

# **OREGON POLICE DEPARTMENT**

*"To protect the lives, property, and constitutional rights of the people of the City of Oregon."*

**~ KEEP THIS PAGE FOR YOUR REFERENCE ~**

**Subject: Schedule of event of Testing Process**

To all prospective applicants:

**The following is a list of important dates to remember.**

**October 19<sup>th</sup> 2007 (Friday)**– All applications, and testing forms must be **returned by 4:00 p.m.** to the Oregon Police Department at 115 North 3<sup>rd</sup> Street, Oregon, IL 61061. Any incomplete application packets will be eliminated.

**November 3<sup>rd</sup>, 2007 (Saturday)** – **The physical agility test will be held at the Blackhawk Center 1000 Jefferson Street in Oregon. Check-in for the agility test will begin promptly at 10:00 a.m.** The physical agility test will be completed first. (See Map)

**Following the Physical Agility Test**, you will have a short break before the written test. **The written test will be administered to all applicants passing the physical agility test.** The written test will be administered at the **Oregon Coliseum 124 North 4<sup>th</sup> Street, Oregon. (See Map)**

**\*\* NOTE:** Weather permitting, the run portion of the physical agility test may take place outside. **Be sure to wear comfortable clothing, such as running shoes, and sweat pants or shorts.** Be prepared for hot or cold weather.

All applicants successfully passing both the Physical Fitness and Written tests will be sent a notice advising them of the date and time of their Oral Interview.

We thank you for your interest in becoming a member of the Oregon Police Department, and we wish each of you luck.

Sincerely,

Sergeant Shawn Melville  
Oregon Police Department

# CITY OF OREGON

## POLICE CANDIDATE EXAMINATION INFORMATION

Thank you for requesting an application.

Please make note of the following forms which must be returned to complete your application:

1. Background Investigation Authorization
2. Test Result Waiver
3. Physical Agility Release of Liability Waiver
4. Medical Examination Form
5. Certification of Physical Fitness
6. Personnel File Release
7. Application

It is also necessary to supply and return with the above forms the following items:

1. Copy of High School diploma, or equivalent
2. Copy of birth certificate or equivalent
3. Copy of military record (DD214) if applicable
4. Recent Photograph max 2" x 2" min 1" x 1"

### **PLEASE REMEMBER:**

- Application and ALL FORMS must be COMPLETED IN FULL (including signatures and witnesses).
- All required forms must be turned in BEFORE testing date.

# Oregon Police Department

Application No. \_\_\_\_\_

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## Application for Employment

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" (does not apply) if the question does not apply.

~ Affix Photo Here ~

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1. Name: (Last)                      (First)                      (Middle)	2. List any other names, aliases you have used, or been known by (include maiden name if applicable).	
3. Home address (No. Street, City, State, Zip & County):	4. Home Ph: (____) ____ - ____	5. Social Security No.:

6. With whom do you live at the above address? List Full Names & Relationship:

7. Date of Birth (Month/Day/Year): ____/____/____	Are you a U.S. Citizen? Yes ____ No ____ (If "YES": Native Born ____ Naturalized ____)
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9. List every member of your immediate family who are still living (include father, mother, sisters & brothers).

Name	Relationship	Address	Occupation

10. Are you:    \_\_\_\_ Single    \_\_\_\_ Married    \_\_\_\_ Separated    \_\_\_\_ Widowed    \_\_\_\_ Divorced

**EDUCATION**

11. List the various schools you have attended & other information requested.

Name & Address of School (Include City, State, & Zip Code)	No. Of Years Completed	Date(s) Attended	Graduate		Average Grade
			Yes	No	
<b>Grammar Schools:</b>					
<b>High Schools:</b>					
<b>College or University:</b>	No. Credit's Earned	Major/Minor	Full Time	Part Time	Degree(s) Attained
<b>Business College(s):</b>					
<b>Junior College(s):</b>					

12. Were you ever expelled or suspended from any school?     Yes     No    If "Yes" Explain:

13. List any other education not listed above:

14. Can you operate an automobile?     Yes     No

15. Do you possess a valid driver's license?     Yes     No    Driver's License No.: \_\_\_\_\_

If "Yes": Date of Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_    State of Issuance: \_\_\_\_\_

15a. Have you ever possessed a driver's license from another State?     Yes     No    If yes State \_\_\_\_\_ Year \_\_\_\_\_

