

DECATUR POLICE AUXILIARY UNIT
DECATUR POLICE DEPARTMENT
APPLICATION INFORMATION

Dear Applicant,

Thank you for your interest in the Auxiliary Police Unit of the Decatur Police Department. Members of this non-paid citizen volunteer group perform a vital service to the Department and the citizens of Decatur.

Each member is selected from applicants who meet the following qualifications; live within Macon County, at least 21 years of age, but not more than 57 years of age, with a maximum retirement age of 62, physically fit, a high school graduate, possess a valid Illinois driver's license and a valid Firearm Owner's Identification Card. Applicants must complete the attached application in full, submit to a physical examination if indicated, background check of criminal activity, and pass an oral interview.

Those who are selected to be members of the Unit will receive approximately 400 hours of training on various law enforcement topics, in-service training and Department approved firearms training during the first year as Auxiliary Officers. Auxiliary Officers may exercise police powers only when in uniform and on recognized duty by the Decatur Police Department. The City of Decatur provides free of charge for Auxiliary use: uniforms, rain gear, seasonal outerwear, leather belt, holster, handcuffs, and accessories. The individual must purchase at his/her own expense a Department approved firearm, flashlight, and other personal equipment. Expense for the equipment you must buy may exceed \$700.00. The Department must approve all defensive weapons carried by an Auxiliary Officer. Training will be provided for any Department issued equipment.

Auxiliary Officers are required to perform at least 12 hours of approved duty-time per month. This may include working at public events such as parades, the Decatur Celebration, 4th of July, or other events as they are scheduled. Many holidays and Saturday events require Auxiliary participation. Auxiliary Officers may also meet their duty obligation by riding as a second officer in a patrol car and shall participate in the continuing education meetings that are held usually on the last Wednesday evening of each month.

Please be sure to complete all parts of the application. If you are currently employed, your employer must complete their part of the Employee-Employer form.

Submit your application by mail to: Decatur Police Department
Attention: Sgt. D. Pruitt
707 W. South Side Drive
Decatur, IL 62521-4021

APPLICANTS TO BE INTERVIEWED WILL BE NOTIFIED BY MAIL. Interviews for the next class have not been scheduled. Your application will be kept on file for the next class.

Those selected and trained become skilled professional volunteers assisting in meeting the law enforcement needs of the City of Decatur. The Auxiliary Police Unit is proud to uphold its motto of

“Civic Pride Through Community Service.”

DETACH THIS LETTER FROM THE APPLICATION.
RETAIN FOR FUTURE REFERENCE.

Rev. 10142015



CITY OF DECATUR, ILLINOIS

#1 GARY K. ANDERSON PLAZA, DECATUR, IL 62523-1196
(217) 424-2805

AUXILIARY POLICE OFFICER APPLICANT BACKGROUND QUESTIONNAIRE

This questionnaire **MUST BE LEGIBLE!** It is to be completed and returned to the Decatur Police Department, attention Sergeant D. Pruitt, by the deadline on the attached cover letter.

Every question must be answered legibly. Part of your evaluation will include the information on this form so be thorough. If a question does not apply, it should be marked "N/A" (not applicable). Information should be **printed or typed** personally by the applicant and **must be legible**. If additional space is needed, attach additional sheets.

Today's Date _____ Social Security No. _____ U.S. Citizen ___ Yes ___ No

Name _____
(First) (Middle) (Last) (Maiden)

Have you ever gone by another name: _____ Yes _____ No

Legally changed: _____ Yes _____ No

Previous Name (s) _____

Current Home Address _____
(Street) (City) (State) (Zip)

Current College Address _____
(Street) (City) (State) (Zip)

Home Phone No. _____ Work Phone No. _____
(Area code/number) (Area code/number)

Cell Phone No. _____ Pager Phone No. _____
(Area code/number) (Area code/number)

Home E-Mail Address _____

Work E-Mail Address _____

Date of Birth _____ Age _____ Sex M / F
(month/day/year)

Driver's License No. _____ State _____ Expires ____/____/____

Firearm Owner's ID No. _____ State _____ Expires ____/____/____

Place of Birth _____
(City) (State) (County)

Are you available for an interview at any time: _____ Yes _____ No
If no, what days and times are convenient? _____

FORMER ADDRESSES

List all former addresses, starting with the most recent, for the past twenty years. (Do not include prior addresses before age 13). Include street addresses, city, state, zip, county & dates of residence. List present address first. Use the reverse side of this page if more space is needed.

