



**MT. VERNON POLICE DEPARTMENT**

**APPLICATION PACKET**

Enclosed please find the following documents:

1. **NOTICE OF IMPORTANT DATES**
2. **OUTLINE OF POLICE OFFICER POSITION (3 pages)**
3. **PHYSICAL FITNESS TEST INFORMATION**
4. **APPLICATION PACKET RECEIPT  
(complete and return)**
5. **CHECKLIST  
(complete and return)**
6. **POLICE DEPARTMENT APPLICATION (4 pages)  
(complete and return)**
7. **AGREEMENT  
(complete and return)**
8. **AGILITY TEST - RELEASE OF ALL LIABILITIES  
(complete and return)**
9. **REIMBURSEMENT OF TRAINING AND RELATED EXPENSES POLICY  
(complete and return)**



## **NOTICE**

Police Officer Applications must be returned or postmarked to the Mt. Vernon Police Department, 211 North 10<sup>th</sup> Street, Mt. Vernon, IL 62864 on or before:

**February 17, 2022**

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Physical agility tests will be:

**February 26, 2022  
8:00 a.m.**

**at**

**Mt. Vernon Twp. High School  
11101 N. Wells Bypass  
Mt. Vernon, Illinois 62864**

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Written Police Officer examinations will be:

**February 26, 2022  
immediately following physical agility test**

**NOTE:** Please wear athletic attire for the testing.



## **OUTLINE OF POLICE OFFICER POSITION**

The Fire and Police Commission of the City of Mt. Vernon is compiling an eligibility list for the position of Police Officer, from which list future hires may be made.

Below is a brief outline of various points you should know regarding the position of Police Officer with the City of Mt. Vernon.

In order to avoid any misunderstandings, please review the following information carefully.

### **YOU CAN EXPECT**

#### ***SALARY***

The starting salary is approximately \$51,000.00, which includes kelly time, holiday and roll call pay with step increases. Current police officers with 3 years experience start at approximately \$60,000.00, which includes kelly time, holiday and roll call pay.

#### ***HEALTH INSURANCE***

The City pays 100% of the employees' health insurance premiums. The employee, if he or she chooses, may purchase dependent coverage at current negotiated rates. The City is self-insured with HCH Administration, Inc. as their third party administrator.

#### ***VACATION***

Earned vacation is as follows:

- Eighty (80) hours after one (1) year of service
- One hundred twenty (120) hours after seven (7) years of service
- One hundred sixty (160) hours after twelve (12) years of service

### ***UPON COMPLETION OF FIRST YEAR***

Upon completion of the first full year employee will earn:

- Twenty-four (24) hours of personal leave off per calendar year
- Sixteen (16) hours of leave off for perfect attendance, if no sick leave taken during the previous year
- Eight (8) hours for safety day, if no avoidable accident occurred during the previous year
- Twelve (12) hours for birthday leave off annually after first year of employment

### ***HOLIDAYS***

Police Officer positions do not include holidays off. Due to this fact, the City of Mt. Vernon will pay ninety-six (96) hours of holiday pay annually to be paid bi-weekly above the base pay.

### ***SICK LEAVE***

Eight (8) hours of sick leave will be earned for each full month of employment, up to a total of one thousand (1,000) hours. Additional sick leave time is earned for perfect attendance.

### ***SHIFTS***

Police Officers work twelve (12) hour shifts, which periodically rotate.

### ***RESIDENCY REQUIREMENTS***

Police officers are required to reside in Jefferson County within six (6) months of hire.

### ***ALSO***

- ✓ Opportunities for advancement based on Departmental growth and City growth
- ✓ Opportunity to further your education
- ✓ Incentive pay program for advanced training and education

### **APPLICATION AND TESTING PROCEDURES**

1. Applications must be returned to the Mt. Vernon Police Department, 211 N. 10<sup>th</sup> Street, Mt. Vernon, IL 62864, or postmarked by February 17, 2022. Failure to do so will disqualify Applicant.

2. All testing is mandatory. Applicants will be required to provide driver's license for admittance to any part of the procedure. Applicants shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the Applicant.
3. Physical agility test.
4. Written examination—this test will be given only to Applicants who have passed the physical agility test.
5. Oral interview—for Applicants who have passed all previous tests.
6. Thorough background investigation will be made on all Applicants. Applicants shall be required to sign a document authorizing release of all background information to the Fire and Police Commission, including credit history upon being offered a position as a Police Officer.
7. When returning your application, please include the following:
  - (1) Copy of service discharge (if applicable)
  - (2) Copy of DD Form #214 (if applicable)
  - (3) Copy of high school diploma, or G.E.D. certificate
  - (4) Proof of previous law enforcement experience and certificates (if applicable)
  - (5) Signed waivers and release forms
  - (6) **Original** agility test/release of all liabilities – signed
  - (7) Any additional information or resume (optional)

*(Please send copies of the above information—except item #6. None of the above will be returned)*

