



## Shiloh Board of Police Commissioners

3498 Lebanon Avenue, Shiloh Illinois 62221  
(618) 632-9047 Fax: (618) 632-7992

ShilohPD@Shilohil.org  
www.Shilohil.org



The Village of Shiloh Police Commission will be conducting examinations to establish an initial appointment, for Probationary Police Officer, eligibility list.

Applicants will be required to complete an abbreviated applicant form and Board issued Fitness Certification signed by a Doctor licensed to practice medicine in the State of Illinois.

Applicants must be present at a mandatory orientation session, and deliver to the Board, at that time, the completed applicant form and fitness certificate. The Mandatory Orientation Session will be held at the Village of Shiloh Senior Center, #7 Park Drive, Shiloh Illinois, 62269, **Friday AUGUST 19, 2011 AT 6:00PM SHARP.**

### BASIC QUALIFICATIONS

APPLICANTS MUST BE, BUT NOT LIMITED TO:

1. At least 21 years of age and less than 35 years of age at the time of the posting of the Final Eligibility List;
2. Have a high school diploma or G.E.D Certification;
3. Possess or be able to obtain a valid Illinois Driver's License;
4. Pass a written examination, physical agility test, oral interview, psychological examination, medical and physical examination including a drug screen, and any other examination based on the rules established by the Village of Shiloh Police Commissioners;
5. Must not have been convicted of a felony or any misdemeanor involving moral turpitude;
6. Must not be addicted to the use of intoxicating beverages or have taken or used illegal drugs and/ or narcotics illegally;

Other qualifications, which have been established by State Statute and Board rules, will be discussed at the Mandatory Orientation Session.



**SHILOH BOARD OF POLICE  
COMMISSIONERS**

WRITTEN EXAM AND PHYSICAL APTITUDE  
APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**physical aptitude  
examination**

PASS:      FAIL: \_\_\_\_\_

**Written Exam**

SCORE: \_\_\_\_\_



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### FITNESS CERTIFICATE

The undersigned hereby certifies that he/she is licensed to practice medicine in the State of Illinois, and, as of the date below, he/she examined \_\_\_\_\_, as to his/her physical condition and has determined that he/she is physically fit and capable of participating in a strenuous physical aptitude examination. The physical aptitude examination includes activity in successive order such as lifting in a bench press, stretching, performing a series of sit-ups in one minute, and running 1.5 miles under a certain time, depending on the age of the person.

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(printed Name of examining Physician and phone number)

\_\_\_\_\_  
(Date)