



# MASCOUTAH POLICE DEPARTMENT

# 3 WEST MAIN STREET  
MASCOUTAH, IL. 62258  
618-566-2976  
618-566-2981 (FAX)  
mpd@mascoutah.com

*SCOTT WALDRUP*  
*CHIEF OF POLICE*



## CHECKLIST OF REQUIREMENTS

NOTE: APPLICANT USE TO VERIFY ITEMS RETURNED

**APPLICANT'S NAME:** \_\_\_\_\_

SHEET:	SIGNED	RETURNED
Agreement (Form B)	_____	_____
Certification of Physical Fitness (Form C)	_____	_____
Certification of Visual Acuity (Form D)	_____	_____
Release of Liability (Form E)	_____	_____
Authorization to Investigate (Form F)	_____	_____
Authorization to Release Information (Form G)	_____	_____
Application	_____	_____

### ADDITIONAL DOCUMENTATION:

These documents become the property of the Board of Fire and Police Commissioners. If copies/originals are not available at the time of application, please include a letter of explanation.

Resume	_____
Copy of High School Diploma or GED	_____
ORIGINAL of all College Transcripts	_____
Copy of Birth Certificate	_____
Copy of Driver's License	_____
Copy of Military Record (DD214) if applicable	_____
Recent photograph 3" x 5" (max), 2" x 4" minimum	_____
Copy of Certificate of completion of Police Academy (if applicable)	_____
Copy of State of Illinois Police Officer Certification License (if applicable)	_____



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### AGREEMENT

Board of Fire and Police Commissioners  
# 3 West Main Street  
Mascoutah, IL. 62258

I, \_\_\_\_\_, hereby agree to abide by all rules and regulations of the Board of Fire and Police Commissioners of the City of Mascoutah during and after all examination programs, and further agree to abide by all rule and regulation of the Police Department should I be appointed in due course of time. These rules are available for me to read at the Mascoutah Police Department.

I understand that all tests and the results thereof become the property of the Mascoutah Board of Fire and Police Commissioners and are not subject to review.

Date \_\_\_\_\_

Signed \_\_\_\_\_

All applicants must sign and date and return with application



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### CERTIFICATION OF PHYSICAL FITNESS

Board of Fire and Police Commissioners  
# 3 West Main Street  
Mascoutah, IL. 62258

The undersigned does hereby certify that he or she has examined,

(Name) \_\_\_\_\_

and has found that he or she **is physically capable of participating in the Physical Ability Test (applicant has copy if needed), consisting of various strenuous exercises and running.**

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

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### CERTIFICATION OF VISUAL ACUITY

Board of Fire and Police Commissioners  
# 3 West Main Street  
Mascoutah, IL. 62258

The undersigned does hereby certify that he or she has examined,

(Name) \_\_\_\_\_

and has found the following results:

Uncorrected                      Right eye 20/ \_\_\_\_\_                      Left eye 20/ \_\_\_\_\_

Binocular 20/ \_\_\_\_\_

Corrected                      Right eye 20/ \_\_\_\_\_                      Left eye 20/ \_\_\_\_\_

Binocular 20/ \_\_\_\_\_

Color Blind                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, to what degree, i.e. would it interfere with identification of vehicle colors, clothing etc.

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

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Form D



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### RELEASE OF LIABILITY

I, \_\_\_\_\_, recognizing that the Physical Ability Test is an integral part of the examination for patrol officer in the City of Mascoutah, Illinois, hereby release, remise and discharge the City of Mascoutah, Illinois, a municipal corporation, the Board of Fire and Police Commissioners, the testing agency contracted to do the testing, 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 the result of certain police examination conducted by the Board of Fire and Police Commissioners of the said City of Mascoutah, Illinois. The intention hereof being to completely, absolutely, and finally release said City of Mascoutah, Illinois, the Board of Fire and Police Commissioners, 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

\_\_\_\_\_

\_\_\_\_\_

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Form E



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### AUTHORIZATION TO INVESTIGATE

I, \_\_\_\_\_ authorize and empower the City of Mascoutah Board of Police Commissioners, consumer reporting agency, or other outside service company engaged by said Board for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, person characteristics and mode of living including web sites, video, e-mails, or other electronic media or postings, through correspondence or personal interview with neighbors, friends, or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

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

Signed

Date

\_\_\_\_\_

\_\_\_\_\_

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Form F



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### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ authorize and respectfully request that you forward to the Mascoutah Police Department Board of Police Commissioners, # 3 West Main Street Mascoutah, IL. 62258, any and all information that you may have concerning me, my work record, or my reputation. Also, please include and 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 Mascoutah Police Department.

I hereby release you and/or you employer from any liability and damage of whatsoever nature on account of furnishing information requested above.

Signed \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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Form G