Street Address: _____ Start / End Date: _____

City: _____ State: ____ Zip Code: _____ County: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ____ Zip Code: _____ County: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ____ Zip Code: _____ County: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ____ Zip Code: _____ County: _____

Education

College / University Name: _____

Street Address: _____ Dates Attended: _____

City: _____ State: ____ Zip Code: _____ County: _____

Phone Number: ____ - ____ - ____ Major: _____ Diploma: _____

Other School Name: _____

Street Address: _____ Dates Attended: _____

City: _____ State: ____ Zip Code: _____ County: _____

Phone Number: ____ - ____ - ____ Major: _____ Diploma: _____

WORK HISTORY

List all employment and unemployment periods beginning with present and going back to high school graduation year. Use the reverse side of this page if additional space is needed. **(MUST LIST COMPLETE NAME AND ADDRESS, INCLUDING ZIP CODE & COUNTY)**

Employer Name: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ____ Zip Code: _____ County: _____

Employer's Phone Number: ____ - ____ - ____ Supervisor Name: _____

Reason for leaving: _____

Employer Name: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ____ Zip Code: _____ County: _____

Employer's Phone Number: ____ - ____ - ____ Supervisor Name: _____

Position Held: _____ Reason for leaving: _____

Employer Name: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ___ Zip Code: _____ County: _____

Employer's Phone Number: ____ - ____ - ____ Supervisor Name: _____

Position Held: _____ Reason for leaving: _____

Have you ever been dismissed or asked to resign from any position or employment you have held? ____ Yes ____ No If yes, explain on back.

List all employment discipline actions taken against you by any employer.

Employer's Name	Date	Charge	Action Taken

MILITARY RECORD

Serial Number: _____

Dates of service (from - to): _____ Branch: _____

Service Type: () Active () National Guard () Reserves () Other

Specialty: _____ Highest Rank Held: _____

Rank at Discharge: _____

Discharge Type (if less than honorable explain): _____

MILITARY DUTY STATIONS

Base / Station Name: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ___ Zip Code: _____ County: _____

Base / Station Phone Number: ____ - ____ - ____

Base / Station Name: _____

Street Address: _____ Start / End Date: _____

City: _____ State: ___ Zip Code: _____ County: _____

Base / Station Phone Number: _____ - _____ - _____

MILITARY DISCIPLINE RECORD

List all charges against you including all formal charges, whether found guilty or not.

DATE	CHARGE	TYPE OF PROCEEDING	DISPOSITION

REFERENCES

List five persons (not relatives of yourself or spouse) as references to your character, integrity, honesty, personality and qualifications for an appointment to the position of **AUXILIARY POLICE OFFICER** with the City of Decatur, Illinois. **(MUST LIST COMPLETE NAME & ADDRESS, INCLUDING ZIP CODE, COUNTY & PHONE NUMBERS.)**

Name: _____

Street Address: _____ Yrs known applicant: _____

City: _____ State: ___ Zip Code: _____ County: _____

Phone Number: _____ - _____ - _____ Relationship: _____

Occupation: _____

Name: _____

Street Address: _____ Yrs known applicant: _____

City: _____ State: ___ Zip Code: _____ County: _____

Phone Number: _____ - _____ - _____ Relationship: _____

Occupation: _____

Name: _____

Street Address: _____ Yrs known applicant: _____

City: _____ State: ___ Zip Code: _____ County: _____

Phone Number: ___ - ___ - ___ Relationship: _____

Occupation: _____

POLICE RECORD

List all arrests (regardless of court action) and convictions, including **all traffic tickets**.

Date: _____

Agency Name & Type (city, county, state or other): _____

City: _____ State: ___ Zip Code: _____ County: _____

Charge(s): _____ Disposition: _____

Date: _____

Agency Name & Type (city, county, state or other): _____

City: _____ State: ___ Zip Code: _____ County: _____

Charge(s): _____ Disposition: _____

Date: _____

Agency Name & Type (city, county, state or other): _____

City: _____ State: ___ Zip Code: _____ County: _____

Charge(s): _____ Disposition: _____

If you require more space, please use the back of this page.

Have your driving privileges ever been suspended or revoked in this or any other state?

_____ Yes _____ No If yes, explain in detail. _____

COURT RECORD

List all court proceedings in which you have been involved as a witness, defendant or plaintiff—**both civil and criminal.**

Date: _____

City: _____ State: ___ Zip Code: _____ County: _____

Defendant(s): _____ Nature of Proceedings: _____

Date: _____

City: _____ State: ___ Zip Code: _____ County: _____

Defendant(s): _____ Nature of Proceedings: _____

Date: _____

City: _____ State: ___ Zip Code: _____ County: _____

Defendant(s): _____ Nature of Proceedings: _____

List any business interests in which you are or have been involved.

