

CITY OF CANTON FIRE AND POLICE COMMISSION

2 North Main, Canton, Illinois 61520 • Telephone (309) 647-0065 • Facsimile (309) 647-2348

Chad Mayall, *Commission Chairman*
Samantha Norton, *Commission Secretary*
Steve Albrecht, *Commissioner*

July 10, 2024

RE: Testing for the 2024 New Officer Hiring List for the Canton Police Department

Dear Candidate:

Thank you for applying for a position with the City of Canton Police Department. To be considered for appointment, you must successfully pass a series of tests designed to measure your physical and mental ability to perform the job. Additionally, you must successfully undergo a thorough background investigation and pass both a polygraph and a psychological examination.

First, use the attached Checklist to compile all required documentation, including a \$15.00 application fee made payable to the City of Canton **no later than Friday, August 23, 2024**. Applications can be mailed or delivered to the Mayor's Office, 2 N. Main Street, Canton, IL 61520. They can also be emailed to ckohler@cantoncityhall.org. The application fee can be paid electronically via the City website, www.cantonillinois.org by selecting the Pay Online button. Select One Time Payer and then Misc. for the payment type.

Next, attend the **Written Test, Interview, and POWER** testing which will begin at **8:00am on Saturday, September 7**, starting in the Director's Room, lower level of Canton City Hall, 2 N. Main Street. Oral interviews with the Commissioners will be first, followed by a 2-hour written test measuring basic comprehension and detail/ memory skills, and then the POWER physical ability test at the Canton Family YMCA.

Physical Ability (POWER) testing will be conducted, but scores will not be included in your overall score total. It is held so that candidates recognize if they need to prepare physically in order to pass the physical ability testing at the police academy.

Candidates may choose to order study materials for the written test online at:
<https://iosolutions.com/study-guides/> and select LST Preparation Materials.

If you have any further questions, please feel free to contact Recording Secretary Carol Kohler at (309) 647-0065.

City of Canton
Fire and Police Commission

Checklist for Application to Canton Police Department

Please include the following documents with your application to the Recording Secretary of the Fire and Police Commission by August 23, 2024

Name _____

Date of Birth _____

Applicants shall be at least 21 years of age and under 35 years of age at the time of application (August 23, 2024) unless exempt from such age limitation provided in Section 5/10-2.1-6 of the Fire and Police Commissioner's Act. Anyone 20 years of age and has completed 2 years of law enforcement studies at an accredited college or university may also test. Proof of birth date will be required at time of application.

Application

Release of Liability and Covenant Not to Sue form

Certificate of Applicant and Authorization for Release of Information

Medical Approval form signed by physician

Fingerprints taken at a Police Department

Photograph

\$15 Application Fee- cash, check, or pay online

Military Service Record and Discharge Papers (if applicable)

Copy of Social Security Card

Copy of Birth Certificate

High School Diploma/G.E.D. - **provide copy of transcript or diploma**

College/University Degree - **provide copy of transcript or diploma** (if applicable)

RELEASE OF LIABILITY AND COVENANT NOT TO SUE

I, the undersigned, in consideration of the receipt of testing and in consideration for employment and in the further consideration of other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, hereby release the City of Canton, an Illinois municipal corporation, its officers, employees and agents; the City of Canton Board of Fire & Police Commissioners, its officers, employees and agents; and, each their respective agents, assigns and successors, from any and all legal liability for injury or death which I may sustain by reason of physical agility testing on date of September 7, 2024 which may be thereafter occasioned by such testing.

I further state and understand that the contemplated physical agility testing is or may be hazardous in certain particulars. I acknowledge the existence of these hazards and freely and voluntarily assume the risk of injury or death presented by such hazards.

With the foregoing in mind, I hereby specifically agree and covenant with the City of Canton, its officers, employees and agents; the City of Canton Fire & Police Commissioners, its officers, employees and agents; and, with each their respective agents, successors and assigns, that I will not sue any of the foregoing by reason of injury or death sustained by me as a result of the aforesaid physical agility testing. I further covenant and agree that I will not assign or attempt to assign any right, which I may have to a cause of action against any of the foregoing to any person or legal entity.

This release is binding upon myself and upon my heirs, assigns, executors and administrators.

DATED: This _____ day of _____, 20__.

