



Department of Police
CITY OF PLANO



111 E. Main ST. Plano, Illinois 60545

Non-Emergency Phone (630) 552-3121

Emergency / Non-Emergency #911

Office (630) 552-3122 / Fax (630) 552-3197

Completed applications will be thoroughly filled out and also contain copies of:

- Birth Certificate
- Copy of DL
- Copy of Transcripts of HS and College(s) attended
- Copy of HS Diploma or Equivalent
- Copy of College Diploma
- Copy of Military Discharge DD214 if applicable
- Training certificates furnished upon request

Completed application packet should be turned in to the Plano Police Department Record's Division at 111 E. Main Street, Plano, IL 60545 or emailed to nallison@planopoliceil.org.

The Plano Police Department and City of Plano is an equal opportunity employer.



NOW HIRING LATERAL TRANSFERS

Establishing a Lateral Police Officer Eligibility List

The Plano Police Department, an equal opportunity employer, is currently establishing a lateral certified police officer eligibility list. Women and minorities are encouraged to apply. Our organization is proactive, community oriented, and proud to serve the citizens of Plano. With future retirements, we are looking to hire experienced officers who will add to our organization and build onto the culture of serving the citizens in any way possible.

**Must have a valid
Driver's License**

**Currently certified by
ILETSB**

Excellent Integrity

**2 or more years of
consecutive service
as a police officer in
IL**

**Currently working as
a sheriff's deputy, IL
Trooper, or
municipal police
officer**

APPLY AT:

Plano Police Dept
111 E. Main St.
Plano, IL 60545

OR

www.cityofplanoil.com

WAGES

Time of Service	Pay
Start at Year 2 for pay	\$81,108.19
3 YEARS of service pay	\$90,297.81
4 YEARS of service pay	\$100,155.81
TOP OUT	\$104,562.66

Other Benefits

- Overtime and Comp time
- Annual pay incentives of \$750/\$1500 for advanced degrees
- Clothing allowance stipends for specialized units
- Updated equipment
- Field Training Officer Pay Incentive
- 13 paid holidays!



A progressive organization that is looking for patrol officers to supplement our core of experienced staff. We have one vacancy and possibly others in the very near future. After submitting an application, applicants will go through a background, oral interview, and medical prior to getting hired. The list will not expire and will supplement our entry level eligibility list. Turn in completed application packets at the Plano PD or nallison@planopoliceil.org.

BENEFITS

457 Plan (Deferred Compensation Plan) available!

12 HOUR SHIFTS

Tuition Reimbursement available at a percentage paid to the employee up through a Master's Degree.

Quartermaster system for uniforms.

Union representation through the Fraternal Order of Police.

Health Insurance through BCBS- HMO/PPO

Dental and Vision Insurance available for employees and family.

Ballistic Vest and firearm provided to the officer.

Downstate pension!

Specialized units such as Investigations, School Resource Officer, Covert Team, Undercover Narcotics





Lateral Police Officer Application

Plano Police Department

PERSONAL INFORMATION

Name(Last)

(First)

(Middle)

List all other names or aliases you have used, or by which you have been known. Include maiden name.

Present Street Address

City, State, ZIP & County

Home Telephone

Cell Phone

Social Security Number

Date of Birth

Age

Email Address

Place of Birth

Have you ever been classified by your local selective service draft board as a conscientious objector?

Please refer to the following job description for the position for which you are applying. Can you, with or without a reasonable accommodation, perform the essential functions of the job?

Law Enforcement Officer Job Description

Tasks

- Patrols specific area on foot, horseback, or motorized conveyance.
- Maintains order, responds to emergencies, protects people and property, and enforces motor vehicle and criminal law.
- Arrests perpetrator of criminal act or submits citation or warning to violator of motor vehicle ordinance.
- Monitors traffic to ensure motorists observe traffic regulations and exhibit safe driving procedures.
- Directs traffic flow and reroutes traffic in case of emergencies.
- Reviews facts to determine if criminal act or statute violation is involved.
- Evaluates complaint and emergency-request information to determine response requirements.
- Investigates traffic accidents and other accidents to determine causes and to determine if crime has been committed.
- Provides road information to assist motorists.
- Relays complaint and emergency-request information to appropriate agency dispatcher.

Skills

- Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Being aware of others' reactions and understanding why they react as they do.
- Talking to others to convey information effectively.
- Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Actively looking for ways to help people.
- Communicating effectively in writing as appropriate for the needs of the audience.
- Understanding the implications of new information for both current and future problem-solving and decision-making.
- Understanding written sentences and paragraphs in work related documents.
- Adjusting actions in relation to others' actions.

Abilities

- The ability to communicate information and ideas in speaking so others will understand.
- The ability to quickly respond (with the hand, finger, or foot) to a signal (sound, light, picture) when it appears.
- The ability to combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).
- The ability to communicate information and ideas in writing so others will understand.
- The ability to see details at a distance.
- The ability to listen to and understand information and ideas presented through spoken words and sentences.
- The ability to speak clearly so others can understand you.
- The ability to shift back and forth between two or more activities or sources of information (such as speech, sounds, touch, or other sources).
- The ability to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.
- The ability to read and understand information and ideas presented in writing.

FAMILY PROFILE

List every member of your family who is still living. Include father, mother, brothers and sisters.

