

CITY OF CANTON FIRE AND POLICE COMMISSION

2 North Main, Canton, Illinois 61520 • Telephone (309) 647-0065 • Facsimile (309) 647-2348

Chad Mayall, *Commission Chairman*
Steve Albrecht, *Commissioner*
Harriett Ellis, *Commissioner*

April 1, 2026

RE: Testing for the 2026 Eligibility List for the Canton Fire Department

Dear Candidate:

Thank you for applying for the original appointment list for the City of Canton Fire Department. To be considered for appointment, you must successfully pass a series of tests designed to measure your physical and mental ability to perform the job. Additionally, you must successfully undergo a thorough background investigation and pass both a polygraph and a psychological examination.

First, use the attached Checklist to compile all required documentation, including a \$25.00 application fee made payable to the City of Canton **no later than Friday, 29, 2026**. Applications can be mailed, emailed, or delivered to the Mayor's Office, 2 N. Main Street, Canton, IL 61520. **Late applications will not be considered.**

Next, attend the **Orientation, Written Test and Interview**, which will begin at **8:00am on Saturday, June 13** and be held at the Canton Fire Department, 101 E. Spruce Street in Canton. A two-hour written test will be administered to measure basic comprehension and detail/ memory skills. Oral interviews with the Commissioners will also be held.

A variety of written test study guide options are available for candidate purchase at <https://iosolutions.com/study-guides/#studyfires>. Choose study materials for Next Generation Firefighter Exam.

If you have any further questions, please feel free to contact Recording Secretary Carol Kohler at (309) 647-0065.

City of Canton
Fire and Police Commission

Checklist for Application to the Canton Fire Department

Please complete and submit the following to the Recording Secretary of the Fire and Police Commission by Friday, May 29, 2026 at 4:30 p.m.

Name _____ **Date of Birth** _____

(Applicants must be 21 years of age by the date of application, May 29, 2026 and must be under 35 years of age by the date of posting of the final list, approx. date of June 26, 2026 unless exempt from such age limitation provided in Section 5/10-2.1-6 of the Fire and Police Commissioner's Act.)

- | | |
|---|--------------------------|
| Application | <input type="checkbox"/> |
| Valid CPAT card (not required until date of an offer of employment) | <input type="checkbox"/> |
| Consent and Release for Background form | <input type="checkbox"/> |
| Fingerprints taken at a Police Department | <input type="checkbox"/> |
| Photograph | <input type="checkbox"/> |
| \$25 Application Fee | <input type="checkbox"/> |
| Military Service Record and Discharge Papers | <input type="checkbox"/> |
| Social Security Card copy | <input type="checkbox"/> |
| Birth Certificate copy | <input type="checkbox"/> |
| High School /GED Diploma and copy of transcript | <input type="checkbox"/> |
| College/University Diploma and copy of transcript | <input type="checkbox"/> |



City of Canton Board of Fire and Police Commissioners
2 N. Main Street, Canton, IL 61520

309.647.0065

Application for Employment with the Canton Fire or Police Department

We consider all applicants for all positions without regard to race, color, religion, creed, gender, origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

APPLICANTS MUST COMPLETE ALL ITEMS. ITEMS WHICH DO NOT APPLY SHOULD BE MARKED "N/A" (NOT APPLICABLE).

IN REGARDS TO REFERENCES AND PAST OR PRESENT EMPLOYERS:

You must provide the full names, addresses, (including streets and zip codes), area codes and telephone numbers. Without this information, it is impossible to complete the background check. Failure to complete the information as required may affect your chances for hire.

FIRE OR POLICE BACKGROUND INVESTIGATION QUESTIONNAIRE

INSTRUCTIONS: FILL OUT THIS QUESTIONNAIRE COMPLETELY AND ACCURATELY. IF YOUR QUESTIONNAIRE IS COMPLETED PROPERLY, IT INCREASES YOUR CHANCES OF EMPLOYMENT. ALL STATEMENTS IN YOUR QUESTIONNAIRE ARE SUBJECT TO VERIFICATION. **INTENTIONAL INCORRECT STATEMENTS(S) WILL BAR OR REMOVE YOU FROM EMPLOYMENT.** IF WRITING SPACE IS INADEQUATE, USE THE CONTINUATION SHEET AT THE END OF THIS QUESTIONNAIRE AND IDENTIFY ADDITIONAL INFORMATION BY QUESTION NUMBER. USE THE TERM "N/A" (NOT APPLICABLE) IF THE QUESTIONS DOES NOT APPLY.

PERSONAL INFORMATION

1) Name: (Last) _____ (First) _____ (MI) _____

2) Any other names or aliases you have used OR any other name you have been known by (maiden name if applicable) _____

3) Home address _____
Street City State County Zip

4) Home phone number _____ Cell phone number _____
(include area code) (include area code)
 Email address _____

5) Date of birth _____ 6) Sex _____ 7) Height _____

8) Place of birth _____ 9) Age _____ 10) Weight _____

11) Social Security Number _____ 12) Eye color _____ 13) Hair color _____

14) Are you a US citizen? Yes _____ No _____ If yes, Native born _____ Naturalized _____

If a naturalized citizen, provide the City, State, and Date you were naturalized:

15) Have you ever been a law enforcement officer, fire fighter or held a similar position?
 Yes _____ No _____

POSITION HELD	DATE (FROM)	DATE (TO)	LOCATION

If extra room is needed, please add an extra piece of paper with the information.

