



Dear Applicant,

On behalf of the Board of Police Commissioners, the Milan Police Department, and the Village of Milan, we are pleased that you are interested in becoming a Police Officer for the Village. You will find the Milan Police Department offers an excellent career and provides an exciting and challenging environment in which to work.

The Village of Milan, the Police Department, along with the Police Commissioners desire to hire highly motivated and qualified individuals who represent a wide range of cultural and ethnic diversity. Our mission is to provide pro-active, community police services to the public by furthering the partnership with our community to protect life and property, prevent crime and resolve problems. We are looking for committed individuals to assist us in fulfilling our responsibilities to the people of the Village of Milan. We hope you'll join us!

Applications shall be submitted in full completion to the Milan Police Department either via mail or in person. **Incomplete applications may be subject to disqualification from the recruitment process.** The Milan Police Department shall have the authority to deny and/or revoke the employment of any person submitting false information on their application for employment. **APPLICATIONS ARE TO BE RETURNED TO THE MILAN MUNICIPAL BUILDING - POLICE DEPARTMENT NO LATER THAN 4:00PM ON MONDAY, JULY 17, 2023. NO EXCEPTIONS!**

**ANNUAL SALARY**  
**(Current labor contract)**

Police Recruit	\$57,304	(New hire- While attending the Police Academy)
Police Officer	\$62,504	(At 6-months)
	\$68,910	(After Probation Period of 1-year)
	\$88,878	(Top Officer Salary)

**BENEFITS**

11 Paid Holidays Annually	Downstate Retirement Program
3 Personal Days Annually	Promotional Opportunities
12 Sick Days Annually	12-hour Work Schedule
Vacation and Bereavement Pay	Uniform Allowance (\$550 Annually)
Educational Tuition Reimbursement	Employer-paid Health Insurance
Advanced Training Opportunities	Dental and Vision Reimbursement Program
Paid Overtime or Comp Time	Retirement Healthcare Funding Plan (RHFP)

Again, thank you for considering the Milan Police Department as a career choice. We consider your interest as a compliment. Our department is a professional and progressive agency, which is always in search of career minded, qualified people to join our staff.

Should you have any questions regarding the recruitment process, please feel free to contact us at (309) 787-8520.

Sincerely,

Christopher L. Johnson  
Chief of Police

Richard Stout  
Chairman- Milan Police Commission



**Hiring Procedure:**

1. Applicants shall be under 35 years of age unless exempt from such age limitation as provided in § 5/10-2.1-6 of the Fire and Police Commissioners Act. All applicants must, at a minimum, be at least 21 years of age at the time of appointment.
2. The applicant must have a high school diploma or GED certificate.
3. The applicant must be a U.S. Citizen.
4. Any false statements made by an applicant for examination, collusion in any false statement made in any certificate which may accompany or complicity in any fraud touching the same, shall be regarded as cause for exclusion from the examination process.
5. *PHYSICAL AGILITY TEST*- You must have a written statement from a qualified medical physician stating you are physically fit to participate in the physical agility test.
6. *WRITTEN EXAMINATION* will be given to those individuals who successfully complete the physical agility test.
7. *BACKGROUND INVESTIGATION* will be performed on all applicants who participate in the agility test and successfully pass the written examination *and* are in the top 20 scores or number to be determined by the commission.
8. *INTERVIEWS* will be conducted by the Board of Police Commissioners to applicants who have passed all previous tests and are in the top 20 written scores.
9. Prior to being hired, an applicant must undergo and successfully pass a complete physical and psychological exam by a physician designated by the Village of Milan at the Village's expense.

**Key Dates:**

**(NOTE: ALL will be held at the Milan Municipal Building- Police Department located at 405 East First Street Milan, IL 61264)**

<b>Physical Agility Test</b>	Saturday July 22, 2023	8:00am (promptly)
<b>Written Examination</b>	Saturday July 22, 2023	Immediately following physical agility
<b>Background Investigations</b>	Beginning in August 2023	
<b>Commission Oral Interviews</b>	TBD	
<b>Final Eligibility List</b>	November 2023	

Although the hiring procedure is long and difficult, it will be a rewarding position for those who qualify. On behalf of the Milan Board of Police Commissioners and the staff at the Milan Police Department, we wish you good luck!

