



THE CITY OF  
**GENOA**

# POLICE

Genoa, IL

## **POLICE** **OFFICER**

The City of Genoa, IL (Pop. 5,300) is accepting applications for Entry Level Police Officer and Lateral Police Officer. The starting salary is \$55,555 with a salary range of \$55,555 - \$73,008 as of May 1<sup>st</sup>, 2023. Lateral Officers have a starting salary up to \$65,491 per collective bargaining agreement. The city also offers a generous benefit package. We utilize a 12-hour shift plan rotating on a twelve- week cycle that gives officers a three-day weekend every other week. Department offers various opportunities for advancement including detective, K9 Handler, school resource officer, truck enforcement, additional compensation for field training and advance training opportunities.

Applicants for original appointment must possess a valid driver's license, be United States citizens, meet the age requirements set forth in the Illinois State Statute 65 ILCS 5/10-2.1-6, and have earned a high school diploma or GED.

Applications are available ongoing with a future testing date in August of 2023. Applications are available at the Genoa Police Department Office or the Genoa City Hall, 333 E. First Street, Genoa, IL (Monday - Friday 0800 a.m. – 5:00 p.m.) or on our website at [www.genoapd.com](http://www.genoapd.com). Applications must be returned by 5:00 p.m. Monday July 28, 2023, to the Genoa Police Department or the Genoa City Hall.

All information must be submitted to be considered for this process. Any incomplete submittals will be rejected. The entire testing process may include review of the completed packet, written test, oral interview, psychological test, medical exam, and any other exams deemed necessary by the Police Commission. In addition, applicants should have no record of felony conviction or crime of moral turpitude.

The City of Genoa is an equal opportunity employer within every definition of the concept.



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## BACKGROUND QUESTIONNAIRE & APPLICATION

-- NOTICE --

Please be advised the background questionnaire must be completed in its entirety before any employment application will be considered. This questionnaire is intended for the use of the City of Genoa Police Department for background investigation purposes. Any failure to provide truthful information will result in rejection for appointment and/or discharge after employment. The use or attempted use of any political influence to change employment standards will result in rejection for employment or discharge after appointment. All the information contained herein will be subject to verification, for example by source documentation and screening procedures.

-- INSTRUCTIONS --

The answers to questions contained in this questionnaire must be printed in your own hand legibly and in black ink only. Each individual question must be answered. There can be no blanks. If a question does not apply to your particular circumstance, insert n/a in the blank section. If space is insufficient for you to answer questions, use the continuation sheet(s). When you're answering questions that require dates, insert the entire date. You are required to provide complete addresses including the zip codes.

It is the policy and intent of the City of Genoa to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, sex, national origin, age, political affiliation, marital status, disability, sexual orientation, or any other non-merit factor. This policy applies to all phases of City 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 City of Genoa. Please furnish us with complete information as outlined in this application. Incomplete applications may not be considered. Applications are considered active for 90 days. You are encouraged to attach a resume or any additional information that you believe qualifies you for the position for which you are applying.

POSITION APPLIED FOR	FULL TIME	DATE AVAILABLE		
	PART TIME	MIN. SALARY DESIRED		
LAST NAME FIRST NAME MIDDLE INITIAL				
PRESENT PERMANENT ADDRESS CITY/ZIP		COUNTY	STATE	ZIP
PHONE #	EMAIL ADDRESS			

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO DO YOU HAVE THE APPROPRIATE AND VALID LICENSES FOR THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

Revised 2019 August 2

**PERSONAL INFORMATION:**

1. Print your legal full name: \_\_\_\_\_ 2.

Other names you have used (i.e. maiden, nicknames, aliases): \_\_\_\_\_ 3.

List any identifying scars, birthmarks, tattoos, etc: \_\_\_\_\_

4. Your father's name and address: \_\_\_\_\_ DOB \_\_\_\_\_

5. Your mother's name and address: \_\_\_\_\_ DOB: \_\_\_\_\_

6. Do you engage in social media (including Facebook, Twitter, Instagram, etc.)?  Yes  No If so, provide detailed information on the Continuation page.