8. Applicants must be between the ages of twenty-one (21) and thirty-five (35) years old unless applicant is an active law enforcement officer or meets other exemptions set forth in Illinois Compiled Statutes.
9. All Applicants placed on eligibility list will be subject to medical examination and in-depth physiological examination.
10. **Incomplete applications shall be rejected and disqualify candidate from testing. Final decision on rejections and disqualifications will be made by the Police Chief or his designee.**

FIRE AND POLICE COMMISSION

*George W. Beck, Chairperson  
Clarence Mays, Commissioner  
Robert White, Commissioner  
Lance Cusumano, Commissioner  
Paula Dodillet, Commissioner*



## **APPLICANT PACKET**

I, \_\_\_\_\_, have received an application packet for  
(print name)

testing procedures for the City of Mt. Vernon Police Department.

I understand that I must personally return this Application, or have it postmarked, on or before February 17, 2022. I also understand that this Application must be completed in its entirety in order to continue testing procedures.

*APPLICANT SIGNATURE*

\_\_\_\_\_

**(For office use only)**

Receipt of Application: \_\_\_\_\_, 2022

Police personnel review of all paperwork for signature(s): \_\_\_\_\_

**MT. VERNON POLICE DEPARTMENT  
APPLICANT CHECKLIST**

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Name: \_\_\_\_\_

Police Dept. Application: \_\_\_\_\_

Agreement: \_\_\_\_\_

Agility Test Release: \_\_\_\_\_

Reimbursement Policy: \_\_\_\_\_

Copy of Service Discharge (if applicable): \_\_\_\_\_

Copy of DD Form #214 (if applicable): \_\_\_\_\_

Copy of High School Diploma, or G.E.D. Certificate: \_\_\_\_\_

Copy of Previous Police Officer Experience/Certificates (if applicable): \_\_\_\_\_

Any additional information or resume (optional): \_\_\_\_\_

**Completed checklist should be placed inside envelope**



## **AGREEMENT**

To: Mt. Vernon Board of Fire and Police Commissioners

I hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners of the City of Mt. Vernon during and after taking the examination, and during any probationary period I might be appointed to and as a regular member of the Mt. Vernon Police Department.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_





**AGILITY TEST**

**RELEASE OF ALL LIABILITIES**

The undersigned, for and in consideration of good and valuable consideration, receipt of which is hereby acknowledged, hereby releases, remises and discharges the City of Mt. Vernon, Illinois, a municipal corporation, its officers, servants, agents and employees of any and all claims, demands and liabilities to me, due to any and all injuries, losses and damages to my person which shall have been caused, or may at any time arise as the result of a certain police examination agility test conducted by the Board of Fire and Police Commissioners of Mt. Vernon, Illinois; the intention hereof being to completely, absolutely and finally release the City of Mt. Vernon, Illinois and its officers, servants, agents and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Dated at \_\_\_\_\_ (city) \_\_\_\_\_ (state), this \_\_\_\_\_ day of \_\_\_\_\_,  
2022.

Signed: \_\_\_\_\_

Witnessed by: \_\_\_\_\_



## **Reimbursement of Training and Related Expenses Policy**

If an employee leaves the employment of the City of Mt. Vernon during the first four years of employment, except for reasons of death or disability or if the employment is terminated by the City, the City may require such employee to reimburse the City for **all costs (including uniforms and equipment purchased)** and **expenses for City-paid training** received by the employee during their service with the City in accord with the following formula:

Service under 1 year of service:	100%
Service from 1 year to 2 years:	80%
Service from 2 years to 3 years:	60%
Service from 3 years to 4 years:	40%

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**I acknowledge receipt of and have read the City's policy on Reimbursement of Training and Related Expenses.**

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**I freely consent to have any amounts due for the reimbursement to be deducted from my final City of Mt. Vernon, Illinois City payroll check. I also agree to pay the remainder of amount owed (if any) within 10 business days.**

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Applicant Name (Please print)

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Applicant's Signature

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Date

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Witness' Signature

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Date

### PHYSICAL FITNESS P.O.W.E.R. TEST

1. **SIT AND REACH TEST** -- This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from sitting position. The score is in the inches reached on a yardstick with 15 inches being at the toes.
2. **ONE MINUTE SIT-UP TEST** -- this is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is in the number of bent leg sit-ups performed in one minute.
3. **ONE REPETITION MAXIMUM BENCH PRESS** -- This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. The score is a ratio of weight pushed divided by body weight.
4. **1.5 MILE RUN** -- This is a timed run to measure the heart and vascular systems' capabilities to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

#### MINIMAL PHYSICAL FITNESS PERFORMANCE REQUIREMENTS CHART

Test	Male Age				Female Age			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
<b>Sit and Reach</b>	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
<b>One Minute Sit-up</b>	37	34	28	23	31	24	19	13
<b>Maximum Bench Press Ratio</b>	.98	.87	.79	.70	.58	.52	.49	.43
<b>1.5 Mile Run</b>	13:46	14:31	15:24	16:21	16:21	16:52	17:53	18:44