Business Name: _____

Street Address: _____ Percent of Business: _____

City: _____ State: ___ Zip Code: _____ County: _____

Phone Number: ____ - ____ - ____ Start / End Date: _____

Business Name: _____

Street Address: _____ Percent of Business: _____

City: _____ State: ___ Zip Code: _____ County: _____

Phone Number: ____ - ____ - ____ Start / End Date: _____

DEBTS AND JUDGEMENTS

List all debts and judgments against you or your spouse. Include only those debts over \$10,000.00.

Creditor Name: _____

Amount: _____ Monthly Payment: _____

Reason for Payment: _____

Creditor Name: _____

Amount: _____ Monthly Payment: _____

Reason for Payment: _____

Have you ever been refused **INSURANCE** (vehicle), **SURETY BOND** (personal or corporate), **DRIVER'S LICENSE** (Illinois or other state)? If the answer is YES to any of these, please answer in detail. _____

Yes _____ No

DATE	Agency	REASON FOR REFUSAL

Have you ever applied for a AUXILIARY POLICE OFFICER position in any other agency?

Agency Name: _____

Street Address: _____ Date of Application: _____

City: _____ State: ____ Zip Code: _____ County: _____

Phone Number: ____ - ____ - ____ Are you currently on their eligibility list: () YES () NO

Agency Name: _____

Street Address: _____ Date of Application: _____

City: _____ State: ____ Zip Code: _____ County: _____

Phone Number: ____ - ____ - ____ Are you currently on their eligibility list: () YES () NO

BEFORE SIGNING, CHECK FOR ERRORS OR OMISSIONS

I hereby certify that this questionnaire contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentations or falsifications, my application may be rejected, my name will be removed from the register, or I may be dismissed.

SIGNATURE OF APPLICANT _____

DATE OF FILING THIS QUESTIONNAIRE _____

NOTE: APPLICANT MUST SIGN WAIVER ON PAGE 11

**AUTHORIZATION TO RELEASE INFORMATION
TO THE CITY OF DECATUR, ILLINOIS**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Decatur bearing this release, or copy thereof, within two years of its date, to obtain any information in the files of any of my employers, current or former, pertaining to my employment, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, credit reports, arrest records or other information (traffic arrests, criminal arrests, civil litigation and child support). I hereby direct release of such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use of the City of Decatur, Illinois. I hereby release my employers, both current and former, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency or retail business establishment, including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization or request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
Signature (first, middle, last)

Full Name: _____
Typed or Printed Name

Date: _____

Current Address: _____

Telephone No: _____
(Include area code)

**Decatur Police Auxiliary Unit
Application
Employee-Employer Form**

Employee

By ordinance, the City of Decatur, Illinois has provided for the establishment of a Decatur Police Auxiliary Unit. Before appointment an applicant shall be investigated in such depth and scope as deemed necessary by the Chief of Police.

Members of the Auxiliary will be furnished uniforms and equipment by the City of Decatur and will be returned by the member when the member is terminated from the Auxiliary.

The members will be trained in such police procedures as the Chief of Police designates. The members will attend no less than sixty (60) hours of initial training to qualify as a member of the Auxiliary. Training will be on a continuing basis thereafter.

Members must attend training sessions and be available for "Duty Call" in the event of authorization by the Chief of Police. Attendance at training sessions and performance of duties, in the event of being called to duty, will be on a voluntary basis. No payment for such activity will be forthcoming from the City of Decatur.

I have read the above and understand that I must maintain all city property in good condition, returning the same upon separation from the Auxiliary. I must attend the training sessions and be available for emergency duty call on a twenty-four (24) hour basis. I will not receive monetary remuneration for the service or performance of duties.

Date: _____ Signed _____

Employer

The above signed employee has acquainted me with his/her interest in joining the Decatur Police Auxiliary Unit. I know of no existing company policy, rule or regulation, which will prevent this employee from becoming a member.

I understand that in the event of a community emergency situation, the employee could be absent from his/her duties and/or responsibilities to this employer. I understand that the Chief of Police will request the attendance of this employee only in the event of a condition, which would affect the health, and welfare of the citizens within the community. I pledge cooperation to this employee and to the City of Decatur in this matter.

Date: _____ Signed _____