16. Has your license ever been suspended or revoked?     Yes     No    If "Yes" Explain:

17. Has your license ever been placed on probation?     Yes     No    If "Yes" Explain:

**RESIDENCES**

18. List your addresses for the last ten years, starting with your present address.

From (Mo/Yr):	To (Mo/Yr):	Address of Residence	City, State, & Zip Code

19. Do you own or are you buying your home:  Yes  No  
If "Yes" Give Location:

20. Do you own or are you buying other real estate?  Yes  No  
If "Yes" Give Location:

**CRIMINAL HISTORY**

21. Have you ever been convicted of a crime?  Yes  No  
If "Yes" Explain:

Date:

22. Have you ever been placed on probation?  Yes  No

23. Have you ever been required to pay a fine in excess of \$100.00?  Yes  No

If "Yes" Explain:

24. Have you ever been a victim of a crime?  Yes  No      Was the crime reported?  Yes  No

25. Have you ever been fingerprinted by another police agency other than for an arrest?  Yes  No

If "Yes" Explain:

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**ACQUAINTANCES**

26. List three adults, not related to you & not former employers or references, who are friends, fellow students, or fellow workers.

(List only persons who you have seen frequently during the past year.)

1.	Name: ..... Address, City, State & Zip: ..... Occupation or Profession: ..... Business Address, City State & Zip: ..... In what capacity do you know this person? .....	Home Phone:  Business Phone:
2.	Name: ..... Address, City, State & Zip: ..... Occupation or Profession: ..... Business Address, City State & Zip: ..... In what capacity do you know this person? .....	Home Phone:  Business Phone:
3.	Name: ..... Address, City, State & Zip: ..... Occupation or Profession: ..... Business Address, City State & Zip: ..... In what capacity do you know this person? .....	Home Phone:  Business Phone:

**MILITARY SERVICE**

27. Have you ever served in any Military Organization of the U.S.?  Yes  No If "Yes" Branch?

.....

28. What was your Service Serial No.? .....

29. Highest Rank Held.? .....

30. Rank at Discharge.? .....

31. Date of Discharge.? .....

32. Type of Discharge:  Honorable  Dishonorable  Other

33. Are you now, or were you ever a member of the National Guard?  Yes  No If Yes: Date Service will end \_\_\_\_\_

34. List any disciplinary action taken against you during your service in the military:

34a. Have you ever been denied entry into any military branch?  Yes  No If yes explain:

34b. Selective Service Number: \_\_\_\_\_

**EMPLOYMENT HISTORY**

35. Have you ever taken a civil service exam?     Yes     No

If "Yes" Explain:	Agency:	Approx. Exam Date:	Pos. on List:	Status:

36. List all jobs that you have held for the last fifteen years, including periods of unemployment. Put your present, or most recent job first. Include military service, in proper time sequence & temporary or part-time jobs.

1.	Employer's Name: _____	Name & Title of Supervisor: _____
	Phone No.: (_____) _____	Type of Business _____
	From (Date) _____ To (Date) _____	Monthly Salary: _____
	Explain what your duties were (include exact title or position):	Reason For Leaving:
2.	Employer's Name: _____	Name & Title of Supervisor: _____
	Phone No.: (_____) _____	Type of Business _____
	From (Date) _____ To (Date) _____	Monthly Salary: _____
	Explain what your duties were (include exact title or position):	Reason For Leaving:
3.	Employer's Name: _____	Name & Title of Supervisor: _____
	Phone No.: (_____) _____	Type of Business _____
	From (Date) _____ To (Date) _____	Monthly Salary: _____
	Explain what your duties were (include exact title or position):	Reason For Leaving:
4.	Employer's Name: _____	Name & Title of Supervisor: _____
	Phone No.: (_____) _____	Type of Business _____
	From (Date) _____ To (Date) _____	Monthly Salary: _____
	Explain what your duties were (include Exact title or position):	Reason For Leaving:
5.	Employer's Name: _____	Name & Title of Supervisor: _____
	Phone No.: (_____) _____	Type of Business _____
	From (Date) _____ To (Date) _____	Monthly Salary: _____
	Explain what your duties were (include Exact title or position):	Reason For Leaving:

37. Indicate by number any employer you do not wish us to contact. \_\_\_\_\_

38. Explain your reason for applying for this position: (Please use continuation sheets if needed.)

**REFERENCES**

39. Fill in below the names of five adults not related to you & not former employers, who have known you for a period, preferably more than five years. All persons to whom you refer may be asked to appraise your character, ability, personality, and other qualities.

