

## 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*  
Samantha Norton, *Commission Secretary*  
Steve Albrecht, *Commissioner*

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March 1, 2024

RE: Testing for the 2024 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 \$15.00 application fee made payable to the City of Canton **no later than Friday, April 26, 2024**. 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, May 11, 2024**, and be held at the Canton Fire Department, 101 E. Spruce Street in Canton. A two hour written test measures 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/shop/?swoof=1&pa\\_examination=fst](https://iosolutions.com/shop/?swoof=1&pa_examination=fst)**

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, April 26, 2024 at 4:30 p.m.**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

(Applicants must be 21 years of age by the date of application, April 26, 2024 and must be under 35 years of age by the date of posting of the final list, approx. date of May 28, 2024 unless exempt from such age limitation provided in Section 5/10-2.1-6 of the Fire and Police Commissioner's Act.)

- |   |                          |
|---|--------------------------|
| Application Questionnaire   | <input type="checkbox"/> |
| Valid CPAT card (not required until date of an offer of employment)   | <input type="checkbox"/> |
| Certificate of Applicant and Authorization for Release of Information | <input type="checkbox"/> |
| Fingerprints taken at a Police Department                             | <input type="checkbox"/> |
| Photograph  | <input type="checkbox"/> |
| \$15 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 <b>Diploma and copy of transcript</b>                | <input type="checkbox"/> |
| College/University <b>Diploma and copy of transcript</b>              | <input type="checkbox"/> |

CITY OF CANTON  
FIRE AND POLICE COMMISSION  
2 N. Main Street, Canton, Illinois 61520 (309) 647-0065

CERIFICATE 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 PHOTOSTATIC 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**

2 North Main, Canton, Illinois 61520

Telephone (309) 647-0065 Facsimile (309) 647-2348

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**Board of Fire and Police Commissioners  
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. 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 taken a civil service exam? Yes \_\_\_ No \_\_\_ If yes, explain in detail:

AGENCY	APPROXIMATE EXAM DATE	ADDRESS	OCCUPATION

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

16) Are you on any eligibility lists? Yes \_\_\_ No \_\_\_ If Yes, list name of departments:

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17) Were you ever placed on a civil service list and not hired? Yes \_\_\_ No \_\_\_ If Yes, please explain:

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18) Were you ever rejected for any civil service position? Yes \_\_\_ No \_\_\_ If Yes, please explain:

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19) Have you ever submitted an application for employment for any other police or fire department?

Yes \_\_\_ No \_\_\_ Please list dates:

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20) 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.

21) Were you ever discharged or forced to resign because of misconduct or unsatisfactory service while employed or while under investigation? Yes \_\_\_ No \_\_\_ If Yes, explain. Also include name(s), address(es) of employer(s) and date(s):

BUSINESS NAME	ADDRESS & PHONE NUMBER	MANAGER'S NAME	DATE

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

22) 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.

23) Explain the reason for applying for this position.

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### EDUCATION

24) 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.

25) Were you ever expelled or suspended from school? Yes \_\_\_\_ No \_\_\_\_ If Yes, explain:

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26) List other formal education beyond high school. You may include special training courses.

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

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**DRIVER'S LICENSE AND TRAFFIC RECORD**

28) Can you operate an automobile? Yes \_\_\_\_ No \_\_\_\_

29) 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.

30) List current driver's license number and expiration date: \_\_\_\_\_

31) Have any of your driver's licenses from Illinois or any other state ever been suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain. Include date(s) and state(s).

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32) Have you ever had a restrictive driving permit, judicial driving permit, or has your licenses been held for supervision? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

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33) List all traffic tickets, offenses, and approximate dates:

DATE	CHARGE	LOCATION AND STATE

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

34) Do you have a firearms card in Illinois or another state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give state and firearms card number: \_\_\_\_\_

35) Has your firearms card ever been suspended or revoked in this state or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. Include dates, state(s) and reasons.

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**CRIMINAL HISTORY (ADULT, MINOR, OR JUVENILE)**

36) 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.

37) Have you ever been placed on probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain.

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38) Have you ever been required to pay a fine? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and include the amount.

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39) Have you ever been reported as a runaway? Yes \_\_\_ No \_\_\_ If yes, explain details including jurisdiction dates and outcome.

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40) Have you ever been fingerprinted by a police agency other than for an arrest? Yes \_\_\_ No \_\_\_ If yes, list the agency, date and purpose.

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41) Have you ever been a victim of a crime? Yes \_\_\_ No \_\_\_ If yes, explain if you reported the crime to the police and what crime was committed.

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42) Are there any warrants, traffic or otherwise, judgments or orders of protection now pending or ever served against you? Yes \_\_\_ No \_\_\_ If yes, explain.