**MARITAL STATUS:**

7. Single:  Separated:  Married:  if so, date: \_\_\_\_\_ Divorced  if so, date: \_\_\_\_\_ 8.

Spouse's full name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ 9.

Name/Address of spouse's employer: \_\_\_\_\_

**CHILD/CHILDREN INFORMATION:**

Include biological, stepchildren, adopted, etc., whether or not they live with you. If you have no children, write "none" on the first line. For additional space please use the Continuation page.

Name	Full Address (if different from yours)	DOB	Birthplace

10. If applicable, are you current on spousal support and/or child support payments?  Yes  No  n/a 11. If applicable, are you supporting all dependents you are required to support?  Yes  No  n/a **Note: if you answered "no" to the above two questions, explain in detail on the Continuation page.** 12. Have you ever been in non-compliance of child support or spousal support?  Yes  No  n/a 13. Have you ever been sued for child support or spousal support payments?  Yes  No  n/a 14. Has your driver's license been suspended for non-payment of child support?  Yes  No  n/a **If you answered "yes" to any of the above three questions, explain in detail on the Continuation page.**

**EDUCATION AND TRAINING:**

Name and address of high school: \_\_\_\_\_

Graduation date: \_\_\_\_\_ or last grade attained: \_\_\_\_\_ GED cert. # and date: \_\_\_\_\_

**Officer Applicants Only:** Attach a copy of your diploma and/or transcript or GED certificate if not already provided to the department. If you do not have the copy you may contact the school board office of the high school you attended for a copy of your transcript or contact the State Department of Education to order a copy of your GED certificate. You may apply in the meantime but must provide the copy upon receipt via the mail or in person to the Chief's attention. **Make notation on the copy of your current last name, if it has changed.** Mark one of the following:

\_\_\_\_\_ I have the necessary copy and it is attached to this application.

\_\_\_\_\_ I do not have a copy of my diploma but ordered a copy of my transcript.

\_\_\_\_\_ I do not have a copy of my GED certificate but ordered a copy.

**Post high school education (including technical and business schools):**

Name/Location of College/University	Date of Graduation	Degree, Certificate or Credit Hrs.

Attach a copy of your diploma or transcript. If you do not have a degree, include your accumulated credit hours and provide a current transcript.

List below the specific course work areas at the high school or post high school relevant to the position for which you are applying and indicate the number of courses you have successfully completed in each area.

Type or Title of Training	Organization Obtained From	Length of Training/# of Courses

**MILITARY RECORD:**

1. Male candidates only: have you registered with the Selective Service? [ ] Yes [ ] No If not, provide explanation here: \_\_\_\_\_

2. Have you ever served in the military? [ ] Yes [ ] No **If yes, answer the following:** a. Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_ b. Highest military rank: \_\_\_\_\_ Total months in a combat zone: \_\_\_\_\_ c. Active duty dates: from \_\_\_\_\_ to \_\_\_\_\_ Reserve duty dates: from \_\_\_\_\_ to \_\_\_\_\_ d. Military Reserve Status: [ ] Ready [ ] Stand By [ ] None

e. Have you ever been court-martialed, tried on charges or subject of a summary court martial, Captain's Mast, Article 15, company punishment, or any other disciplinary action? [ ] Yes [ ] No If so, provide detailed information on the Continuation page.

Revised 2019 August 4

**EMPLOYMENT RECORD:**

Begin with your most recent job going back 10 years minimum (applicants 25 and under must include employment during high school). Note periods of unemployment on the "employer name" line, including dates. For military, provide name and rank of your last commanding officer. Make notation of any employer no longer in business. **You are required to provide full addresses with zip codes, as well as phone numbers. Failure to provide complete and truthful information can lead to removal from the list.** For additional space use the Continuation page.