1	Name	Address	Home Phone	
	Business Address	Occupation	Business Phone	Years Known
2	Name	Address	Home Phone	
	Business Address	Occupation	Business Phone	Years Known
3	Name	Address	Home Phone	
	Business Address	Occupation	Business Phone	Years Known
4	Name	Address	Home Phone	
	Business Address	Occupation	Business Phone	Years Known
5	Name	Address	Home Phone	
	Business Address	Occupation	Business Phone	Years Known

40. Person(s) to be notified in case of an emergency

Name	Address	Home Phone	Relationship
Name	Address	Home Phone	Relationship

**Financial Data**

41. Do you presently hold any active or silent controlling interest in any company? Yes No Explain Yes Answer:

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

42. Do you now, or have you ever had any wage garnishment of your salary? Yes No Explain Yes Answer:

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

43. Have you ever had any collections or liens against you? Yes No Explain Yes Answer:

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

44. Do you now have any judgments or other credit matters pending? Yes No Explain Yes Answer:

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

45. Have you ever had any real or personal property repossessed? Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

46. Have you ever filed or declared bankruptcy? Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

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**PUBLIC SAFETY CONTACTS**

47. Have you ever been arrested as a juvenile or adult, no matter whether you were convicted: Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

48. Are you now or have you ever been, regardless of the way the incident was eventually resolved:  
a. Charged with an offense by any law enforcement authority? Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

b. On bail or on personal recognizance or other conditional release from court ordered custody? Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

c. On Probation Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

d. On Parole Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

e. A plaintiff, defendant, or respondent in any civil court action? Yes No Explain Yes Answer:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date



**CITY OF OREGON**

**CERTIFICATION OF PHYSICAL FITNESS**

THE UNDERSIGNED DOES HEREBY CERTIFY THAT HE OR SHE  
HAS EXAMINED: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
AND HAS FOUND THAT HE OR SHE IS PHYSICALLY CAPABLE OF  
PARTICIPATING IN THE PHYSICAL ABILITY TEST CONSISTING OF  
VARIOUS STRENUOUS EXERCISES.

Signed: \_\_\_\_\_ M.D.

Medical Facility: \_\_\_\_\_

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

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

**MEDICAL EXAMINATION FORM**

TO BE FILLED OUT BY PHYSICIAN

1. Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

2. Position applied for (Patrol Officer)

3. Head \_\_\_\_\_

Eyes – Vision Rt. \_\_\_\_\_ Lf. \_\_\_\_\_ Color Vision \_\_\_\_\_

If abnormal, to what degree \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Mouth \_\_\_\_\_

4. Neck \_\_\_\_\_

5. Chest \_\_\_\_\_

Full inspiration \_\_\_\_\_ in. Full Expiration \_\_\_\_\_ in.

Lungs \_\_\_\_\_

Heart Rhythm \_\_\_\_\_ B.P. \_\_\_\_\_

Murmurs \_\_\_\_\_

Enlargement \_\_\_\_\_

Pulse \_\_\_\_\_ After Two Minutes of Exercise \_\_\_\_\_

6. Abdomen \_\_\_\_\_

Scars \_\_\_\_\_

Liver \_\_\_\_\_ Kidneys \_\_\_\_\_ Spleen \_\_\_\_\_

Hernia \_\_\_\_\_

7. Back \_\_\_\_\_

Posture \_\_\_\_\_

Cervical Spine Motions \_\_\_\_\_

Thoraco-Lumbar Spine Motions \_\_\_\_\_

8. Rectal \_\_\_\_\_ Hemorrhoids \_\_\_\_\_

Prostate \_\_\_\_\_

Pilonidal Cyst \_\_\_\_\_

Extremities \_\_\_\_\_

Pulses \_\_\_\_\_ Varicosities \_\_\_\_\_

Physician \_\_\_\_\_ Date: \_\_\_\_\_

**City of Oregon  
Oregon Police Department**

**AUTHORIZATION FOR**

**PERSONNEL FILE RELEASE**

***By my signature below, I \_\_\_\_\_, hereby authorize the***

***Oregon Police Department full and complete access to my employment personnel***

***file(s) for, any and all, past employers.***

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

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

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

\_\_\_\_\_  
**Witness**

**CITY OF OREGON  
OREGON POLICE DEPARTMENT**

**BACKGROUND INVESTIGATION AUTHORIZATION**

I authorize and empower the City of Oregon, the Oregon Police Department, and any consumer reporting agency, or other outside service company engaged by the City of Oregon for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence of personal interviews with neighbors, friends or associates or others with whom I am acquainted, or who may have knowledge concerning any of the above items.