(Signature) _____

(Print Name) _____

(Address) _____

CITY OF CANTON
FIRE AND POLICE COMMISSION
2 N. Main Street, Canton, Illinois 61520 (309) 647-0065

CERIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION
(Read Carefully Before Signing)

I, _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MIS-STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO INITIAL EMPLOYMENT OR CONTINUED EMPLOYMENT BY THE CITY OF CANTON POLICE OR FIRE DEPARTMENT.

I ALSO DO HEREBY AUTHORIZE ALL LAW ENFORCEMENT AGENCIES, THE VETERANS ADMINISTRATION, U.S. ARMY, U.S. NAVY, U.S.AIR FORCE, ALL MILITARY AGENCIES, AND ALL FEDERAL, STATE, OR LOCAL UNIVERSITIES, TO FURNISH THE CANTON POLICE OR FIRE DEPARTMENT WITH ANY AND ALL AVAILABLE INFORMATION REGARDING ME AND FOR THE RELEASE OF ANY MEDICAL, PHYSICAL, PSYCHIATRIC, PSYCHOLOGICAL, AND CRIMINAL HISTORY RECORDS TO THE CANTON POLICE OR FIRE DEPARTMENT IN ORDER THAT THE CITY OF CANTON FIRE AND POLICE COMMISSION MAY DETERMINE MY SUITABILITY FOR POLICE OR FIRE WORK.

I AUTHORIZE THE CITY OF CANTON POLICE OR FIRE DEPARTMENT TO MAKE INQUIRY OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION REGARDING MY EMPLOYMENT, CREDIT, OR ANY OTHER INFORMATION, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE IN THEIR RECORDS, AND RELEASE SAID COMPANY OR PERSON FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE CITY OF CANTON POLICE OR FIRE DEPARTMENT.

A PHOTOCOPY OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

Signature of Applicant

Date

Signature of Witness

Date

**CANTON POLICE DEPARTMENT
APPLICANT MEDICAL APPROVAL**

The City of Canton Police Department conducts a physical agility test (P.O.W.E.R. Test) as described by the Illinois Law Enforcement Training and Standards Board as a pre-employment examination for applicants testing for original appointment to the police force. The testing will consist of the following:

1. Stretching
2. Sit Ups
3. Sit and Reach
4. Bench Press
5. Running (1.5 miles)

I hereby certify that I have personally given a thorough medical examination to and consulted the medical history of

_____ on the date of _____,

20 ____, and further certify that he/she is physically able to undergo a physical agility examination, which includes the above-mentioned exercises.

(Signature) _____, M.D.

(Print name) _____

(Address) _____

(Phone) _____

Age: _____ Height: _____ Weight: _____

Dated: This _____ day of _____, 20 _____.



City of Canton Board of Fire and Police Commissioners
2 N. Main Street, Canton, IL 61520
309.647.0065

Application for Employment with the Canton Fire or Police Department

We consider all applicants for all positions without regard to race, color, religion, creed, gender, origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

APPLICANTS MUST COMPLETE ALL ITEMS. ITEMS WHICH DO NOT APPLY SHOULD BE MARKED "N/A" (NOT APPLICABLE).

IN REGARDS TO REFERENCES AND PAST OR PRESENT EMPLOYERS:

You must provide the full names, addresses, (including streets and zip codes), area codes and telephone numbers. Without this information, it is impossible to complete the background check. Failure to complete the information as required may affect your chances for hire.

FIRE OR POLICE BACKGROUND INVESTIGATION QUESTIONNAIRE

INSTRUCTIONS: FILL OUT THIS QUESTIONNAIRE COMPLETELY AND ACCURATELY. IF YOUR QUESTIONNAIRE IS COMPLETED PROPERLY, IT INCREASES YOUR CHANCES OF EMPLOYMENT. ALL STATEMENTS IN YOUR QUESTIONNAIRE ARE SUBJECT TO VERIFICATION. **INTENTIONAL INCORRECT STATEMENTS(S) WILL BAR OR REMOVE YOU FROM EMPLOYMENT.** IF WRITING SPACE IS INADEQUATE, USE THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE AND IDENTIFY ADDITIONAL INFORMATION BY QUESTION NUMBER. USE THE TERM "N/A" (NOT APPLICABLE) IF THE QUESTIONS DOES NOT APPLY.

