

CITY OF SYCAMORE POLICE DEPARTMENT

Police Officer

Thank you for your interest in the City of Sycamore Police Department. Please read this document carefully, paying particular attention to deadlines and required documents:

MINIMUM REQUIREMENTS

- \$35 non-refundable application fee;
- Must be 21 and UNDER 35 years of age at application deadline, unless qualified for exceptions specified in Illinois law;
- Possess binocular vision correctable to 20/20;
- Valid **Illinois** driver's license;
- High School diploma or equivalent **PLUS** 60 hours of college credits from an accredited college or university (certified, sealed college transcripts due at application deadline);
- Possess the ability to meet job related physical requirements;
- Meet the residency requirements of the City of Sycamore, after appointment as a probationary police officer;
- Satisfactorily complete written and oral testing requirements, as well as a background investigation, polygraph, medical, and psychological examinations;
- Completion and submission of online application and all required documents by noon on Wednesday, June 5, 2013.

APPLICATION INSTRUCTIONS:

- 1) Visit www.publicsafetyrecruitment.com to purchase and complete the online application for the position of Police Officer. Applications must be completed and confirmed online no later than 12 noon on Wednesday, June 5, 2013. You will receive a confirmation number when your application is complete; save this for your records.
- 2) Return signed release forms and required documents (see checklist, attached) to Public Safety Recruitment, Attn.: Sycamore PD, 1127 S. Mannheim Rd., Suite 203, Westchester, IL 60154 before 12 noon on June 5, 2013. Applications received after 12 noon on Wednesday, June 5, 2013 will NOT be accepted. Faxed or postmarked release forms will NOT be accepted. Documents may be delivered by hand or by mail; traceable courier is suggested to ensure timely delivery. Candidates will be notified by Public Safety Recruitment AFTER the deadline via email regarding eligibility status. Public Safety Recruitment is not responsible for late or lost documents. It is the responsibility of the candidate to ensure all paper work is submitted properly by the deadline date.
- 3) Attend Mandatory Orientation and Written Exam on Saturday, June 29, 2013 at the Sycamore Police Department, 535 DeKalb Avenue, Sycamore, IL 60178. Sign-in begins at 8:00 a.m. You must have a valid driver's license or state ID to sign in. Doors close and testing will begin promptly at 8:30 a.m. Candidates arriving late will NOT be permitted to test. Only candidates who successfully complete the application and submit all required documents properly by the application deadline will be invited to participate in testing.

All portions of the testing process are mandatory. Failure to attend and successfully complete any portion of the process will result in elimination from employment consideration.

Please visit our website to pay the application fee and complete the online application

www.publicsafetyrecruitment.com.

If you have any questions, please contact Public Safety Recruitment

1-800-343-HIRE ~ e-mail: info@publicsafetyrecruitment.com

9 am – 5 pm Monday through Thursday and

9 am – 3 pm on Friday; Closed Holidays and Weekends

**CHECK LIST:
SYCAMORE POLICE DEPARTMENT**

Application:

DEADLINE: 6/5/2013 at NOON

Confirmed online

WRITE YOUR CONFIRMATION NUMBER HERE: _____

(The confirmation page immediately follows the references section of the online application)

Release Forms:

DEADLINE: 6/5/2013 at NOON

***No photocopies or fax copies will be accepted. You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include adult family members and friends.**

High School, College, University* Diploma

Personal Information Release to Municipality*

Written Examination*

Other required documents:

DEADLINE: 6/5/2013 at NOON

COPY High School Diploma or GED (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable.)

COPY valid Illinois Driver's License (copy of front and back if you received a renewal sticker)

CERTIFIED Birth Certificate (MUST be state or county issued birth certificate with raised seal or watermarked paper. NO PHOTOCOPIES WILL BE ACCEPTED!) **NOTE:** If **NOT** born in the US, a copy of your Naturalization Papers, valid US Passport, or Voter's Registration Card will also be acceptable.

OFFICIAL, CERTIFIED, SEALED College Transcripts showing at least 60 hours of college credits completed at an accredited college/university (MUST be issued by registrar's office or similar and on watermarked paper. Official transcript MUST be in a sealed envelope from the college/university. NO PHOTOCOPIES WILL BE ACCEPTED.)

COPY of Military Service form DD-214 (long form), if applicable

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and you will be eliminated from employment consideration. I/O Solutions is not responsible for late, misdirected or incomplete application submissions. You must submit all required documents and have successfully CONFIRMED your online application by the deadline in order to be eligible to attend any portion of testing. You may drop your application documents off in person or by mail; however, all documents including your online application are due by the deadline as indicated.

PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

PUBLIC SAFETY RECRUITMENT

ATTN: SYCAMORE PD

1127 S. MANNHEIM RD., SUITE 203

WESTCHESTER, IL 60154

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE DEPARTMENT OR CITY OF SYCAMORE.

HIGH SCHOOL, COLLEGE, UNIVERSITY DIPLOMA

CONSENT

I hereby consent to an investigation to determine the authenticity of my high school or General Education Diploma, college, or University diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity of my high school (or its equivalent), college, or university diploma to representatives of the City of Sycamore or I/O Solutions, Inc.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of my diploma or its equivalent will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent to authorized representatives of the City of Sycamore or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Fire/Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Sycamore, the City of Sycamore Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), college, or university diploma and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

PERSONAL INFORMATION RELEASE TO MUNICIPALITY

DISCLOSURE

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the City of Sycamore or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Fire/Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Sycamore, the City of Sycamore Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

WRITTEN EXAMINATION

RELEASE

By this written authorization I understand that release of the results of my Written Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Written Examination for dissemination to the City of Sycamore and to those municipalities and/or Fire/Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the City of Sycamore, the City of Sycamore Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Written Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to:	_____	Date _____
	Applicant Name, printed	
	_____	Date _____
	Applicant Signature	
	_____	Date _____
	Witness Name, printed	
	_____	Date _____
	Witness Signature	

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.