_  
Relationship \_\_\_\_\_  
Number of Years acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact Phone and Email \_\_\_\_\_  
Relationship \_\_\_\_\_  
Number of Years acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact Phone and Email \_\_\_\_\_  
Relationship \_\_\_\_\_  
Number of Years acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact Phone and Email \_\_\_\_\_  
Relationship \_\_\_\_\_  
Number of Years acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address – City – State – Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact Phone and Email \_\_\_\_\_  
Relationship \_\_\_\_\_  
Number of Years acquainted \_\_\_\_\_

## ACKNOWLEDGMENT

**Read the following carefully before signing.**

Acknowledgment: I, the undersigned, certify that I have read and fully comprehend this application for employment with the City of Sterling ("City") in its entirety. I certify that the information provided on this application for employment and other submitted application materials is true and complete. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment or other submitted application materials, whenever or however discovered, will be sufficient reason not to hire and may result in discharge if hired. In submitting this application, I further understand that it becomes the property of the City and will not be returned to me.

I understand that submission of an application for employment does not obligate the City to engage in further review of my application for employment. I understand that nothing in this document constitutes an offer of employment or employment contract and establishes no obligation on the part of the City to employ me or for me to accept employment with the City. I understand that any offer of employment, either verbal or written, is conditional upon successful completion of psychological exam, drug screen and physical exam.

I authorize investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith and permit the City of Sterling or its representatives (including but not limited to officials, employees, appointees, contractors or agents) to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the City. I agree to cooperate in such an investigation. I release the City and its representatives from all liability for any damage that may result.

I authorized my current and/or previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to the City or its representatives. Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the City and its representatives from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information.

I authorize any employee or representative of the City to search to obtain information regarding my qualifications and fitness to serve as a Police Officer.

I understand it is the policy of the City that the results of any examination or other inquiries made as part of any testing, background and/or screening process are the property of the City, and, as such, the City is under no obligation to share the results of any examination or other inquiries with me, unless specifically required to do so by state or federal law. I further acknowledge that I have fully read this document and am aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release. A duplicate of this form shall carry the same force as the original. This document is effective for two (2) years from date signed.

Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_ Date \_\_\_\_\_

The City of Sterling collects the following information to evaluate its recruitment process. Disclosure of information is on a voluntary basis. The information disclosed is confidential and will be maintained separately from your employment application. Submission or non-submission of this form shall not be used as a factor concerning eligibility for employment.

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Position applied for: POLICE OFFICER

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Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Ethnicity and Race

☐ Hispanic or Latino

Non-Hispanic or Latino:

☐ American Indian/Native Alaskan

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Black or African American

☐ White

☐ Two or More Races (non-Hispanic or Latino)

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***How did you FIRST learn of this opportunity?***

☐ The Blue Line website

☐ City of Sterling posting (website, Facebook)

☐ Informed by a current City of Sterling employee

☐ Informed by co-worker in another police department/municipality

☐ Informed by a friend or a relative

☐ Other referral – please indicate \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Sterling Board of Fire & Police Commission any and all information that you may have concerning me, my work record, or my reputation. Also please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the City of Sterling.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

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Signature

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Date

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Address

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City, State, Zip

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

1. I consent to any medical examination required by the city at any time to determine my ability to perform the duties of my job or other jobs with the city and I understand that my employment may be conditional upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment.
2. I certify that the information contained in this application is correct to the best of my knowledge and understand that the deliberate falsification of this information is grounds for dismissal in accordance with the City of Sterling policy.
3. I understand that no representative of the City of Sterling has the authority to enter into any agreement for employment for any specific period of time.

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Signature

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Date