

POLICE DEPARTMENT  
CITY OF  
HERRIN, ILLINOIS

David Dorris  
Police Chief

Salvador Tomas  
Deputy Chief

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APPLICATION PACKET OUTLINE

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1. Notice of Important Dates.
2. Qualifications.
3. Outline of Position.
4. Testing and Exam Procedure/ Physical Fitness Assessment Requirements.
5. Certificate of Good Moral Character. (Three required)
6. Military Service Points.
7. Background Waiver.
8. Agreement.
9. City Application along with copy of High School Diploma/GED/Transcript **AND** Birth Certificate. **(REQUIRED)**
10. Physical Fitness Assessment Release of All Liabilities.

**NOTE:**

***Items 5 through 10 must be completed and returned  
by Friday, April 25, 2025 no later than 4 p.m.***

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NOTICE OF IMPORTANT DATES

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Applications for Patrolman must be returned to  
City of Herrin, City Clerk's Office, 300 N. Park Avenue, Herrin,  
IL 62948 on or before:  
Friday, April 25, 2025 no later than 4:00 p.m.

If application is complete, you will receive email notice of the  
time of the written, physical and interview portions of the  
exam that will take place on Saturday, May 17, 2025.

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QUALIFICATIONS

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- Must have high school diploma or GED
- Age requirement in compliance with (65 ILCS 5/10-2.1-6) 21-34 years of age
- Must be of good health and eye sight
- Must be a citizen of the United States
- Residency requirements apply
- No previous conviction of any felony
- Valid Driver's License

Applicant will be required to take a Physical Fitness Assessment the same day as the written exam which will be determined at a later date.

Position of Patrolman requires applicant to be in good physical shape, working in adverse weather conditions and entering hostile environments.

Background checks, drug testing, physical examination and psychological evaluation will be conducted prior to hiring of applicant.

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OUTLINE OF PATROLMAN POSITION

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The Fire and Police Commission of the City of Herrin is compiling a current eligibility list for the position of Patrolman, from which future hires may be made. Below is an outline of the various points that you should know about the position with the City of Herrin. Please read the items carefully so there will be no misunderstanding of what the chosen candidate can expect and what will be expected of that candidate.

**Residency:** Patrolmen are required to live within twenty (20) miles of the Walnut Street & Park Avenue intersection.

**Shifts:** Patrolmen work various shifts. Shift assignment will be given upon being hired.

**Salary, Sick Days and Vacation Days:** Starting salary \$60,324-\$75,262. Please

refer to the contract for specifics and scale.

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TESTING AND EXAM PROCEDURE

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1. Applications must be returned to the Herrin City Hall by the date published. Failure to do so will disqualify applicants from consideration.
2. All testing is mandatory. Applicants will be required to provide their valid Driver's License for admittance to any part of the procedure. Applicants shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the applicant.
3. Written Examination and Physical Assessment Testing.
4. Oral Examination for those applicants who successfully pass the Written Examination and Physical Assessment Testing.
5. Thorough background investigation will be made on all applicants. Applicants shall be required to sign documents authorizing release of all background information to the Board of Police and Fire Commissioners. This shall be held in confidential capacity.
6. When returning your application, please enclose the following:
  - 1) Copy of certified/official birth certificate (NOT copy from hospital) **REQUIRED**
  - 2) Copy of service discharge. (If applicable)
  - 3) Copy of DD Form #214. (If applicable)
  - 4) Copy of high school diploma, GED or official transcript. **REQUIRED**
  - 5) Proof of previous patrolman experience and certificates. (If applicable)
  - 6) Any additional information you might feel beneficial.
7. Applicant's age must be in compliance with 65 ILCS 5/10-2.1-6. 21-34 years of age.
8. All applicants listed on the eligibility list will be subject to medical examination and an in-depth psychological examination.
9. Incomplete applications shall be rejected and disqualify candidate from testing.
10. If your application is approved, you will be notified by mail of the next phase of testing.

**Note:** None of the above will be returned to you. Please make copies, if needed.

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POLICE OFFICER PHYSICAL AGILITY TEST

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PHYSICAL FITNESS ASSESSMENT REQUIREMENTS: The Physical Fitness Assessment is designed to evaluate the basic physical condition of the applicant's endurance, strength, flexibility and agility. All Physical Fitness Assessments must be passed successfully. Because the requirements set are minimum standards, failure to pass any portion of the test would indicate that the applicant is physically unfit for duty as an active member of the department and the assessment will be terminated for that applicant.