### PREPARING FOR PHYSICAL FITNESS TESTS

1. **PREPARING FOR THE SIT AND REACH TEST.** Performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises: Sit and Reach. Do five repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for ten seconds. Towel stretch. Sit on the ground with the legs straight. Wrap towel around the feet holding each end with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.
2. **PREPARING FOR THE SIT-UP TEST.** The progressive routine is to do as many bent leg sit-ups (hands locked behind the back of your neck) as possible in one minute. At least three times a week, do three sets (three groups of the number of repetitions you did in one minute.)
3. **PREPARING FOR THE ONE REPETITION MAXIMUM BENCH PRESS.** If you have access to weights, determine the maximum weight you can bench press one time. Take 60% of that poundage. This will be the training weight. You should be able to do eight to ten repetitions of that weight. Do three-sets of eight to ten repetitions of that weight. Do three sets of eight to ten repetitions adding 2 ½ to 5 pounds every week. If you do not have weight equipment then the push up exercise can be utilized. Determine how many push ups you can do in one minute. At least three times a week, do three sets of the amount you can do in one minute.
4. **PREPARING FOR THE 1.5-MILE RUN.** If you are not used to running, you should start on a gradual schedule where you start walking, increase the distance each week until you can start into a walk/jog, and then proceed into a jog for a recommended two miles decreasing the time each week.

# MOUNT VERNON POLICE DEPARTMENT

211 North 10<sup>th</sup> Street  
Mount Vernon, IL 62864



## APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, employment is determined by a person's qualifications and abilities without regard to race, color, creed, national origin, religion, age, sex, sexual orientation, disability, veteran status, marital status or genetic information.

All information will be regarded as confidential and will be retained in our active file for two (2) years. Thereafter if employment is still desired, the applicant must reapply.

Please print or write clearly. Illegible applications may not be considered.

**POSITION APPLIED FOR** \_\_\_\_\_

Date of Application \_\_\_\_\_ Starting Salary Desired \_\_\_\_\_

### PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number Street City State Zip Code

Current Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail \_\_\_\_\_

If non-citizen, indicate visa type and number \_\_\_\_\_

Please list any friends/relatives who work for Mount Vernon City \_\_\_\_\_

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### AVAILABILITY

Date available for employment \_\_\_\_\_

Are you interested in (circle appropriate):      Full Time      Part Time      Temporary

Are weekends acceptable?      Yes      No

What shifts are you available to work?      Day      Evening      Night

**EDUCATION**

Type of School	Name & Location of School	Month/Year attended	Major Field of Study	Diploma or Degree
High School				
Vocational or Technical School				
College/University				
Other				

**FOR PROFESSIONAL AND OR TECHNICALLY TRAINED APPLICANTS:**

List any registry, license or certification held \_\_\_\_\_

What state? \_\_\_\_\_ Date received \_\_\_\_\_

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**MISCELLANEOUS**

Were you previously employed by City of Mt. Vernon \_\_\_\_\_ If yes, when? \_\_\_\_\_

# EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

Name and Address of Company and Type of Business	From Mo.   Yr.	To Mo.   Yr.	Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:					
Telephone	Reason for leaving:					

Name and Address of Company and Type of Business	From Mo.   Yr.	To Mo.   Yr.	Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:					
Telephone	Reason for leaving:					

Name and Address of Company and Type of Business	From Mo.   Yr.	To Mo.   Yr.	Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:					
Telephone	Reason for leaving:					

Name and Address of Company and Type of Business	From Mo.   Yr.	To Mo.   Yr.	Starting Salary	Last Salary	Job Title	Name of Supervisor
	Describe the work you did:					
Telephone	Reason for leaving:					

May we contact your present employer?    Yes                      No

If you were employed by any of the above employers under a different name, please state that here:

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Account for periods of unemployment other than when you were in school:

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**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone #

Use this space and additional sheets, if necessary, for additional information you want us to know in considering you for employment.

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**APPLICANT, PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the City of Mount Vernon shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application. I authorize the City of Mount Vernon to investigate all statements contained on this application. This includes authorizing the City of Mount Vernon to investigate all references and to secure additional information if related to this employment application. I further authorize the City of Mount Vernon to contact law enforcement agencies with regard to criminal records information and consumer reporting agencies with regard to credit and character information. I release from liability the City of Mount Vernon and its representatives for seeking such information and other persons or organizations from furnishing such information. I understand the Mount Vernon Department operates 24 hours a day, 7 days per week, and that weekend work or changes of shifts may be required. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended). I understand that my employment is subject to passing a mandatory drug screen and a physical exam (if required), satisfactory reference checks, presentation of identification as required to conform to immigration laws, and accuracy of all pre-employment information furnished. I understand that this employment application and any other City of Mount Vernon documents are not contracts of employment. Any individual who is hired may voluntarily leave employment upon proper notice, or may be terminated by the employer. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE

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

\_\_\_\_\_  
Date

A photocopy of this release form and signature will be valid as original.