*The Village of Milan is an Equal Opportunity/Affirmative Action Employer.*  
**POLICE DEPARTMENT**

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**Milan Municipal Building**

405 East First Street • Milan, Illinois 61264

Phone: 309-787-8520 • Fax: 309-787-8950 • Website: <http://www.milanil.org>



**CERTIFICATE OF PHYSICAL FITNESS**

The undersigned Physician \_\_\_\_\_ does hereby certify that I have examined (applicant) \_\_\_\_\_ and find this person to be physically capable of participating in the Village of Milan Board of Police Commissioners *Police Physical Agility Test* consisting of various strenuous exercises.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Typed or Printed:**

\_\_\_\_\_  
Physician's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Area Code/Telephone Number

**REQUIRED SUBMISSION WITH APPLICATION**

**APPLICATIONS ARE TO BE RETURNED TO THE MILAN MUNICIPAL BUILDING- POLICE DEPARTMENT NO LATER THAN 4:00PM ON MONDAY, JULY 17, 2023. NO EXCEPTIONS!**

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**RELEASE AND WAIVER OF LIABILITY**

I, the undersigned, wish to participate in the Police Physical Agility Test conducted by the Board of Police Commissioners of the Village of Milan. I understand that participating in said test may result in injury, loss or damage to my person. Understanding the aforementioned risk, I make this agreement as my free and voluntary act and assume responsibility for any injury or accident which may befall me. In exchange for being allowed to participate in said test, I agree to release the Village of Milan from liability from any such injury.

I, therefore, hereby release, the Village of Milan and each of their respective officers, servants, agents, employees and boards of and from liability for any and all injuries, losses, and damages to my person caused by, or which may at any time arise as a result of my participation in said test, whether based upon negligence, inadvertence or unforeseen incidents, and I waive any and all rights, claims or causes of action which may arise against the Village of Milan and each of their respective officers, servants, agents, employees and boards relating to or resulting from said test.

\_\_\_\_\_  
Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**TESTING ACKNOWLEDGEMENT**

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

\_\_\_\_\_  
Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**REQUIRED SUBMISSION WITH APPLICATION**

**APPLICATIONS ARE TO BE RETURNED TO THE MILAN MUNICIPAL BUILDING- POLICE DEPARTMENT NO LATER THAN 4:00PM ON MONDAY, JULY 17, 2023. NO EXCEPTIONS!**

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Village of Milan Board of Police Commissioners and the Milan Police Department, whether the said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of 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 of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an 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 authorization will be considered in determining my suitability for employment by the Village of Milan. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and

I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Village of Milan from any and all liability which may be incurred as a result of collecting such information. Upon written request, I understand that the Board of Fire and Police Commissioners will provide me with information regarding the nature and scope of the investigation.

***I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.***

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this “Authorization for Release of Personal Information.”

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

**REQUIRED SUBMISSION WITH APPLICATION – MUST BE NOTARIZED**

**APPLICATIONS ARE TO BE RETURNED TO THE MILAN MUNICIPAL BUILDING- POLICE DEPARTMENT NO LATER THAN 4:00PM ON MONDAY, JULY 17, 2023. NO EXCEPTIONS!**

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# VILLAGE OF MILAN, ILLINOIS

## BOARD OF POLICE COMMISSIONERS

### APPLICATION FOR EMPLOYMENT

## POLICE OFFICER



#### AFFIRMATIVE ACTION POLICY

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position of police officer. It is the intent of the Village of Milan to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliation, marital status, veteran status, physical or mental disability, sex or age or any other legally protected status (except when sex, age, or physical or mental disability is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of full and part-time, temporary and seasonal employment.