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#### ALCOHOL USE

43) Do you consume alcohol? Yes \_\_\_ No \_\_\_ If yes, give the details.

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44) A serving of beverage alcohol is about 1 ½ ounces of hard liquor, 5 ounces of wine, or 12 ounces of beer. How many servings of alcohol would you normally consume in a 24-hour period in which you did drink?

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45) How many times in the past year have you become intoxicated with alcohol or a combination of alcohol and other substances? \_\_\_\_\_

46) What is the largest number of servings of alcohol you have consumed in one 24-hour period over the past 5 years? \_\_\_\_\_ If this was an isolated incident, give the details.

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47) Approximately how many days per week, on average, have you consumed alcohol during the past year?

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48) Have you ever operated a motor vehicle while intoxicated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain the details.

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49) Have you ever consumed alcohol while working? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, explain the details.

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**DRUG USE**

Questions regarding illegal drug or substance use must be answered completely, accurately, and truthfully. Any experimentation or use whatsoever must be listed regardless of the amount. This includes, but is not limited to, tasting sniffing, smoking, ingesting, inhaling, swallowing, pretending to use or attempting to use, regardless of the effects. If the exact dates are unknown, you must list an approximate month and year you believe when the drugs were last used.

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.

50) Have you ever used any illegal drug or substance? If yes, list illegal drug or substance below and answer related questions in the table on the next page.

<b>Name of substance or drug</b>	Date first used	Date last used	Estimated use during the last 5 years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime?	Will you continue to use this substance?
<b>Name of substance or drug</b>	Date first used	Date last used	Estimated use during the last 5 years

What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime?	Will you continue to use this substance?
<b>Name of substance or drug</b>	Date first used	Date last used	Estimated use during the last 5 years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime?	Will you continue to use this substance?

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

51) Have you ever sold or supplied any illegal drug or substance? If so, give the details.

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52) Have you ever manufactured any illegal drug or substance? If so, give the details.

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53) Have you ever cultivated, grown, or attempted to grow marijuana? If so, give the details.

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54) Have you ever injected any form of illegal drug or substance, including steroids? If so, give the details.

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55) Have you ever allowed someone to use illegal drugs or substances, including marijuana, at your residence or in your vehicle? Yes \_\_\_\_\_ No \_\_\_\_ If so, give the details.

56) Have you ever transported drugs or illegal substances, including marijuana, in your vehicle? Yes \_\_\_ No \_\_\_ If so, give the details.

57) When was the last time you were at a private gathering where illegal drugs or substances were being used? Give the month and year. \_\_\_\_\_

58) Have you ever used salvia (a psychoactive plant which can induce hallucinatory experiences)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the details.

59) Have you ever used any synthetic cannabinoid, a synthetic alternative drug, synthetic stimulant or psychedelic/hallucinogen, including but not limited to bath salts, incense used as a drug, cathinones, MDMA or MDEA? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the details.

#### MILITARY SERVICE

60) 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.**

61) Give the details and location of entrance to active duty. (City and State) \_\_\_\_\_

62) Give date and location if discharged from active duty. \_\_\_\_\_

63) What is your military serial number? \_\_\_\_\_

64) What was your rank at discharge? \_\_\_\_\_

65) List all draft classifications you have had, ie, I4, 4F, etc. \_\_\_\_\_

66) Were you ever convicted or charged at a court martial? Yes \_\_\_\_\_ No \_\_\_\_ If yes, explain.

67) 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.

68) List any disciplinary action taken against you in the National Guard or Reserves.

### CREDIT HISTORY

69) List three commercial or business credit references (including bank or charge accounts) of firms you have borrowed money from for any purpose.

Name and address of firm	Type of business	Amount borrowed	Dates opened and closed

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

70) Have you ever been sued? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details.

71) List any outstanding debts and amounts. Include amounts in arrears.

Amount of debt	Amount now owed	Name and address of loan grantor	In arrears? Yes/No

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

72) Have you ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

73) Have you ever filed Chapter 11 or 13? Yes \_\_\_\_ No \_\_\_\_

If yes to either, please explain, including date(s).

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74) List your past and present addresses starting with the present first.

Dates	Address of residence	City and State

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

75) Are you currently buying your home? Yes \_\_\_\_ No \_\_\_\_

76) Do you own or are you buying other real estate? Yes \_\_\_\_ No \_\_\_\_ If yes, give locations.

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### SHARED RESIDENCY INFORMATION

77) List all persons who are currently living at your address and their relationship to you.

Name	Age	Relationship

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

### ACQUAINTANCES

78) 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

79) 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)



Please use this extra paper for additional responses to questions. List the question number before each response.



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.

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SIGNATURE

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DATE