16) List all jobs, including temporary or part-time jobs, you have held. Please include periods of unemployment. Put your present or most recent job first. Include military service. If you were employed under a different name, please list that name.

BUSINESS NAME	ADDRESS	PHONE NUMBER	SUPERVISOR	DATES EMPLOYED

If extra room is needed, please add an extra piece of paper with the information.

EDUCATION

17) List the various schools you have attended and other information requested.

HIGH SCHOOLS ATTENDED	COMPLETE ADDRESS	DATES ATTENDED	GRADUATED? YES/NO

COLLEGES ATTENDED	COMPLETE ADDRESS	DATES ATTENDED	GRADUATED? YES/NO

If extra room is needed, please add an extra piece of paper with the information.

18) List any professional licenses or certifications you hold or have.

DRIVER'S LICENSE AND TRAFFIC RECORD

- 19) Can you operate an automobile? Yes _____ No _____
20) Do you have a valid driver's license in Illinois or any other state? Yes _____ No _____

Please list all states that you have had a driver's license and include driver's license numbers:

STATE	DRIVER'S LICENSE NUMBER

If extra room is needed, please add an extra piece of paper with the information.

CRIMINAL HISTORY (ADULT, MINOR, OR JUVENILE)

- 21) Have you ever been convicted or charged with a crime including domestic violence? Yes _____ No _____
If yes, explain.

Date	Police Agency and State	Charge	Disposition

If extra room is needed, please add an extra piece of paper with the information.

ALCOHOL USE

- 22) Do you consume alcohol? Yes _____ No _____ If yes, give the details.

DRUG USE

Illegal drugs or substances include, but are not limited to, marijuana, cocaine, crack cocaine, speed, PCP, meth, heroin, mescaline, LSD, psilocybin (mushrooms), hashish, opiates, barbiturates, steroids, designer drugs, peyote, morphine, methadone, inhalants, or any other illegal substance including illegally-used prescription drugs not including those legally prescribed to you by your physician.

23) Have you ever used any illegal drug or substance? If yes, list illegal drug or substance below and approximate date of last use.

MILITARY SERVICE

24) Have you ever served in any military organization of the U.S.? Yes ____ No ____
If yes, list the following.

Branch served	Dates	Discharge Status

If extra room is needed, please add an extra piece of paper with the information.

Please attach your DD214 Form to your application.

25) Give the details and location of entrance to active duty. (City and State) _____

26) Give date and location if discharged from active duty. _____

27) What is your military serial number? _____

28) What was your rank at discharge? _____

29) List all draft classifications you have had, ie, I4, 4F, etc. _____

30) Were you ever convicted or charged at a court martial? Yes ____ No ____ If yes, explain.

31) Are you now or were you ever a member of the US Reserve Forces or National Guard?
Yes ____ No ____ If yes, are you active? _____ or inactive? _____

Also list as it pertains to the US Reserve Forces or National Guard:

Branch	Dates served	Rank	Location served	Discharge status

If extra room is needed, please add an extra piece of paper with the information.

ACQUAINTANCES

32) List the following information of three adults, not related to you and not former employers or references, who are friends, fellow students, or fellow workers.

Name	Complete address	Home or cell phone	Business phone

REFERENCES

33) List the names and information of five adults not related to you and not former employers, who have known you for more than five years. All persons to whom you refer will be asked to appraise your character, experience, personality, and other qualities.

Name	Complete address	Home or cell phone	Business phone
1.			
2.			
3.			
4.			
5.			

List person(s) to call in an emergency.

Name	Complete address	Phone number(s)

I HEREBY CERTIFY THAT THERE ARE NO WILFULL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION WITH MY KNOWLEDGE COULD RESULT IN DISQUALIFICATION FOR THE POSITION FOR WHICH I AM APPLYING.

SIGNATURE

DATE

**CERTIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**
(Read Carefully Before Signing)

I, _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MIS-STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO INITIAL EMPLOYMENT OR CONTINUED EMPLOYMENT BY THE CITY OF CANTON POLICE OR FIRE DEPARTMENT.

I ALSO DO HEREBY AUTHORIZE ALL LAW ENFORCEMENT AGENCIES, THE VETERANS ADMINISTRATION, U.S. ARMY, U.S. NAVY, U.S.AIR FORCE, ALL MILITARY AGENCIES, AND ALL FEDERAL, STATE, OR LOCAL UNIVERSITIES, TO FURNISH THE CANTON POLICE OR FIRE DEPARTMENT WITH ANY AND ALL AVAILABLE INFORMATION REGARDING ME AND FOR THE RELEASE OF ANY MEDICAL, PHYSICAL, PSYCHIATRIC, PSYCHOLOGICAL, AND CRIMINAL HISTORY RECORDS TO THE CANTON POLICE OR FIRE DEPARTMENT IN ORDER THAT THE CITY OF CANTON FIRE AND POLICE COMMISSION MAY DETERMINE MY SUITABILITY FOR POLICE OR FIRE WORK.

I AUTHORIZE THE CITY OF CANTON POLICE OR FIRE DEPARTMENT TO MAKE INQUIRY OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION REGARDING MY EMPLOYMENT, CREDIT, OR ANY OTHER INFORMATION, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE IN THEIR RECORDS, AND RELEASE SAID COMPANY OR PERSON FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE CITY OF CANTON POLICE OR FIRE DEPARTMENT.

A PHOTOCOPY OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

Signature of Applicant

Date

Signature of Witness

Date

CITY OF CANTON
FIRE AND POLICE COMMISSION
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