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 Village of Milan. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

#### PLEASE USE TYPEWRITER OR PRINT IN INK

#### PERSONAL INFORMATION

1. NAME: LAST FIRST MIDDLE

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(List any other names which you have used such as Maiden name, adopted name, etc)

DATE OF BIRTH- \_\_\_\_\_ AGE- \_\_\_\_\_ SEX: Male Female

PLACE OF BIRTH- \_\_\_\_\_

HEIGHT- \_\_\_\_\_ WEIGHT- \_\_\_\_\_ HAIR- \_\_\_\_\_ EYES- \_\_\_\_\_

2. HOME ADDRESS APT. / LOT CITY STATE ZIP CODE

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HOME PHONE BUSINESS PHONE CELLULAR PHONE

( ) ( ) ( )

E-MAIL ADDRESS- \_\_\_\_\_

SOCIAL SECURITY NUMBER- \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE- \_\_\_\_\_

**LIST YOUR ADDRESSES FOR THE LAST TEN YEARS STARTING WITH PRESENT ADDRESS**

From (MO/YR)	TO (MO/YR)	Address	City/State/Zip Code
From (MO/YR)	TO (MO/YR)	Address	City/State/Zip Code
From (MO/YR)	TO (MO/YR)	Address	City/State/Zip Code
From (MO/YR)	TO (MO/YR)	Address	City/State/Zip Code
From (MO/YR)	TO (MO/YR)	Address	City/State/Zip Code

**3. CIRCLE ONE:** MARRIED SINGLE SEPERATED DIVORCED WIDOWED  
IF DIVORCED, PROVIDE THE FOLLOWING INFORMATION:

DATE OF DISSOLUTION OF MARRIAGE- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_  
WIFE'S MAIDEN NAME- \_\_\_\_\_ RESIDENCE- \_\_\_\_\_  
TO WHOM WAS ACTION GRANTED- \_\_\_\_\_ ALIMONY?- \_\_\_\_\_  
DATE OF DISSOLUTION OF MARRIAGE- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_  
WIFE'S MAIDEN NAME- \_\_\_\_\_ RESIDENCE- \_\_\_\_\_  
TO WHOM WAS ACTION GRANTED- \_\_\_\_\_ ALIMONY?- \_\_\_\_\_

**4. DO YOU HAVE CHILDREN?** YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME- _____	DATE OF BIRTH- _____
PLACE OF BIRTH- _____	WHERE DOES CHILD RESIDE- _____
NAME- _____	DATE OF BIRTH- _____
PLACE OF BIRTH- _____	WHERE DOES CHILD RESIDE- _____
NAME- _____	DATE OF BIRTH- _____
PLACE OF BIRTH- _____	WHERE DOES CHILD RESIDE- _____

**5. ARE YOU A U.S. CITIZEN?** YES NO NATIVE BORN NATURALIZED  
IF NATURALIZED PROVIDE THE FOLLOWING;

(DATE OF NATURALIZATION)	(LOCATION)	(DOCUMENTATION)
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**6. HAS YOUR DRIVER'S LICENSE EVER  
BEEN SUSPENDED OR REVOKED?**

YES

NO

IF YES, EXPLAIN BELOW

**7. HAVE YOU EVER RECEIVED A TRAFFIC CITATION, SUMMONS, AND/OR TICKET? YES NO**  
IF YES, COMPLETE THE FOLLOWING (USE A SEPARATE PAPER IF NEEDED):

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

VIOLATION- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE OF VIOLATION- \_\_\_\_\_ CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

**NOTE: CONVICTIONS MAY NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.  
CONVICTIONS ARE EVALUATED IN RELATION TO THE POSITION OF POLICE OFFICER.**



