



**Village of Mackinaw Police Department**  
**100 E. Fast Ave. P.O. Box 500**  
**Mackinaw, IL 61755**

“Preserving the Past, Building the Future”

**Position Applying For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Please Indicate If You Are Applying for Full-Time or Part-Time Employment:** \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City County State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available for Work: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever applied with us before? YES  NO  If yes, when? \_\_\_\_\_

Have you ever worked for us before? YES  NO  If yes, when? \_\_\_\_\_

Shifts available: 1st  2nd  3rd  Days Available: Sun.  Mon.  Tue.  Wed.  Thu.  Fri.  Sat.

**Education**

*Please list all levels and types of education completely.*

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Professional References

*These are people who know you in a professional setting and not an immediate supervisor.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## Personal References

*These are people who have known you personally for over 3 years and are not immediate family members.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

*Please start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, sexual orientation, or any other legally protected status. Please list employers for the previous 5 years.*

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

*Please continue on following page.*

**Previous Employment (Continued)**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
     

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
     

*If you need additional space, please continue on the attached continuation pages.*

**Specialized or Job-Related Training**

*Please list any training you feel makes you qualified for the position. Include course dates and locations if possible. If you need additional space, please continue on the attached continuation pages.*

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**Previous Addresses**

Please list all addresses in which you have resided during the past 10 years. Start with your most recent prior address. Be sure to include city, county, and state. If you need additional space, please continue on the attached continuation pages.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City County State ZIP Code

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City County State ZIP Code

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City County State ZIP Code

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City County State ZIP Code

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City County State ZIP Code

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City County State ZIP Code

**Disqualifying Factors**

Are you aware of anything that may disqualify you from being employed with the Village of Mackinaw Police Department? If yes, please explain below.

YES

NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Professional, Trade, Business, or Civic Activities and Offices Held**

*You may exclude membership or offices which would reveal race, color, religion, creed, gender, national origin, age, sexual orientation, or any other legally protected status.*

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**Other Qualifications or Consideration Factors**

*Please list any other qualifications or additional information you feel may be helpful to us in considering your application.*

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**Ability to Perform Job**

*Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you aware of anything that would affect or impair your ability to complete the functions, without any accommodations, of the job for which you are applying? If yes, please explain below.

YES

NO

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**Disclaimer and Signature**

*I certify that my answers given herein are true and complete to the best of my knowledge.*

*I also certify that my answers given on the following continuation pages, each of which bears my signature and today's date, are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving to an employment decision.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.*

*If this application leads to employment, I understand that false or misleading information given in my application or interview may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Mackinaw Police Department is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, or any other legally protected status.

**FOR DEPARTMENT USE ONLY**

Date Application Received: \_\_\_\_\_

Schedule Interview: YES NO

Date Interview Scheduled for: \_\_\_\_\_





**Continuation Page (2 of 2)**

*Please continue your answers from previous pages on these sheets. Be sure to include the title of the section to which you are continuing, and all information required in that section.*

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_