1.5 MILE RUN

This is a timed run to measure the heart and vascular system's 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.

<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20-29	14:00	16:46
30-39	14:34	17:38
40-49	15:24	18:37
50-59	16:58	20:44

ONE MINUTE SIT-UP

This is to measure 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 an important area for maintaining good posture and minimizing lower back problems.

<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20-29	33	24
30-39	30	20
40-49	24	14
50-59	19	10

SIT AND REACH

This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing tasks involving range of motion and important in minimizing lower back problems. The test involves stretching out to touch the toes beyond the extended arms from the sitting position. The score is in the inches reached on a yard stick with 15" being at the toes.

<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20-29	14.4 inch	17.0 inch
30-39	13.0 inch	16.5 inch
40-49	12.0 inch	15.0 inch
50-59	10.5 inch	14.8 inch

ONE REPETITION MAXIMUM BENCH PRESS % OF BODY WEIGHT TO BE LIFTED

This is a maximum weight pushed from the bench press position and measures the amount of force your upper body can generate. It is an important area for performing police tasks.

<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20-29	88%	51%
30-39	78%	47%
40-49	72%	43%
50-59	63%	39%

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CERTIFICATE OF GOOD MORAL CHARACTER

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To: Board of City of Herrin Fire and Police Commissioners

I, \_\_\_\_\_, of \_\_\_\_\_  
(Printed Name) (Complete Address)  
\_\_\_\_\_, do certify that I do not hold any elected or appointed

Position in municipal, county or state government, not in any branch of the United States  
Government.

I have known Mr./Mrs. \_\_\_\_\_ for the past \_\_\_\_ years and  
he/she is a person of good moral character, of correct and orderly deportment, of  
temperate, industrious habits, and in my opinion, is qualified in all respects of the  
position of Patrolman.

Additional Comments:

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I \_\_\_ am \_\_\_ am not related to the applicant.

I further certify that I am willing that this Certificate of Good Moral Character be made  
public.

\_\_\_\_\_  
(Signature)

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Government.

I have known Mr./Mrs. \_\_\_\_\_ for the past \_\_\_\_ years and he/she is a person of good moral character, of correct and orderly deportment, of temperate, industrious habits, and in my opinion, is qualified in all respects of the position of Patrolman.

Additional Comments:

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\_\_\_\_\_  
(Signature)



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\_\_\_\_\_  
(Signature)

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MILITARY SERVICE POINTS

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To: Board of City of Herrin Fire and Police Commissioners

I, \_\_\_\_\_, do hereby state that:

(Check Applicable Statement)

\_\_\_ I desire to use my military service points toward the examination for Patrolman with the City of Herrin.

\_\_\_ I was not in the service

\_\_\_ I do not wish to use my service points.

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

\_\_\_\_\_  
(Signature)

**Note:**

If you desire to use military service points, you must furnish us a copy of your service discharge and DD Form #214.

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BACKGROUND WAIVER

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To Whom It May Concern:

I respectfully request that you forward to the Herrin Board of Fire and Police Commissioners any and all information that you may have concerning me, my work or my reputation.

Please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Herrin Police Department.

I hereby release you and/or your employer from any liability and damage of any nature as a result of furnishing information requested above.

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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AGREEMENT

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To: Board of Fire and Police Commissioners  
City of Herrin

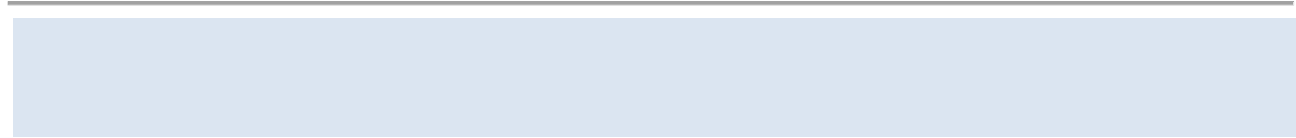
I hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners for the City of Herrin, IL during and after taking the examination and during any probationary period I might be appointed to and as a regular member of the Herrin Police Department.