PERSONAL INFORMATION

1) Name: (Last) _____ (First) _____ (MI) _____

2) Any other names or aliases you have used OR any other name you have been known by (maiden name if applicable) _____

3) Home address _____
Street City State County Zip

4) Home phone number _____ Cell phone number _____
(include area code) (include area code)

Email address _____

5) Date of birth _____ 6) Sex _____ 7) Height _____

8) Place of birth _____ 9) Age _____ 10) Weight _____

11) Social Security Number _____ 12) Eye color _____ 13) Hair color _____

14) Are you a US citizen? Yes _____ No _____ If yes, Native born _____ Naturalized _____

If a naturalized citizen, provide the City, State, and Date you were naturalized:

15) Have you ever taken a civil service exam? Yes _____ No _____ If yes, explain in detail:

| AGENCY | APPROXIMATE EXAM DATE | ADDRESS | OCCUPATION |
|--------|-----------------------|---------|------------|
| | | | |
| | | | |

If extra room is needed, please add an extra piece of paper with the information.

16) Are you on any eligibility lists? Yes ___ No ___ If Yes, list name of departments:

17) Were you ever placed on a civil service list and not hired? Yes ___ No ___ If Yes, please explain:

18) Were you ever rejected for any civil service position? Yes ___ No ___ If Yes, please explain:

19) Have you ever submitted an application for employment for any other police or fire department?

Yes ___ No ___ Please list dates:

20) Have you ever been a law enforcement officer, fire fighter or held a similar position?

Yes ___ No ___

| POSITION HELD | DATE (FROM) | DATE (TO) | LOCATION |
|---------------|-------------|-----------|----------|
| | | | |
| | | | |

If extra room is needed, please add an extra piece of paper with the information.

21) Were you ever discharged or forced to resign because of misconduct or unsatisfactory service while employed or while under investigation? Yes ___ No ___ If Yes, explain. Also include name(s), address(es) of employer(s) and date(s):

| BUSINESS NAME | ADDRESS & PHONE NUMBER | MANAGER'S NAME | DATE |
|---------------|------------------------|----------------|------|
| | | | |

If extra room is needed, please add an extra piece of paper with the information.

22) List all jobs, including temporary or part-time jobs, you have held. Please include periods of unemployment. Put your present or most recent job first. Include military service. If you were employed under a different name, please list that name.

| BUSINESS NAME | ADDRESS | PHONE NUMBER | SUPERVISOR | DATES EMPLOYED |
|---------------|---------|--------------|------------|----------------|
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If extra room is needed, please add an extra piece of paper with the information.

23) Explain the reason for applying for this position.

EDUCATION

24) List the various schools you have attended and other information requested.

| HIGH SCHOOLS ATTENDED | COMPLETE ADDRESS | DATES ATTENDED | GRADUATED? YES/NO |
|-----------------------|------------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |

| COLLEGES ATTENDED | COMPLETE ADDRESS | DATES ATTENDED | GRADUATED? YES/NO |
|-------------------|------------------|----------------|-------------------|
| | | | |
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If extra room is needed, please add an extra piece of paper with the information.

25) Were you ever expelled or suspended from school? Yes ____ No ____ If Yes, explain:

26) List other formal education beyond high school. You may include special training courses.

27) List any professional licenses or certifications you hold or have.

DRIVER'S LICENSE AND TRAFFIC RECORD

28) Can you operate an automobile? Yes ____ No ____

29) Do you have a valid driver's license in Illinois or any other state? Yes ____ No ____

Please list all states that you have had a driver's license and include driver's license numbers:

| STATE | DRIVER'S LICENSE NUMBER |
|-------|-------------------------|
| | |
| | |

If extra room is needed, please add an extra piece of paper with the information.

30) List current driver's license number and expiration date: _____

31) Have any of your driver's licenses from Illinois or any other state ever been suspended or revoked?

Yes ____ No ____ If yes, explain. Include date(s) and state(s).

32) Have you ever had a restrictive driving permit, judicial driving permit, or has your licenses been held for supervision? Yes ____ No ____ If yes, explain:

33) List all traffic tickets, offenses, and approximate dates:

| DATE | CHARGE | LOCATION AND STATE |
|------|--------|--------------------|
| | | |
| | | |
| | | |

If extra room is needed, please add an extra piece of paper with the information.