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Address, City, St</i>
<i>Occupation</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>	
6. N/A N/A	<i>Relationship</i> N/A	<i>Date of Birth</i> N/A	<i>Address, City, St</i> N/A N/A NA N/A
<i>Occupation</i> N/A Name	<i>Home Phone</i> N/A	<i>Work/Cell Phone</i> N/A	
7. N/A N/A	<i>Relationship</i> N/A	<i>Date of Birth</i> N/A	<i>Address, City, St</i> N/A N/A NA N/A
<i>Occupation</i> N/A Name	<i>Home Phone</i> N/A	<i>Work/Cell Phone</i> N/A	
8. N/A N/A	<i>Relationship</i> N/A	<i>Date of Birth</i> N/A	<i>Address, City, St</i> N/A N/A NA N/A
<i>Occupation</i> N/A	<i>Home Phone</i> N/A	<i>Work/Cell Phone</i> N/A	

ALCOHOL, ILLEGAL DRUG USE AND GAMBLING

Are you currently now abusing or excessively using alcohol?

Do you currently use illegal drugs?

Are you currently now excessively gambling?

EDUCATIONAL HISTORY

List the schools you have attended and provide the other requested information.

High Schools:

<i>Name and address of school(s)</i>	<i>Years Completed</i>	<i>Avg. Grade</i>	<i>Graduated?</i>	<i>Dates attended</i>
1.				
2. N/A N/A NA	N/A	N/A	N	N/A
3. N/A N/A NA	N/A	N/A	N	N/A

Colleges:

1.				
2.				
3. N/A N/A NA	N/A	N/A	N	N/A

Have obtained any of the following?

State-certified Law Enforcement Officer:

State-certified Corrections Officer:

Associate's Degree:

Bachelor's Degree:

Master's Degree:

List any professional licenses or certificates you hold or have held.

DRIVING HISTORY

Do you possess a valid Driver's License?

State

License Number

Date of Expiration

As a driver, have you ever been involved in a traffic accident?

If Yes, please explain: include date, location, and nature of accident (personal injury, property damage, etc):

Have you ever been refused a driver's or chauffeur's license by any state?

Have you ever had a driver's or chauffeur's license in any other state?

Has your license ever been suspended, revoked, or placed on probation?

RESIDENCES

1.	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
2.	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
3.	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
4.	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
5.	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>

MILITARY SERVICE

Have you ever served in any branch of the United States Armed Forces?

Are you now or were you ever a member of the U.S. Reserve Forces?

Are you now or were you ever a member of the National Guard?

Do you have or have you ever possessed a valid Firearms Owner Identification Card?
If Yes, please complete:

Card number

Expiration date

EMPLOYMENT HISTORY

Are you currently employed?
May we contact your present employer?

Were you ever placed on a police or fire eligibility list and not hired?

If Yes, please explain (Where and Why):

Police Department applicants only

Were you ever discharged or asked to resign?

Are you now or have you ever been engaged in any business as an owner, partner or officer?

List all jobs you have held for the last ten years. Please put your present or most recent job first. Be sure to include military service and/or periods of unemployment in the sequence.

1. *Employer's Name*

Type of Business

Address/City/State/ZIP

Name and Title of Supervisor

Telephone Number

From(Month/Year)

To(Month/Year)

Title or Position

What were your duties

Reason for leaving

2. *Employer's Name*

Type of Business

Address/City/State/ZIP

Name and Title of Supervisor

Telephone Number

From(Month/Year)

To(Month/Year)

Title or Position

What were your duties

Reason for leaving

3. *Employer's Name*

Type of Business

Address/City/State/ZIP

Name and Title of Supervisor

Telephone Number

From(Month/Year)

To(Month/Year)

Title or Position

What were your duties

Reason for leaving

ACQUAINTANCE/REFERENCES

Please provide the names of three adults NOT related to you, whom you have known for a period of (preferably) 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* *Home Telephone Number*

Address/City/State/Zip

Work/Cell Telephone

Occupation or Profession

2. *Name* *Home Telephone Number*

Address/City/State/Zip

Work/Cell Telephone

Occupation or Profession

3. *Name* *Home Telephone Number*

Address/City/State/Zip

Work/Cell Telephone

Occupation or Profession



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CONSENT AND RELEASE FOR JOB APPLICATION AND BACKGROUND CHECK

Application and Background Check:

I acknowledge that as a condition of being considered for employment with Plano Police Department ("Employer"), or of my continued employment at Employer, it is required that I consent to an investigation of my background. I hereby authorize Employer to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal reference, verifications of academic credentials and licenses, military history, and credit and consumer reports, as permitted under the federal Fair Credit Reporting Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Employer, I hereby consent to participate in a personal interview, testing process, polygraph examination, and/or post-offer psychological evaluation.

All information obtained by Employer pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent, from liability that might result from the request for, use of, and/or disclosure of any background information, as described above. I further release and hold harmless Employer and their respective designees, personnel and affiliated companies, from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at Potential Employer.

I hereby consent to this background information investigation by Employer. I understand that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, in accordance with the requirements of the FCRA.

By signing below, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during and/or while traveling to and from Employer, and their directors, officer, employees, volunteers, representatives and agents, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities, damages (including attorney fees and costs) or claims made by other individuals or entities.

This document shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name: _____ Social Security Number: _____

Signature: _____ Date: _____