**8. HAVE YOU EVER BEEN CONVICTED OF AN ORDINANCE/CRIMINAL OFFENSE? YES NO**

*IF YES, COMPLETE THE FOLLOWING IN DETAIL:*

**NATURE OF THE OFFENSE-** \_\_\_\_\_

ARRESTING AGENCY- \_\_\_\_\_ DATE OF OFFENSE- \_\_\_\_\_

CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

**NATURE OF THE OFFENSE-** \_\_\_\_\_

ARRESTING AGENCY- \_\_\_\_\_ DATE OF OFFENSE- \_\_\_\_\_

CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

**NATURE OF THE OFFENSE-** \_\_\_\_\_

ARRESTING AGENCY- \_\_\_\_\_ DATE OF OFFENSE- \_\_\_\_\_

CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

**NATURE OF THE OFFENSE-** \_\_\_\_\_

ARRESTING AGENCY- \_\_\_\_\_ DATE OF OFFENSE- \_\_\_\_\_

CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

**NATURE OF THE OFFENSE-** \_\_\_\_\_

ARRESTING AGENCY- \_\_\_\_\_ DATE OF OFFENSE- \_\_\_\_\_

CASE DISPOSITION- \_\_\_\_\_

*(Convicted, Not Guilty, Fine, Court Supervision, etc)*

**9. HAVE YOU EVER BEEN PLACED ON PROBATION OR COURT SUPERVISION? YES NO**

*IF YES, EXPLAIN BELOW*

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: CONVICTIONS MAY NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. CONVICTIONS ARE EVALUATED IN RELATION TO THE POSITION OF POLICE OFFICER.**

**10. ARE YOU PROFICIENT IN ANY OTHER LANGUAGE?**

*(Indicate degree of proficiency in speaking, reading, and writing)*

\_\_\_\_\_  
(Name of Language) (Proficiency)

\_\_\_\_\_  
(Name of Language) (Proficiency)

\_\_\_\_\_

### MILITARY SERVICE

**11. HAVE YOU EVER SERVED IN THE ARMED FORCES?** YES NO

IF YES: BRANCH OF SERVICE \_\_\_\_\_ RANK AT ENLISTMENT \_\_\_\_\_  
 RANK AT DISCHARGE \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_  
 BRANCH OF SERVICE \_\_\_\_\_ RANK AT ENLISTMENT \_\_\_\_\_  
 RANK AT DISCHARGE \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_

**12. WHAT TYPE OF DISCHARGE DID YOU RECEIVE:**

\_\_\_\_\_  
*(Honorable, Medical, Dishonorable, Honorable Conditions, etc.)*

**13. GIVE THE DATE AND LOCATION OF DISCHARGE:**

DATE LOCATION

**14. HAVE YOU EVER BEEN CONVICTED IN A MILITARY COURT OR RECEIVED OTHER MILITARY DISCIPLINE?**

YES NO IF YES, EXPLAIN BELOW

**15. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE NATIONAL GUARD OR RESERVE?**

YES NO BRANCH/LOCATION

**16. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?**

YES NO IF YES, EXPLAIN

**17. DO YOU USE OR HAVE YOU EVER USED ILLICIT NON-PRESRIPTIVE DRUGS/MEDICATION?**

YES NO IF YES, EXPLAIN BELOW

**18. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION?**

**YES**

**NO**

IF YES, PROVIDE THE FOLLOWING INFORMATION:

AGENCY- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

POSITION- \_\_\_\_\_ SUPERVISOR- \_\_\_\_\_

DATE (FROM) - \_\_\_\_\_ DATE (TO) - \_\_\_\_\_

REASON FOR LEAVING- \_\_\_\_\_

AGENCY- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

POSITION- \_\_\_\_\_ SUPERVISOR- \_\_\_\_\_

DATE (FROM) - \_\_\_\_\_ DATE (TO) - \_\_\_\_\_

REASON FOR LEAVING- \_\_\_\_\_

**19. HAVE YOU EVER APPLIED AND TESTED FOR EMPLOYMENT WITH ANOTHER LAW ENFORCEMENT AGENCY?**

**YES**

**NO**

IF YES, LIST BELOW

NAME OF AGENCY- \_\_\_\_\_ DATE APPLIED- \_\_\_\_\_

ELIGIBILITY STATUS- \_\_\_\_\_ POSITION ON LIST- \_\_\_\_\_

NAME OF AGENCY- \_\_\_\_\_ DATE APPLIED- \_\_\_\_\_

ELIGIBILITY STATUS- \_\_\_\_\_ POSITION ON LIST- \_\_\_\_\_

NAME OF AGENCY- \_\_\_\_\_ DATE APPLIED- \_\_\_\_\_

ELIGIBILITY STATUS- \_\_\_\_\_ POSITION ON LIST- \_\_\_\_\_

NAME OF AGENCY- \_\_\_\_\_ DATE APPLIED- \_\_\_\_\_

ELIGIBILITY STATUS- \_\_\_\_\_ POSITION ON LIST- \_\_\_\_\_

**20. HAVE YOU EVER BEEN REJECTED FOR ANY LAW ENFORCEMENT POSITION?**

**YES**

**NO**

IF YES, EXPLAIN IN DETAIL;

NAME OF AGENCY- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE- \_\_\_\_\_ REASON- \_\_\_\_\_

NAME OF AGENCY- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

DATE- \_\_\_\_\_

REASON- \_\_\_\_\_

**21. EDUCATION AND TRAINING HISTORY**

*(APPLICANT IS REQUIRED TO PROVIDE TRANSCRIPTS WITH APPLICATION)*

**ELEMENTARY SCHOOL-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

GRADUATE- **YES** **NO**

**MIDDLE SCHOOL-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

GRADUATE- **YES** **NO**

**HIGH SCHOOL-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

GRADUATE- **YES** **NO** **GED**

**COLLEGE/UNIVERSITY-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

MAJOR- \_\_\_\_\_

DEGREE ATTAINED- \_\_\_\_\_

**COLLEGE/UNIVERSITY-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

MAJOR- \_\_\_\_\_

DEGREE ATTAINED- \_\_\_\_\_

**POST GRADUATE INSTITUTION-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

MAJOR- \_\_\_\_\_

DEGREE ATTAINED- \_\_\_\_\_

**SPECIALIZED TRAINING-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

MAJOR- \_\_\_\_\_

DEGREE/CERTIFICATION ATTAINED- \_\_\_\_\_

**SPECIALIZED TRAINING-** \_\_\_\_\_

CITY/STATE- \_\_\_\_\_

DATES ATTENDED- \_\_\_\_\_

MAJOR- \_\_\_\_\_

DEGREE/CERTIFICATION ATTAINED- \_\_\_\_\_

**22. EMPLOYMENT HISTORY**

*(LIST ALL JOBS IN THE PAST TEN YEARS STARTING WITH MOST RECENT)*

EMPLOYER- \_\_\_\_\_ TYPE OF BUSINESS- \_\_\_\_\_  
ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_  
SUPERVISOR- \_\_\_\_\_ POSITION HELD- \_\_\_\_\_  
DATE (FROM) - \_\_\_\_\_ DATE (TO)- \_\_\_\_\_  
YOUR DUTIES- \_\_\_\_\_  
REASON FOR LEAVING- \_\_\_\_\_

**\* MAY WE CONTACT THIS EMPLOYER?                      YES                      NO**

EMPLOYER- \_\_\_\_\_ TYPE OF BUSINESS- \_\_\_\_\_  
ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_  
SUPERVISOR- \_\_\_\_\_ POSITION HELD- \_\_\_\_\_  
DATE (FROM) - \_\_\_\_\_ DATE (TO)- \_\_\_\_\_  
YOUR DUTIES- \_\_\_\_\_  
REASON FOR LEAVING- \_\_\_\_\_

**\* MAY WE CONTACT THIS EMPLOYER?                      YES                      NO**

EMPLOYER- \_\_\_\_\_ TYPE OF BUSINESS- \_\_\_\_\_  
ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_  
SUPERVISOR- \_\_\_\_\_ POSITION HELD- \_\_\_\_\_  
DATE (FROM) - \_\_\_\_\_ DATE (TO)- \_\_\_\_\_  
YOUR DUTIES- \_\_\_\_\_  
REASON FOR LEAVING- \_\_\_\_\_