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

\_\_\_\_\_  
(Signature)



**Herrin Police Department  
Entry Level Police Officer Application for Employment**



Name \_\_\_\_\_

Home Address \_\_\_\_\_

Best Number to Contact You: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email address (required for correspondence) \_\_\_\_\_

U.S. Citizen or Naturalized Citizen as of the date of submission of this application? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

**Attach photocopy of Driver's License**

Do you hold a valid Firearms Owners ID [FOID] card? YES \_\_\_\_\_ NO \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**EDUCATION**

**High School** Name and City & State \_\_\_\_\_

Diploma or GED Certificate? YES \_\_\_\_\_ NO \_\_\_\_\_

**College / University Education:**

School Name, City & State \_\_\_\_\_

Major / Curriculum \_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

School Name, City & State \_\_\_\_\_

Major / Curriculum \_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:

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



**Herrin Police Department**  
**Entry Level Police Officer Application for Employment**

**PERSONAL HISTORY AND CONVICTION INFORMATION (for background investigation purposes)**

*You are not obligated to disclose criminal history records that have been sealed, impounded, or expunged.*

List all names or aliases you have used, or have been known by \_\_\_\_\_

Date of birth \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you ever had a driver's license in any other state? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, where? \_\_\_\_\_

Has your license ever been suspended or revoked, or have you ever been issued a judicial driving permit?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor in any jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case

Have you ever been placed on probation? YES \_\_\_\_\_\* NO \_\_\_\_\_

Have you ever been the respondent or named in an order of protection in any state? YES \_\_\_\_\_\* NO \_\_\_\_\_

Have you ever used marijuana or any other illegal drug? YES \_\_\_\_\_\* NO \_\_\_\_\_

Have you ever been involved with the sale and/or distribution of illegal drugs? YES \_\_\_\_\_\* NO \_\_\_\_\_

Have you ever used misused or abused prescription drugs? YES \_\_\_\_\_\* NO \_\_\_\_\_

Have you ever been involved with the illegal sale and/or distribution of prescription drugs? YES \_\_\_\_\_\* NO \_\_\_\_\_

When was the last time you used illegal drugs? \_\_\_\_\_

When was the last time you used prescription drugs not prescribed to you? \_\_\_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all traffic citations received and accidents you have been involved in during the last seven (7) years:

Date of Incident	Jurisdiction	Type of Offense	Disposition of Case



**Herrin Police Department  
Entry Level Police Officer Application for Employment**

**FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER**

1) Address \_\_\_\_\_

Dates of Residence: from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

2) Address \_\_\_\_\_

Dates of Residence: from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

3) Address \_\_\_\_\_

Dates of Residence: from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

4) Address \_\_\_\_\_

Dates of Residence: from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

5) Address \_\_\_\_\_

Dates of Residence: from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all employment you have had for the last ten (10) years, beginning with your current or most recent employer, including military experience and any period(s) of unemployment. Attach additional sheet if necessary.

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

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

Address \_\_\_\_\_

Job title \_\_\_\_\_ Job duties \_\_\_\_\_

Supervisors name, title, & phone # \_\_\_\_\_

Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

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

Address \_\_\_\_\_

Job title \_\_\_\_\_ Job duties \_\_\_\_\_

Supervisors name, title, & phone # \_\_\_\_\_

Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

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

Address \_\_\_\_\_

Job title \_\_\_\_\_ Job duties \_\_\_\_\_

Supervisors name, title, & phone # \_\_\_\_\_

Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_



**Herrin Police Department**  
**Entry Level Police Officer Application for Employment**

**EMPLOYMENT HISTORY, cont.**

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job title \_\_\_\_\_ Job duties \_\_\_\_\_  
Supervisors name, title, & phone # \_\_\_\_\_  
Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you ever received formal discipline during any prior employment or job positions such as an oral reprimand, written reprimand, or suspension? NO \_\_\_\_\_ YES \_\_\_\_\_(explain below)

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

Have you been discharged or forced to resign from any employment (not including layoff)? NO \_\_\_\_\_ YES \_\_\_\_\_(explain below)

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

**MILITARY SERVICE**

Are you a current member of the U.S. military service, including reserve forces or National Guard? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what branch of service do you serve in? \_\_\_\_\_

Are you a Veteran of the U.S. military service, including reserve forces or National Guard? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what branch of service did you serve in? \_\_\_\_\_

Were you Honorably Discharged? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, explain in detail

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

Were you ever convicted at a court-martial? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain in detail:

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





**Herrin Police Department**  
**Entry Level Police Officer Application for Employment**

**AREAS of EXPERIENCE**

Describe any duties you have performed that are customer service or community service related. Are you a member of any club, group, or organization that directly impacts or effects your current workplace or community?

