



Police Department

1710 Wabash Ave. Mattoon, IL 61938 Phone (217) 235-5451 Fax (217) 258-6715



Rick Hall, Mayor

Kyle Gill, City Manager

Partial Denial of Freedom of Information Act Request (FOIA)

Exemptions: Redactions made on pages 1,2,6,7,8,9,10

Section 2(c-5) of FOIA, 5 ILCS 140/2(c-5), defines "private information" as: unique identifiers including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person.

Section 7(1)(c) of FOIA, 5 ILCS 140/7(1)(c), (1)(d)(iv) exempts "personal information" from release under FOIA unless disclosure is consented to in writing by the individual subjects of the information.

FOIA-Mattoon Police Department





APPLICATION FOR EMPLOYMENT

Mattoon Police Department Experienced Police Officer Applicant

Please return to:
City of Mattoon
Fire & Police Board
Attn: Administrative Assistant
1710 Wabash Ave.
Mattoon, IL 61938

We welcome you as an applicant for employment with the City. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Mattoon to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, gender, sexual orientation, age, marital status, veteran status, or physical or mental disability. This policy applies to all phases of full, part-time, and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Mattoon. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information, which you believe qualifies you for the position for which you are applying. Please type or print legibly. If you have any questions about the status of your application please contact Heather Smith at 217-258-7901.

Name: Roley	Anthony		Joseph	
(Last)	(F	irst)	(Midd	ie)
Address		····		
(3	Street)	(City)	(State)	(Zip Code)
Date of Birth:				
Type of work or title of	f job you are seeking: Polic	æ Oπicer		
Telephone Number:	(Day)		(Evening)	
	(50)		(2.003)	
Presently Employed:	Yes 1	10		

If yes, may we contact your Employer?
Do you possess a valid Illinois Driver's License? Yes No
Class License Number
Do you have any restrictions? Yes No
If yes, please explain:
Has your driver's license ever been suspended or revoked? Yes No
If yes, please explain:
State law prohibits any individual who has ever been classified as a conscientious objector from being appointed to the Police Department. Have you ever been classified as a conscientious objector? Yes No (A conscientious objector is an "individual who has claimed the right to refuse to perform military service") Are you legally authorized to work in the United States? Yes No Have you ever been convicted of any criminal or traffic violation? Yes No Please explain: (Attach if necessary)

In answering this question, you are not obligated to disclose sealed, annulled or expunged convictions, or convictions that were pardoned by the Governor.

A criminal conviction will not necessarily be a bar to employment; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying. Failure to honestly answer these questions will result in discontinued consideration of the application or termination of employment.

Are you presently working for the City?	Yes	No
Position:		
Have you previously worked for the City?	Yes	✓ No
Position:	From:	To:
Reason for leaving:		
Do you have any relatives who work for the Cl	ity? Yes	✓ No
Names(s)	Relationship_	
Names(s)	Relationship	
Names(s)	Relationship_	· · · · · · · · · · · · · · · · · · ·
If hired, when will you be able to begin work?	01/17/2023	
Military Service: Branch	_From:	To:
Please explain: (Attach if necessary)		
Education: (Select highest grade completed)		
9 10 11 1	2 13+	
Name and Location of High School: Mattoon Hi	gh School	112 to 11
Graduated? Yes No	GED	

Training Beyond High School:

List College or Universities, Specialized Training Courses, Apprenticeships or other classes you have attended or training you have taken. Please give detailed information and locations of schools or training sessions, dates attended, credits earned, major areas of study and degrees or certificates you have received.

Credits Earned	Courses or Area of Study	Degrees Earned
52	Associates Degree in Criminal Justice	N/A
1		
	Earned	Earned

Employment Information:

Begin with your present employer and work back. Account for all time during the past ten years, including periods of unemployment. List any other work experience that may qualify you for this position. Attach additional pages if necessary.

