



Pekin Fire and Police Commission



Dennis Short
Chairperson

111. S. Capitol Street, Pekin, IL 61554
Phone - (309) 478-5300

CITY OF PEKIN *Board of Fire and Police Commissioners*

Attention: **Original Appointment Applicants
for Pekin Police Department**

Please complete the following application packet. Ensure that the entire application and release forms are signed, dated, and witnessed (where indicated) before submitting. **Failure to submit any portion of the required materials included in this application packet will eliminate you from employment consideration.**

Completed applications for the position of Original Appointment Police Officer should be submitted via **our website: www.pekinpd.gov, emailed to: jjbuckman@ci.pekin.il.us, or dropped off to: City of Pekin, ATTN: Jaimie Buckman, 111 S. Capitol Street, Pekin, IL 61554. Any application questions can be emailed to: jjbuckman@ci.pekin.il.us. Applications will be accepted through, but no later than, 4:00 p.m. Friday, July 17th, 2026. Testing will be held on Saturday, July 25th, 2026.**

All applicants **must** have a High School diploma or GED to be eligible to test.

Applicants must be at least age 21 by time of appointment and must be under age 35, unless otherwise exempt by law, by the final eligibility list effective date of August 4th, 2026.

Include **copies** of the following documents with your application packet:

1. Birth Certificate
2. High School Diploma or GED Certificate
3. DD214 (if applicable and for points consideration)
4. Current/Valid Driver's License

If the above documents are not included with your application packet, we must have them no later than the application acceptance cut-off date of 4:00 p.m. Friday, July 17th, 2026, or you will be eliminated from consideration.

All aspects of testing will be conducted on Saturday, July 25th, 2026. Testing locations are to be announced. Testing will include a written exam and POWER test. Oral interviews will be conducted for those candidates who pass both the written exam and POWER test. Applicants **must check in at the test site no later than 7:30 a.m. on July 25th, 2026.**

Note: Failure to complete any portion of the testing process will eliminate you from further consideration.

The City of Pekin will not copy packets for any applicant, so be sure to make a copy of your application prior to submitting.

By Order of the Board of Fire and Police Commissioners
Dennis Short, Chairperson

Employment Application for Original Appointment to the Pekin Police Department

Your application will be considered with others without regard to race, color, religion, sex, national origin, age, ancestry, handicap, disability or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment.

Application Date: ____/____/____

Name: Last First MI _____	
Date of Birth: ____/____/____ mm dd yy	Social Security Number: ____/____/____
Present Address: Street: _____ City: _____ State: _____ Zip _____ E-mail Address: _____	Home Phone: (____) _____ Work or Alternate Phone: (____) _____
Are you a United States citizen?	Yes: ____ No: ____
Are you currently a law enforcement officer?	Yes: ____ No: ____

LEGAL

Have you ever been charged and/or convicted of any criminal charge whether felony or misdemeanor:

Yes: _____ No: _____

IF THE ANSWER TO THE ABOVE QUESTION IS YES, ATTACH A DETAILED EXPLANATION TO YOUR APPLICATION. INCLUDE DATE, PLACE, CHARGE, AND FINAL DISPOSITION.

How did you learn of this employment opportunity?

_____ Website

_____ Newspaper Ad

_____ Career Fair

_____ Facebook

_____ College Career Center

Other (explain) _____

Employment History

Begin with your present or most recent employer and continue in reverse order. List additional employers on a separate sheet.

Current/Most Recent Employer: _____

Address: _____ Phone (____) ____ - _____

Name & Title of Supervisor: _____ Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____ Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temporary

Responsibilities &
Duties: _____

Did you supervise others? Yes No If yes, indicate number: ____ Professional Staff ____ Non-professional Staff

Reason for Leaving? _____

Second Most Recent Employer: _____

Address: _____ Phone (____) ____ - _____

Name & Title of Supervisor: _____ Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____

Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temporary

Responsibilities &
Duties: _____

Did you supervise others? Yes No If yes, indicate number: ____ Professional Staff ____ Non-professional Staff

