Last Name:	First:	Middle:



Harvard Police Department

203 West Diggins Street Harvard, Illinois 60033 Phone: (815)943-4431 www.cityofharvard.org/police

CERTIFIED ENTRY POLICE OFFICER APPLICATION

www.cityofharvard.org/jobs

APPLICATIONS ARE ACCEPTED ON AN ONGOING BASIS SO APPLY NOW TO JOIN OUR TEAM

It is the policy of the City of Harvard to provide equality of opportunity to all person regardless of race, color, ancestry national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, service in the military, or any other protected group status. This policy applies to all aspects of our personnel policies, practice, and operations. The City of Harvard complies with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Human Resources Director in advance. All information contained in or connected with this application will be considered personal, confidential, and used only in conjunction with your possible employment with the City of Harvard. Please furnish us with complete information as outlined in this application. Please type or print in black ink.

Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment with the City of Harvard Police Department.

THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE AS COMPLETE AS POSSIBLE. See the Minimum Qualifications.

You cannot be considered for the position unless you meet these requirements.

Last Name:	_ First:	_ Middle:



The Board of Police Commissioners of the City of Harvard, Illinois is accepting certified officer (*lateral*) applications to the position of police officer with the Harvard Police Department

Salary: \$83,405 - \$102,212 **Population:** 92,820

Sworn Police Officers: 17

Competitive benefits package includes:

- 12-hour work schedule, commonly referred to as the 2-2-3 or Panama schedule, with every other weekend off.
- Paid Days Off (PDO's combines holidays and vacation)
- Health, dental and term life insurance plans
- Paid sick leave accrual and buy back plans.
- Shift preference and PDO's bid annually.
- \$900.00 annual clothing allowance
- Court pay, 3 hour overtime minimum
- Compensatory accruals up to 85 hours
- Defined-benefit pension and 457 plans.
- Up to 5-year salary adjustment for lateral applicants depending on years of service. (Current Bargaining Unit Contract, 2023-2026)
 - o 1-year salary adjustment \$83,405
 - o 3-year salary adjustment \$98,820
 - o 5-year salary adjustment \$102,820

Application packets can be dropped off, mailed, or emailed to;

Drop off;

Harvard Police Department 203 West Diggins Street Harvard, Illinois 60033

Mailed;

Harvard Police Department P.O. Box 310 Harvard, Illinois 60033

Emailed; fiegel@cityofharvard.org

**You will receive a confirmation email when received

Last Name:	_ First:	_ Middle:

MINIMUM QUALIFICATIONS

All persons possessing certification from the Illinois Law Enforcement Training and Standards Board may be considered for accelerated entry (referred to as "certified entry candidates"). Certified entry candidates selected must first meet all the following criteria:

- 1. Valid Driver's License.
- 2. Vision correctable to 20/20 in both eyes.
- 3. Pass medical exam including drug screen.
- 4. Previous status as a certified Police Officer in the State of Illinois for a minimum of 24 months and at least one year removed from the completion of a probationary period.
- 5. Currently in good standing in the police department in which the person serves,
- 6. Possesses substantially equivalent skills and abilities as a City of Harvard Police Officer who has completed the probationary period, as determined by the City, and
- 7. Taken and passed such examinations as the Commission deems necessary to determine fitness for duty as a police officer.

Certified entry candidates who have been determined by the Commission to meet the requirements will <u>not</u> be required to attend an orientation or take a written examination. For such candidates, the examination process <u>may</u> consist of a background investigation, oral interview, polygraph, psychological, physical agility examination, and medical examination.

DOCUMENTATION TO BE RETURNED WITH THE COMPLETED APPLICATION

- 1. Copy of Driver's License
- 2. Copy of Birth Certificate
- 3. Copy of High School Diploma or GED certificate
- 4. Copy of College Transcript or diploma, if applicable
- 5. Copy of Military Discharge form DD-214, if applicable
- 6. ILETSB Peace Officer Certificate
- 7. Essay question
- 8. Completed and Signed Application Packet for Employment
- 9. Performance Appraisals and Evaluations for the past two years

(Note: Applications that do not include the required documentation above will not be accepted as a completed application.)

GENERAL INSTRUCTIONS

- 1. Type or print in black ink an answer to every question. To be eligible for consideration, applications MUST be complete, accurate and legible.
- 2. If a question does not apply to you, mark N/A in the space provided.
- 3. If space provided in the specific section or the continuation sheet is insufficient, attach a separate sheet and precede the additional information with the section title to which you are referring.
- 4. It is your responsibility to notify the City of any changes of address or phone number.
- 5. The City of Harvard Police Department will verify conviction records, places of employment and other information listed on this application.
- 6. If you have any questions, you may call (815)943-4431 Monday through Friday 7:00 am 3:30 pm, or email fiegel@cityofharvard.org

Last Name:	First:	Middle:	