Employer: City of Arcola Address: 114 N. Locust St. Arcola, IL 61910	From: 04 Mo.	2018 Yr.
Phone#: 217-268-4906	To: 01 Mo.	2023 Yr.
Supervisor: Chief Nick Suding (Name & Title)	Total: 4 Years	9 Months
Your Duties:	Full-time Hrs./Wk: 40	Part-time
Patrol city streets, conduct investigations, process and maintain evidence, arrest and process suspects, respond to calls for service, maintain the computer network/IT related duties.	Last Salary:\$24/	ng:
	Career advan	cement options

(Employment Information continued)		
Employer: Coles-Moultrie County 911 - CECOM	From: 10	2012
Address: 10500 State Highway 16	Mo.	Yr.
Phone#: 217-345-0060	To: 12 Mo.	2018 Yr.
Supervisor: Asst. Director Amanda Williamson (Name & Title)	Total: 6 Years	2 Months
Your Title: 911 Dispatcher	Full-time	Part-time
Your Duties:	Hrs./Wk: 40	
Answer emergecny/non-emergency calls, dispatch police, fire, EMS services to calls,	Last Salary:\$\$14.	50/hr
trained new dispatchers, provide medical aid via telephone until responders arrived.	Reason for Leaving	•
	Career change	
Employer: K.C. Summers Inc.	From: 05	2007
Address: 117 S. 19th St.	Mo.	Yr.
	l 43	0040
Phone#: 217-234-8863	To: 12 Mo.	2012 Yr.
Phone#: 217-234-8863 Supervisor: Service Manager John Beel (Name & Title)	Mo.	Yr.
Supervisor: Service Manager John Beel	Mo. Total: 5	Yr. 7
Supervisor: Service Manager John Beel (Name & Title)	Mo. Total: 5 Years	Yr. 7 Months
Supervisor: Service Manager John Beel (Name & Title) Your Title: Service Department Advisor Your Duties: Assist customers with vehicle service, promote sales of products, pick up or drop off customers	Mo. Total: 5 Years Full-time	Yr. 7 Months Part-time
Supervisor: Service Manager John Beel (Name & Title) Your Title: Service Department Advisor Your Duties: Assist customers with vehicle service, promote	Mo. Total: 5 Years Full-time Hrs./Wk: 40	Yr. 7 Months Part-time
Supervisor: Service Manager John Beel (Name & Title) Your Title: Service Department Advisor Your Duties: Assist customers with vehicle service, promote sales of products, pick up or drop off customers vehicles as needed, answer a wide variety of	Mo. Total: 5 Years Full-time Hrs./Wk: 40 Last Salary:\$\$11/f	Yr. 7 Months Part-time
Supervisor: Service Manager John Beel (Name & Title) Your Title: Service Department Advisor Your Duties: Assist customers with vehicle service, promote sales of products, pick up or drop off customers vehicles as needed, answer a wide variety of	Mo. Total: 5 Years Full-time Hrs./Wk: 40 Last Salary:\$\$11/f	Yr. 7 Months Part-time

Please list any job related special qualification, training or experience, which you have and feel should be considered in reviewing your application:

Law Enforcment ceritification from MCLETC Decatur, LEADS/NCIC certified CPR/AED certified, Patrol Rifle certification, ARIDE certification, Field Training Officer certification, Lead Sexual Assault Investigator certification, Evidence Technician, up-to-date on PTB training requirments. Emergency Contact: In case of emergency, please notify:				
Name	Address	Telephone	Relationship	
Professional References: Ple known for at least one year:	pase list the names of three super	visors/co-workers	that you have	
Name	Address	City, State, Zip	Phone	
			50 PM 100	
		71 7532 10		
Personal References: Please list the names of three persons (not relatives of yourself or your spouse) as references to your character, integrity, honesty, personality and qualifications for an appointment with the City of Mattoon.				
Name	Address	City, State, Zip	Phone	
/		1327 570000		
,			x=i	

Please Read Carefully Before Signing: I certify that all the statements in this application are true and accurate. I understand that any false statements on this application shall be considered sufficient cause for dismissal.