34) Do you have a firearms card in Illinois or another state? Yes _____ No _____ If yes, give state and firearms card number: _____

35) Has your firearms card ever been suspended or revoked in this state or any other state? Yes _____ No _____ If yes, explain. Include dates, state(s) and reasons.

CRIMINAL HISTORY (ADULT, MINOR, OR JUVENILE)

36) Have you ever been convicted or charged with a crime including domestic violence? Yes _____ No _____ If yes, explain.

| Date | Police Agency and State | Charge | Disposition |
|------|-------------------------|--------|-------------|
| | | | |
| | | | |
| | | | |

If extra room is needed, please add an extra piece of paper with the information.

37) Have you ever been placed on probation? Yes _____ No _____ If yes, explain.

38) Have you ever been required to pay a fine? Yes ___ No ___ If yes, please explain and include the amount.

39) Have you ever been reported as a runaway? Yes ___ No ___ If yes, explain details including jurisdiction dates and outcome.

40) Have you ever been fingerprinted by a police agency other than for an arrest? Yes ___ No ___ If yes, list the agency, date and purpose.

41) Have you ever been a victim of a crime? Yes ___ No ___ If yes, explain if you reported the crime to the police and what crime was committed.

42) Are there any warrants, traffic or otherwise, judgments or orders of protection now pending or ever served against you? Yes ___ No ___ If yes, explain.

ALCOHOL USE

43) Do you consume alcohol? Yes ___ No ___ If yes, give the details.

44) A serving of beverage alcohol is about 1 ½ ounces of hard liquor, 5 ounces of wine, or 12 ounces of beer. How many servings of alcohol would you normally consume in a 24-hour period in which you did drink?

45) How many times in the past year have you become intoxicated with alcohol or a combination of alcohol and other substances? _____

46) What is the largest number of servings of alcohol you have consumed in one 24-hour period over the past 5 years? _____ If this was an isolated incident, give the details.

47) Approximately how many days per week, on average, have you consumed alcohol during the past year?

48) Have you ever operated a motor vehicle while intoxicated? Yes _____ No _____ If yes, explain the details.

49) Have you ever consumed alcohol while working? Yes _____ No _____ If so, explain the details.

DRUG USE

Questions regarding illegal drug or substance use must be answered completely, accurately, and truthfully. Any experimentation or use whatsoever must be listed regardless of the amount. This includes, but is not limited to, tasting sniffing, smoking, ingesting, inhaling, swallowing, pretending to use or attempting to use, regardless of the effects. If the exact dates are unknown, you must list an approximate month and year you believe when the drugs were last used.

Illegal drugs or substances include, but are not limited to, marijuana, cocaine, crack cocaine, speed, PCP, meth, heroin, mescaline, LSD, psilocybin (mushrooms), hashish, opiates, barbiturates, steroids, designer drugs, peyote, morphine, methadone, inhalants, or any other illegal substance including illegally-used prescription drugs not including those legally prescribed to you by your physician.

50) Have you ever used any illegal drug or substance? If yes, list illegal drug or substance below and answer related questions in the table on the next page.

| | | | |
|---|---|-------------------------------------|--|
| Name of substance or drug | Date first used | Date last used | Estimated use during the last 5 years |
| What was your approximate age when you first used this substance? | What was your approximate age when you last used? | Estimated use during your lifetime? | Will you continue to use this substance? |
| Name of substance or drug | Date first used | Date last used | Estimated use during the last 5 years |

| | | | |
|---|---|-------------------------------------|--|
| What was your approximate age when you first used this substance? | What was your approximate age when you last used? | Estimated use during your lifetime? | Will you continue to use this substance? |
| Name of substance or drug | Date first used | Date last used | Estimated use during the last 5 years |
| What was your approximate age when you first used this substance? | What was your approximate age when you last used? | Estimated use during your lifetime? | Will you continue to use this substance? |

If extra room is needed, please add an extra piece of paper with the information.

51) Have you ever sold or supplied any illegal drug or substance? If so, give the details.

52) Have you ever manufactured any illegal drug or substance? If so, give the details.