APPLICANT INFORMATION

Full Name:						Date:		
	Last	First			M.I.			
Address:								
	Street Address						Apartment/U	Jnit #
	City				State		ZIP Code	
Phone:		En	nail					
Date Availa	ble:	Last Four SSN:			Desired Sa	ılary:	\$	
Position Ap	oplied for:							
-	itizen of the Unit		no, are	you aı	uthorized to wo	rk in th	ne U.S.?	NO
Have you e	ver worked for u	s before? YES NO If y	es, whe	en?				
Do any of y here?	our friends or re	latives, other than spouse, wo	rk	YES	NO			
		EDUC	ATIO]	<u>N</u>				
High Schoo	ol:	Address:						
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			

Last Name:	First:	Middle:
	<u>REFERENCES</u>	
Please list three personal references.		
Full Name:		Relationship:
Addross.		Phone:
Full Name:		Relationship:
Address:		Phone:
		Relationship:
Address.		Phone:
	PREVIOUS EMPLOYM	<u>ENT</u>
Company:		Phone:
Address:		Supervisor:
ob Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From: To:	Reason for Leav	ring:
May we contact your previous su	pervisor for a reference?	NO
		Phone:
Address:		Supervisor:
ob Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:To:	Reason for Leav	ring:
May we contact your previous su	pervisor for a reference?	NO □
Company:		Phone:
Address:		Supervisor:

Last Name:		First:			Middle: _	
Job Title:		Starting Salary:	\$		_Ending Salary:	\$
Responsibilities:						
From:	To:	Reaso	n for Le	eaving:		
May we contact your	previous supervisor f	for a reference?	YES	NO 🔲		
Company:					Phone:	
					Supervisor:	
Job Title:		Starting Salary:	\$		_Ending Salary:	\$
Responsibilities:						
	To:					
May we contact your	previous supervisor f	or a reference?	YES	NO		
Company:					Phone:	
A 11					Supervisor:	
Job Title:		Starting Salary:	\$		_Ending Salary:	\$
Responsibilities:						
	To:					
May we contact your	previous supervisor f	for a reference?	YES	NO		
		MII ITADA C	EDVI	CE		
		MILITARY S	<u>ekvi</u>	<u>CE</u>		
Branch:				Fro	m:	To:
Rank at Discharge:			Type of	Discharg	ge:	
If other than honorabl	e, explain:					

Last Name: Middle:	-
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LAW ENFORCEMENT TRAINING

Course Title:	Date of Course:	Hours:
Training Provider:		
Course Title:	Date of Course:	Hours:
Training Provider:		
Course Title:	Date of Course:	Hours:
Training Provider:		
Course Title:	Date of Course:	Hours:
Training Provider:		
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Course Title:	Date of Course:	Hours:

Last Name:	First:	Mido	lle:
Course Title:		Date of Course:	Hours:
Training Provider:			
Course Title:		Date of Course:	Hours:
Training Provider:			
Course Title:		Date of Course:	Hours:
Training Provider:			
Course Title:		Date of Course:	Hours:
Training Provider:			
relations/crime prevention, trainir	ignments in your police career, such as ng of officers, patrol, administration, pu e give reasons for transfer or reassignm	iblic education, etc. Note th	
	WORK ACTIVIT		
Innovative programs you may l	Describe any information regarding to mave implemented or recommended		

Last Name:	_ First:	_ Middle:
Commendations and/or special achievements:		
Experience using computer software:		
Certifications:		

Last Nar	ne:	First:	Middle:		
ANSWER MUST BE IN YOUR OWN HANDWRITING. <u>DO NOT TYPE</u>					
Dis	scuss your interest in and your qual-	ifications for becoming a Police Office	er for the City of Harvard		

Last Name:	First:	Middle:
	CONTINUATION SI	HEET
ndicate in the left column the Section Title of the question you are answering, then complete your answer n the space provided.		
	Continuation of	Answer
	Sommation of	

Last Name:	First:	Middle:	
PLEASE	E READ THE FOLLOWING	S BEFORE SIGNING	
DISCLAIMER AND SIGNATURE			
I certify that my answers are tru	ne and complete to the best of my kno	owledge.	
If this application leads to emplinterview may result in my release	•	isleading information in my application or	
Signature:		Date:	
1	our application on file, you must conta	nths. If you are not hired during this period, act the Harvard Police Department to advise	
	ved from the active file. Your applicat	tion will also be removed from the active file	
The information listed below is recruiting efforts.	NOT part of this application process	s, but it is used to improve advertising and	
How did you learn of this op	portunity?		
o The Blue Line website posting.			
o City of Harvard posting			
o Website			
o Facebook			
0 Other:			
o Informed by a current (City of Harvard / Harvard Police Dep	partment Employee	
o Informed by a co-worker in another Police Department / Municipality			
o Informed by a friend or	relative.		
o Another referral source	(please specify)		

ATTACH ALL DOCUMENTS TO THE LAST PAGE OF THIS APPLICATION

Ensure you return the entire application packet with your supporting documents.