I authorize the City of Mattoon to investigate any of the information contained herein, including the contacting of my references.

If I receive a conditional offer of employment from the City, I agree to submit to a credit check, a psychological examination, a physical examination, which includes a pre-employment drug test and a vision test, which I will be required to pass before being finally accepted for employment.

I further agree to comply with all the rules and regulations of the City of Mattoon now in force or any that may be established.

Date()1/13/2023

Applicant's Signatur

Applicant must sign waiver on following page!

WAIVER/RELEASE OF LIABILITY APPLICANT FOR PUBLIC EMPLOYMENT

AVX 10.50 = 1.0001	
12/1	
AGREEMENT made this 15 day of an uary 2000 between	er
AGREEMENT made this 13 day of <u>Jan uary</u> 2023 between the last of	
POLICE OFFICER with the POLICE DEPARTMENT of the City of Mattoon, Illinois, (the	
"Applicant") and the CITY OF MATTOON, ILLINOIS; its Board of Fire and Police Commissioners	ı;
the City's and the Board of Fire and Police Commissioners' employees, agents, representatives	-
and assigns (specifically any testing agency employed by the City or its Board of Fire and Police	
Commissioners) hereinafter collectively referred to as the "City", witness:	

WHEREAS, Applicant has applied to the City for employment as a police officer; and

WHEREAS, the City is required to subject the Applicant to a competitive testing process; and

WHEREAS, the Applicant has agreed to submit to a variety of examinations including physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the City; and

WHEREAS, the City has agreed to administer said exams, on an as needed basis and as provided by the rules and regulations of the City's Board of Fire and Police Commissioners, without expense to the Applicant, and

WHEREAS, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of police officer. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, §40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the import of the Waiver with legal counsel of Applicant's own choosing.

Subscribed and sworn to before me

Applicant

OFFICIAL SEAL
CINDY L LAMB
NOTARY FUBLIC, STATE OF ILLINOIS
My Commission Expires May 9, 2024

Notary Public

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the City of Mattoon bearing this release, or copy thereof, within 3 ½ years of its date, to obtain any information in your files pertaining to my employment, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Mattoon. I hereby release you, as the custodian of such records, and any law enforcement agency, school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

Full Name				
	(Signature)			
Full Name: Anth	ony J. Roley		_	
	(Typed or printed name)			
Current Address	3			
	(Street Address)	(City)	(State)	(Zip)
Telephone Num	ber			
	(Home)	(Mobile)	(Other)	
Date: <u> </u>	13/2073	OFFICIAL SE CINDY L LA NOTARY FUBLIC, STATI My Commission Expires	MB FOFILLINOIS ?	
Subscribed and	d sworn to before me day of LOLD U. O.S. U.	.20 23.		
Notary Public				

DISCLOSURE AND AUTHORIZATION [IMPORTANT - - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] NOTICE REGARDING BACKGROUND INVESTIGATION

City of Mattoon ("the Company") may obtain information about you from a consumer reporting agency for purposes of employment. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants, volunteers, and contractors is an investigation into your education and/or employment history conducted by Mattoon Police Department, 1710 Wabash Ave., Mattoon, IL 61938 (217-258-7911) or an outside organization. The scope of this notice and authorization is all encompassing, however, allowing City of Mattoon to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment or service to the district to the extent permitted by law.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by City of Mattoon by contacting the agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment and/or service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Mattoon Police Department, 1710 Wabash Ave., Mattoon, It. 61938 (217-258-7911) or an outside organization acting on behalf of City of Mattoon, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

Last Name Roley	First Anthony	Middle J.
Other/Alias A.J. Roley		
Social Security*	Date of Birth	
Driver's License#_	State of Drive	er's License
Present Address	Ph	one Number
City/State/Zi		
Signatur		Data

*This information will be used for background screening purposes only and will not be used as hiring criteria.