



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*

Harriett Ellis, *Commissioner*

Steve Albrecht, *Commissioner*

Attention: Certified Officer Transfer Candidates for Canton Police Department

Applicants for Certified Police Officer Transfer must be 21-35 years old (unless exempt from such age limitation as provided in Section 5/10-2.1-6 of the IL Fire and Police Commissioners' Act), a US citizen or have applied for US citizenship at the time of application, hold a high school degree or GED, be of good moral character, sound health, have no felony convictions, be able to read and write the English language, possess or be able to obtain a valid Illinois driver's license without recent record of suspension or revocation in any state.

There is no residency requirement during the application process and probationary period; however, at the end of the probationary year, officers must locate within the residency requirements stated in the agreement between the City of Canton and PBPA.

Applicants must have a minimum of one year full time police experience in the last 30 months in the State of Illinois and have completed a basic training program acceptable to the Illinois State Officers Training Board; or at least three years full time police experience in the last 42 months if such experience is outside the state of Illinois. Applicants must have substantially equivalent skills and abilities as a City of Canton post-probationary officer.

The applicant must pass such examinations as the Board of Fire and Police Commissioners deem necessary to determine the applicant's fitness for duty as a police officer.

Please submit your completed Certified Officer application, along with \$25 fee for testing materials, to the Recording Secretary, Mayor's Office, 2 N. Main Street, Canton, IL 61520, or via email to ckohler@cantoncityhall.org. **Deadline for application is Friday, January 30, 2026.**

The Written Test and an Oral Interview will be held on Saturday, February 7, beginning at 8:00 am in the Director's Room of Canton City Hall, 2 N. Main Street, Canton.

At the time of an open position, any selected lateral transfer candidates may then proceed with an interview, physical ability test, polygraph, psychological, and/or physical exam before hire.

Direct questions to Carol Kohler, Recording Secretary for the Canton Fire and Police Commission, at 309-647-0065 or ckohler@cantoncityhall.org.



Canton Police Department Certified Officer Application



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 ____/____/____ Social Security Number: ____/____/____
mm dd yyyy

Present address:

street city state zip
Phone: (work) _____ (home or cell) _____

Email: _____

Are you a US citizen? ☐ yes ☐ no

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

☐ yes ☐ no IF YES, ATTACHED A DETAILED EXPLANATION TO YOUR APPLICATION. INCLUDE DATE, PLACE, CHARGE, AND FINAL DISPOSITION.

Employment History

Candidates must have a minimum of 1 year full time police experience in the last 30 months in the State of Illinois, OR a minimum of 3 years full time in the last 42 months if outside the state of Illinois.

Current/Most recent Employer:

Address: _____

Phone (____) _____

Name & Title of Supervisor: _____

Phone (____) _____

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

☐ 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 ____/____/____

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 ____/____/____

☐ 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: _____

Police Academy Training

Name of academy attended: _____

Location (city,state): _____

Date of graduation: _____

Educational Record

Do you have a high school diploma or GED equivalent? ☐yes ☐no

If yes, where attained? _____

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>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

Driving Record

Driver's License Number: _____ State: _____ Class: _____ Expiration date: _____

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

Incident Date: Incident Details:

_____	_____
_____	_____

Has driver's license ever been denied, suspended, or revoked? ☐yes ☐no

Explain:

READ CAREFULLY BEFORE SIGNING THIS STATEMENT

I certify that the information given on this application and on my 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 rejections of my application or, if employed, in termination of employment.

To determine my qualifications for employment, I authorize the City of Canton 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, law enforcement agencies, the US military, credit institutions, 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 Canton. 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.

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 Canton and are not subject to review.

Signature

Date

Printed name