53) Have you ever cultivated, grown, or attempted to grow marijuana? If so, give the details.

54) Have you ever injected any form of illegal drug or substance, including steroids? If so, give the details.

55) Have you ever allowed someone to use illegal drugs or substances, including marijuana, at your residence or in your vehicle? Yes _____ No ____ If so, give the details.

56) Have you ever transported drugs or illegal substances, including marijuana, in your vehicle? Yes ___ No ___ If so, give the details.

57) When was the last time you were at a private gathering where illegal drugs or substances were being used? Give the month and year. _____

58) Have you ever used salvia (a psychoactive plant which can induce hallucinatory experiences)? Yes _____ No _____ If yes, give the details.

59) Have you ever used any synthetic cannabinoid, a synthetic alternative drug, synthetic stimulant or psychedelic/hallucinogen, including but not limited to bath salts, incense used as a drug, cathinones, MDMA or MDEA? Yes _____ No _____ If yes, give the details.

MILITARY SERVICE

60) Have you ever served in any military organization of the U.S.? Yes _____ No _____
If yes, list the following.

| Branch served | Dates | Discharge Status |
|---------------|-------|------------------|
| | | |
| | | |
| | | |

If extra room is needed, please add an extra piece of paper with the information.

Please attach your DD214 Form to your application.

61) Give the details and location of entrance to active duty. (City and State) _____

62) Give date and location if discharged from active duty. _____

63) What is your military serial number? _____

64) What was your rank at discharge? _____

65) List all draft classifications you have had, ie, I4, 4F, etc. _____

66) Were you ever convicted or charged at a court martial? Yes _____ No ____ If yes, explain.

67) Are you now or were you ever a member of the US Reserve Forces or National Guard?
Yes _____ No _____ If yes, are you active? _____ or inactive? _____

Also list as it pertains to the US Reserve Forces or National Guard:

| Branch | Dates served | Rank | Location served | Discharge status |
|--------|--------------|------|-----------------|------------------|
| | | | | |
| | | | | |

If extra room is needed, please add an extra piece of paper with the information.

68) List any disciplinary action taken against you in the National Guard or Reserves.

CREDIT HISTORY

69) List three commercial or business credit references (including bank or charge accounts) of firms you have borrowed money from for any purpose.

| Name and address of firm | Type of business | Amount borrowed | Dates opened and closed |
|--------------------------|------------------|-----------------|-------------------------|
| | | | |
| | | | |
| | | | |

If extra room is needed, please add an extra piece of paper with the information.

70) Have you ever been sued? Yes _____ No _____ If yes, give details.

71) List any outstanding debts and amounts. Include amounts in arrears.

| Amount of debt | Amount now owed | Name and address of loan grantor | In arrears? Yes/No |
|----------------|-----------------|----------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

If more room is needed, please add an extra piece of paper with the information.

72) Have you ever filed for bankruptcy? Yes ____ No ____

73) Have you ever filed Chapter 11 or 13? Yes ____ No ____

If yes to either, please explain, including date(s).

74) List your past and present addresses starting with the present first.

| Dates | Address of residence | City and State |
|-------|----------------------|----------------|
| | | |
| | | |
| | | |

If extra room is needed, please add an extra piece of paper with the information.

75) Are you currently buying your home? Yes ____ No ____

76) Do you own or are you buying other real estate? Yes ____ No ____ If yes, give locations.

ACQUAINTANCES

77) List the following information of three adults, not related to you and not former employers or references, who are friends, fellow students, or fellow workers.

| Name | Complete address | Home or cell phone | Business phone |
|------|------------------|--------------------|----------------|
| | | | |
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REFERENCES

78) List the names and information of five adults not related to you and not former employers, who have known you for more than five years. All persons to whom you refer will be asked to appraise your character, experience, personality, and other qualities.

| Name | Complete address | Home or cell phone | Business phone |
|------|------------------|--------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

List person(s) to call in an emergency.

| Name | Complete address | Phone number(s) |
|------|------------------|-----------------|
| | | |
| | | |

I HEREBY CERTIFY THAT THERE ARE NO WILFULL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION WITH MY KNOWLEDGE COULD RESULT IN DISQUALIFICATION FOR THE POSITION FOR WHICH I AM APPLYING.

SIGNATURE

DATE