Reason for
Leaving? _____

Third Most Recent
Employer: _____

Address: _____ Phone (____) ____ - _____

Name & Title of Supervisor: _____ Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____

Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temporary

Responsibilities &
Duties: _____

Did you supervise others? Yes No If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for Leaving? _____

EDUCATION RECORD

Location where High School Diploma or GED Equivalency was obtained _____

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

<u>Institution Name & Location:</u>	<u>Degree/Date:</u>	<u>Hours Completed</u>	<u>Date Attended</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL TRADE, BUSINESS, TECHNICAL, OR MILITARY SCHOOLS ATTENDED:

<u>Institution Name & Location</u>	<u>Dates Attended</u>	<u>Courses Completed/Certificates Awarded</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other relevant certifications or licenses (include date received):

DRIVING RECORD

Drivers License Number: _____ State: _____ Class: _____ Exp. Date: _____

PROVIDE DETAILS REGARDING ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR LICENSE FORFEITURES IN THE LAST 3 YEARS:

Incident Details:

Details:

_____	_____
_____	_____
_____	_____

Has driver's license ever been denied, suspended or revoked? Yes No Explain: _____

PLEASE READ AND SIGN

READ CAREFULLY BEFORE SIGNING THIS STATEMENT

I certify that the information given on this application and on any appended materials is true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in the rejection of my application or, if employed, in termination of employment.

To determine my qualifications for employment, I authorize the City of Pekin to review my previous employment, driving, and criminal records and/or other background data as it may relate to the position for which I am applying. I hereby authorize all former employers and educational institutions to furnish any and all information they may have and release all parties from liability for any damage that may result from furnishing such information.

In consideration for employment, I agree to conform to the rules and regulations of the City of Pekin. I understand that no one other than the City Manager or Human Resources Director has the authority to enter into any agreement or contract for employment.

I understand that I will be required to undergo a post-offer medical exam that includes a drug screen, and I will be required to undergo a polygraph examination and psychological examination. If I should fail an examination for any reason, my offer of employment may be withdrawn.

SIGNATURE (DO NOT PRINT)

____/____/____

DATE

CITY OF PEKIN

PHYSICAL AGILITY TEST – RELEASE OF ALL LIABILITIES

THE UNDERSIGNED, RECOGNIZING THAT THE **PHYSICAL AGILITY TEST** IS AN INTEGRAL PART OF THE EXAMINATION FOR FIRE FIGHTERS OR POLICE OFFICERS IN THE CITY OF PEKIN, ILLINOIS, HEREBY RELEASES, REMISES AND DISCHARGES THE CITY OF PEKIN, A MUNICIPAL CORPORATION, THE BOARD OF FIRE AND POLICE COMMISSIONERS OF THE CITY OF PEKIN, THE TESTING AGENCY CONTRACTED TO DO THE TEST(S) SHOULD IT BE CONTRACTED OUT, THEIR OFFICERS, SERVANTS, AGENTS AND EMPLOYEES OF AND FROM ANY AND ALL INJURIES, LOSSES AND DAMAGES TO MY PERSON SHALL HAVE CAUSED, OR MAY AT ANY TIME ARISE AS THE RESULT OF CERTAIN FIRE OR POLICE EXAMINATIONS CONDUCTED BY THE BOARD OF FIRE AND POLICE COMMISSIONERS OF SAID PEKIN, ILLINOIS. THE INTENTION HEREOF BEING TO COMPLETELY, ABSOLUTELY AND FINALLY RELEASE SAID CITY OF PEKIN, ILLINOIS, THE BOARD OF FIRE AND POLICE COMMISSIONERS, THE TESTING AGENCY CONTRACTED TO DO THE TEST(S) 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: _____

I, THE UNDERSIGNED, UNDERSTAND THAT ALL OF THE TESTS AND THE RESULTS THEREOF BECOME THE PROPERTY OF THE BOARD OF FIRE AND POLICE COMMISSIONERS OF THE CITY OF PEKIN AND ARE NOT SUBJECT TO REVIEW.

SIGNED: _____

DATE: _____

WITNESSED BY: _____