**\* MAY WE CONTACT THIS EMPLOYER?                      YES                      NO**

EMPLOYER- \_\_\_\_\_ TYPE OF BUSINESS- \_\_\_\_\_  
ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_  
SUPERVISOR- \_\_\_\_\_ POSITION HELD- \_\_\_\_\_  
DATE (FROM) - \_\_\_\_\_ DATE (TO)- \_\_\_\_\_  
YOUR DUTIES- \_\_\_\_\_  
REASON FOR LEAVING- \_\_\_\_\_

**\* MAY WE CONTACT THIS EMPLOYER?                      YES                      NO**

**23. HAVE YOU EVER BEEN DISCHARGED, RESIGNED, OR FORCED TO RESIGN TO AVOID DISCIPLINARY ACTION OR UNSATISFACTORY PERFORMANCE FROM ANY JOB? YES NO**

IF YES, GIVE THE NAME OF THE EMPLOYER IN EACH INSTANCE AND THE REASON(S):

EMPLOYER- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

REASON- \_\_\_\_\_

EMPLOYER- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

REASON- \_\_\_\_\_

EMPLOYER- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

REASON- \_\_\_\_\_

**24. PROFESSIONAL REFERENCES**

*(LIST THREE REFERENCES FROM PAST OR CURRENT EMPLOYERS. THESE PEOPLE SHOULD BE FAMILIAR WITH YOUR WORK AND BE IN A SUPERVISORY OR MANAGEMENT POSITION. ONE REFERENCE SHOULD BE FROM YOUR CURRENT EMPLOYER)*

NAME- \_\_\_\_\_ OCCUPATION- \_\_\_\_\_

ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

TELEPHONE NUMBER- \_\_\_\_\_ CELL NUMBER- \_\_\_\_\_

NAME- \_\_\_\_\_ OCCUPATION- \_\_\_\_\_

ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

TELEPHONE NUMBER- \_\_\_\_\_ CELL NUMBER- \_\_\_\_\_

NAME- \_\_\_\_\_ OCCUPATION- \_\_\_\_\_

ADDRESS- \_\_\_\_\_ CITY/STATE- \_\_\_\_\_

TELEPHONE NUMBER- \_\_\_\_\_ CELL NUMBER- \_\_\_\_\_

## 25. REFERENCES

(LIST FOUR REFERENCES OF ADULTS NOT RELATED TO YOU, NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF MORE THAN FIVE YEARS. PERSONS WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY, AND OTHER QUALITIES)

NAME- _____	OCCUPATION- _____
ADDRESS- _____	CITY/STATE- _____
TELEPHONE NUMBER- _____	CELL NUMBER- _____
NAME- _____	OCCUPATION- _____
ADDRESS- _____	CITY/STATE- _____
TELEPHONE NUMBER- _____	CELL NUMBER- _____
NAME- _____	OCCUPATION- _____
ADDRESS- _____	CITY/STATE- _____
TELEPHONE NUMBER- _____	CELL NUMBER- _____
NAME- _____	OCCUPATION- _____
ADDRESS- _____	CITY/STATE- _____
TELEPHONE NUMBER- _____	CELL NUMBER- _____

## 26. CREDIT HISTORY

(LIST 3 COMMERCIAL OR BUSINESS CREDIT REFERENCES. INCLUDE BANK OR CHARGE ACCOUNT, OR FIRM YOU HAVE BORROWED MONEY FROM)