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Describe any commendations and/or special achievements you have received:

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**Herrin Police Department**  
**Entry Level Police Officer Application for Employment**

**INTEREST STATEMENT**

Please indicate your interest in becoming a police officer with the Herrin Police Department and why you feel you are qualified to join the Herrin Police Department (attach additional sheet if necessary):

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## Herrin Police Department Entry Level Police Officer Application for Employment

### REFERENCES

Please list five (5) adults not related to you and not former employers, whom you have known for at least three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The Herrin Police Department or its designee reserves the right to contact the references at any time.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_



**City of Herrin Police Department**  
**Entry Level Police Officer Application for Employment**

**ACKNOWLEDGMENT**

**Read the following carefully before signing.**

**Acknowledgment:** I, the undersigned, certify that I have read and fully comprehend this application for employment with the City of Herrin in its entirety. I certify that the information provided on this application for employment and other submitted application materials is true and complete. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment or other submitted application materials, whenever or however discovered, will be sufficient reason not to hire and may result in discharge if hired. In submitting this application, I further understand that it becomes the property of the City and will not be returned to me.

I understand that submission of an application for employment does not obligate the City to engage in further review of my application for employment. I understand that nothing in this document constitutes an offer of employment or employment contract and establishes no obligation on the part of the City to employ me or for me to accept employment with the City. I understand that any offer of employment, either verbal or written, is conditional upon the successful completion of a drug screen and (if required for position) a physical exam.

I authorize investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith and permit the City of Herrin or its officials, employees, appointees, contractors, agents or representatives – jointly termed “the Employer” - to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the City. I agree to cooperate in such an investigation. I release all parties from all liability for any damage that may result.

I authorize my current and/or previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form, personnel files or related documents to the Employer. Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the Employer, from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information.

I authorize any employee or representative of the City to search LInX/N-DEx to obtain information regarding my qualifications and fitness to serve as a Police Officer. I understand that LInX/N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in LInX/N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in LInX/N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the City from any liability or damage that may result from the use of information obtained from LInX/N-DEx.

I understand it is the policy of the City that the results of any examination or other inquiries made as part of any testing, background and/or screening process are the property of the City, and, as such, the City is under no obligation to share the results of any examination or other inquiries with the candidate, unless specifically required to do so by state or federal law. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release. A duplicate of this form shall carry the same force as the original. This document is effective for two years from date signed..

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



## CITY OF HERRIN

300 N. Park Avenue  
Herrin, IL 62948

The City of Herrin collects the following information to evaluate its recruitment practices. Disclosure of information is on a voluntary basis. The information disclosed is confidential and will be maintained separate from your employment application. Submission or non-submission of this form shall not be used as a factor concerning eligibility for employment.

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Position applied for: ENTRY LEVEL POLICE OFFICER

Recruitment Date: OPEN

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**Name** \_\_\_\_\_

**Gender**       Male       Female

***Ethnicity and Race***

Hispanic or Latino

Non-Hispanic or Latino:

- American Indian / Native Alaskan
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- White
- Two or More Races (non-Hispanic or Latino)

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***How did you FIRST learn of this opportunity?***

- City of Herrin posting (website, Facebook)
  - Informed by a current City of Herrin / Herrin Police Department employee
  - Informed by a co-worker in another Police Department / municipality
  - Informed by a friend or a relative
  - Other referral source – please indicate
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POLICE DEPARTMENT  
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PHYSICAL FITNESS ASSESSMENT RELEASE OF ALL LIABILITIES

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I hereby release and discharge the City of Herrin, a municipal corporation, its officers, servants, agents and employees from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person that may have been caused by or may at this time arise as the result of a certain Police Department Physical Fitness Assessment conducted by The Board of Fire and Police Commissioners of said City of Herrin the intention hereof being to completely, absolutely and finally release said City of Herrin and its officers, servants, agents and employees from any and all liability arising wholly or partially from the cause aforesaid.

Dated at Herrin, Illinois this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Printed Name of Examinee)

\_\_\_\_\_  
(Signature of Examinee)

\_\_\_\_\_  
(Witness)