Current Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? [ ] Yes [ ] No	Dates: from to
Reason for leaving:	

Note: contact with this employer is mandatory if you enter the background stage.

Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? [ ] Yes [ ] No	Dates: from to
Reason for leaving:	

Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title

May contact be made at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: from to
Reason for leaving:	

Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: from to
Reason for leaving:	

Revised 2019 August 5

**EMPLOYMENT RECORD (Cont.):**

Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: from to
Reason for leaving:	

Note: contact with this employer is mandatory if you enter the background stage.

Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: from to

Reason for leaving:
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Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: from to
Reason for leaving:	

Previous Employer:	Supervisor:
Street Address:	Phone Number:
City:	Fax Number:
State/Zip:	Job Title
May contact be made at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: from to
<b>Reason for leaving:</b>	

Revised 2019 August 6

**APPLICATION HISTORY AND VEHICLE INFORMATION**

1. Have you **ever** applied with other law enforcement or other government agencies?  Yes  No If so, fully complete the following section. Use the Continuation page for additional space.

Name of Department/Agency & Position	Date Applied	Yes / No Yes / No
		Interviewed? Hired?
		Interviewed? Hired?
		Interviewed? Hired?

		Interviewed? Hired?
		Interviewed? Hired?
		Interviewed? Hired?

List any of the above that completed a background: \_\_\_\_\_

2. Have you ever worked for the City of Genoa?  Yes  No If so, what dates:  
 \_\_\_\_\_ Position held: \_\_\_\_\_

3. Have you ever been laid off, terminated or asked to resign in lieu of termination from a job? If so, explain in detail on the Continuation page and include employer information).  Yes  No A “yes” response does not normally lead to removal, but a response found to be untruthful will.

**VEHICLE OPERATION INFORMATION:**

Questions 4 – 7 for Officer Applications ONLY

4. Have you ever been convicted of vehicular assault, manslaughter or homicide?  Yes  No

5. Have you been issued more than 2 moving violations in the past 3 years?  Yes  No This includes at-fault accidents.

6. Have you been convicted of DUI (operating a vehicle under the influence)  Yes  No or a reduced charge, or a Reckless Driving within the last 5 years?

7. Have you ever had the following on your driving record: (a) leaving the scene  Yes  No of an accident, (b) hit and run or (c) eluding the police.

Note: if you answer yes to questions 4-7, call before applying.

8. Has your driver’s license ever been revoked or suspended?  Yes  No 9. Do you currently have a valid driver’s license?  Yes  No

10. Are you currently insured?  Yes  No If you responded “Yes” to question 8 or “No” to questions 9 or 10, please explain on Continuation page.

11. Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

12. Agency’s name (if applicable) \_\_\_\_\_ Phone #:  \_\_\_\_\_

Revised 2019 August 7

**OFFICER APPLICANTS ONLY**

**Officer Information Inquiry:**

If you answer “yes” to any of the following, provide detailed explanation on the following page. It is imperative that you answer questions truthfully (a “yes” response on many of these will not necessarily lead to removal, but any answer found to be untruthful during the background stage will). Disclosure on criminal records must be made even if they have been expunged or sealed.

Carefully answer these by indicating “yes” or “no” in the box to the right of each question. **YES or NO**