NAME OF FIRM- _____	BUSINESS TYPE- _____	
ADDRESS- _____	CITY/STATE- _____	
CONTACT PERSON- _____	TELEPHONE- _____	
AMOUNT- _____	DATE (FROM) - _____	DATE (TO) - _____
NAME OF FIRM- _____	BUSINESS TYPE- _____	
ADDRESS- _____	CITY/STATE- _____	
CONTACT PERSON- _____	TELEPHONE- _____	
AMOUNT- _____	DATE (FROM) - _____	DATE (TO) - _____
NAME OF FIRM- _____	BUSINESS TYPE- _____	
ADDRESS- _____	CITY/STATE- _____	
CONTACT PERSON- _____	TELEPHONE- _____	
AMOUNT- _____	DATE (FROM) - _____	DATE (TO) - _____

**29. HAVE YOU EVER BEEN SUED?                      YES                      NO                      IF YES, EXPLAIN BELOW**

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**30. HAVE YOU EVER FILED FOR BANKRUPTCY?    YES                      NO    IF YES, EXPLAIN BELOW**

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**31. ARE YOU A MEMBER OF ANY SOCIAL MEDIA WEBSITES?                      YES                      NO**

IF YES, WHICH ONES AND USER NAME.

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**ADDITIONAL NARRATIVE RESPONSES**  
**(INDICATE THE APPLICABLE NUMBER WHICH YOU ARE RESPONDING TO)**

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Applicant's signature-\_\_\_\_\_

**\*NOTE\***

*Required submission with your application. All documents listed below shall be placed in a sealed 9 x 12 manila envelope and addressed to the following address:*

*Milan Police Board of Commissioners  
Milan Municipal Building- Police  
405 East First Street  
Milan, IL 61264*

**APPLICATIONS ARE TO BE RETURNED TO THE MILAN MUNICIPAL BUILDING-POLICE DEPARTMENT NO LATER THAN 4:00PM ON MONDAY, JULY 17, 2023 at 4:00pm. NO EXCEPTIONS!**

- A. **Photograph of applicant** (Attach an un-mounted full-face photograph of yourself, not larger than 2 1/2 x 3 inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than two (2) months prior to the date of this application.
- B. **Academic Transcripts (High School and College)**
- C. **ALL Signed Release Forms and Waivers**
- D. **Credit Report dated not more than two (2) months prior to date of application**
- E. **Copy of Advanced Education Degree diploma (Associate, Bachelor degree, etc.) if applicable**
- F. **Copy of Military Discharge documents (if applicable)**
- G. **Copy of Law Enforcement Academy certification/diploma (if applicable)**
- H. **Copy of Naturalization documents (if applicable)**

*I hereby certify that there are no willful misrepresentations, omissions, and/or falsifications and all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. All information that has been provided in this application is true and accurate to the best of my knowledge and belief.*

Signature- \_\_\_\_\_ Date- \_\_\_\_\_

**MUST BE NOTARIZED BELOW**

Subscribed and sworn to me this \_\_\_\_\_  
Day

day of \_\_\_\_\_ in the year of 2023  
Month

\_\_\_\_\_  
*Notary Public*



**APPLICATION PACKET CONTENTS:**

- [ ] Letter
- [ ] Hiring Procedure
- [ ] Certificate of Physical Fitness-  
*\*REQUIRED SUBMISSION WITH APPLICATION*
- [ ] Release and Waiver of Liability-  
*\*REQUIRED SUBMISSION WITH APPLICATION*
- [ ] Authorization for Release of Personal Information-  
*\*REQUIRED SUBMISSION WITH APPLICATION*
- [ ] Application  
*\*REQUIRED SUBMISSION WITH APPLICATION*
- [ ] Physical Agility Test Standards

***\*REQUIRED SUBMISSION WITH APPLICATION. ALL DOCUMENTS SHALL BE PLACED IN A 9 X 12 SEALED MANILA ENVELOPE ADDRESSED TO THE "MILAN POLICE BOARD OF POLICE COMMISSIONERS"***

**Incomplete applications may be subject to disqualification from the recruitment process.**

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**POLICE DEPARTMENT**

**Milan Municipal Building**

405 East First Street • Milan, Illinois 61264

Phone: 309-787-8520 • Fax: 309-787-8950 • Website: <http://www.milanil.org>