By my signature below, I hereby authorize the Oregon Police Department to conduct a background investigation (including school, employer, credit, criminal, traffic, and other records) pursuant to my recent application for a position with the Oregon Police Department.

Upon written request I understand that the Oregon Police Department will provide me with information regarding the scope of the investigation if one is made.

\*Note: A copy, or facsimile of this form shall be treated as the original.

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(Signature)

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(Date)

CITY OF OREGON  
OREGON POLICE DEPARTMENT

PHYSICAL ABILITY TEST

RELEASE OF ALL LIABILITIES

The undersigned, recognizing that the Physical Ability Test is an integral part of the examination process for the position of patrol officer in the City of Oregon, Illinois, hereby releases, remises, and discharges the City of Oregon, Illinois, a municipal corporation, the Oregon Police Department, the testing agency contracted to do the test, their officers, servants, agents and employees of and from any and all injuries, losses, and damages to my person shall have been caused, or may at any time arise as a result of certain police examination conducted by the Oregon Police Department.

The intention hereof being to completely, absolutely, and finally release said City of Oregon, Illinois, a municipal corporation, the Oregon Police Department, the testing agency contracted to do the test, their officers, servants, agents and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

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

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

CITY OF OREGON  
OREGON POLICE DEPARTMENT

**TEST RESULT WAIVER**

I, THE UNDERSIGNED, UNDERSTAND THAT ALL TESTS AND THE RESULTS THEREOF, BECOME THE PROPERTY OF THE CITY OF OREGON AND ARE NOT SUBJECT TO REVIEW.

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

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

# DUTIES OF PATROL OFFICERS

## GENERAL

Patrol Officers are responsible for performing a variety of duties related to the protection of life and property, enforcement of criminal and traffic laws, prevention of crime, preservation of the public peace, and the apprehension of violators of the law. They will perform these duties as prescribed in the Department General and Special Orders, as directed by supervisors and in compliance with the Rules and Regulations of the Department, the Code of Ethics of the law enforcement profession, and as permitted by the Illinois Revised Statutes.

## SPECIFIC

In addition to these and the general and individual responsibilities of all members and employees, Patrol Officers are specifically responsible for the following:

1. Reporting for Duty – The Patrol Officers shall report promptly at the designated hour and place, in proper uniform for assignment and inspection.
2. Police Mission – A Patrol Officer is responsible for the accomplishment of the police mission. The officer shall constantly be alert for violations of the law and shall make every effort to prevent breaches of the peace and offenses against persons and property
3. Familiarization – A Patrol Officer shall be thoroughly familiar with the City of Oregon and the Rules and Regulations General and Special Orders, policies and procedures of the Department.
4. Complaint Action – Patrol Officers shall carefully investigate all complaints, which come to their attention except those complaints regarding internal city matters should be referred to the Chief.
5. Preliminary Investigation – Patrol Officers are responsible for preliminary investigation of all crimes. At the scene of major crimes, subject to direction of high Department authority, the first officer at the scene, after it has been established that the perpetrator is no longer present, will begin the preliminary investigation.
6. Miscellaneous – A Patrol Officer shall observe and shall report all leaking water and sewer lines; report all street and traffic lights that are defective; and report all traffic signs that are in need of repair. Any defect of public streets, sidewalks, City property or other property likely to prove dangerous to the public shall be immediately reported to the proper City department.

# HOW WILL PHYSICAL FITNESS BE MEASURED?

The Physical Fitness Test Battery consists of 4 basic tests.

1. SIT AND REACH TEST

This is a measure of the flexibility of the lower back and upper leg area. It is 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 a sitting position. The score is in the inches reached on a yardstick with 15 inches being at the toes.

2. ONE (1) 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 important area for maintaining good posture and minimizing lower back problems. The score is the number of bent leg sit-ups performed in one minute.

3. ONE (1) 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 ration of weight pushed divided by body weight.

4. 1.5 MILE RUN

This is a timed run to measure the heart and vascular systems' capability 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 REQUIRMENT CHART

Test	MALE Age				FEMALE Age			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit & Reach	16.0"	15.0"	13.8"	12.8"	18.8"	17.8"	16.8"	16.3"
1 Minute Sit Up	37	34	28	23	31	24	19	13
Maximum Bench Press	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13:46	14:31	15:24	16:21	16:21	16:52	17:53	18:44



Black Hawk Center



Oregon Coliseum