1. If it became necessary in the course of your duties to take a human life, would you have reluctance to do so?	
2. With the exception of marijuana, have you used <b>any</b> illegal drugs in the last 5 years?	
3. Have you used marijuana in the last 2 years?	
4. As an adult have you used any prescriptive drug, including narcotics, without a prescription?	
5. As an adult, have you had a past pattern of continual use of any illegal drug, including prescriptive drugs without a prescription?	
6. Do you drink alcohol or use tobacco?	
7. Have you ever used alcohol to a level of abuse, dependence or the inability to function without it? If so, one must show a recovering history of non-use for a least 2 years.	
8. Do you have trouble controlling your temper?	
9. Do you have prejudices toward others because of their race, sex, national origin, or religion, that would be detrimental to your employment?	
10. Have you ever attempted suicide?	
11. Have you traveled outside the United States?	
12. As an adult, have you engaged in any <b>illegal</b> sexual activities (incest, prostitution, etc.)?	
13. Have you ever been accused or convicted of physical, emotional or sexual abuse?	
14. Has an OP (civil protection order) or TPO (temporary protection order) ever been filed against you?	
15. Have you violated an OP or TPO filed against you?	
16. Have you received any public assistance illegally? (i.e. welfare, unemployment compensation)?	
17. Have you ever been convicted of or engaged in illegal gambling for profit, as a prime source of income?	
18. Have you ever committed, admitted to, been arrested for, or convicted of a felony or violent misdemeanor level crime?	

19. As an adult have you admitted to, been arrested, incarcerated, or convicted of a misdemeanor (including traffic offenses such as DUI, etc.)?	
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Revised 2019 August 8

**OFFICER APPLICANTS ONLY**

**Officer Information Inquiry (Cont.)**

Carefully answer these by indicating “yes” or “no” in the box to the right of each question. **YES or NO**

20. As an adult, have you ever been convicted of, pled to or found guilty of possession of drug of abuse to include the minor misdemeanor charge of possession of marijuana?	
21. Have you ever <b>knowingly</b> bought, sold, or received stolen property?	
22. Have you ever committed, admitted to, been arrested for, or convicted of drug trafficking?	
22. As an adult, have you <b>intentionally</b> stolen anything?	
23. Are you presently a defendant or under indictment for pending criminal or traffic charges? If so, include the court of jurisdiction and case number in your explanation.	
24. Have you ever committed, admitted to or convicted of a <b>criminal</b> sexual offense?	
25. Have you ever been affiliated with or participated in illegal gang activity?	
26. Are you currently not meeting financial obligations and/or not paying debts on time?	
27. Have you ever been or are you currently a defendant in a civil court proceeding (includes divorce, bankruptcy, etc.). If so, include the court of jurisdiction, date and case number.	
28. Do you regularly associate with persons who you know are convicted felons?	
29. If employed by the City, do you anticipate any income other than your salary?	
30. Do you have any visible tattoos?	
31. Do you speak any foreign languages?	

\*Note: Questions #18, #22 and #24 ask if you ever **committed** those acts; the intent is to find out if you




Revised 2019 August 10



**TO BE SIGNED BY EMPLOYMENT APPLICANTS**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application.

I authorize the City of Genoa, it's Officers, Employees, Servants or Agents or any consumer reporting agency or any other outside agency engaged by said City, now or subsequently, to investigate, prepare, use and furnish any information concerning my current and former employment, education, credit, general reputation, criminal history, personal

characteristics and mode of living, through correspondence or personal interviews, or any other means, with neighbors, friends, or associate, employees and former employees or others with whom I am acquainted, or other information they have, personal or otherwise. I also authorize and empower the City of Genoa to release any and all information obtained to my employer or any other third party as determined by the City of Genoa.

I, for myself and my successor and assigns, forever release, agree to hold harmless and agree to indemnify and reimburse the City of Genoa, their Offices, Servants, Agents Employees, Successors and Assigns for any and all liability, claims, causes of action or damages at law or in equity for any personal loses or damage caused by or arising from all actions arising directly or indirectly from the investigation of the applicant and the issuance of a license or licenses if any.

I waive any right I may have to notice from any individuals and/or organization prior to the release of any information. I acknowledge and waive any rights to privacy or notice afforded me by Federal, State or Local laws or regulations.

I hereby give permission for the release of any information pertaining to myself and I release and hold harmless all former and current employers and persons for any information they may provide to agents of the City charged with the investigation of my background and suitability of the license or employment I am seeking.

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

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

Signature of Notary Official:

\_\_\_\_\_ My Commission expires on:  
\_\_\_\_\_

Seal / Stamp