



CITY OF SILVIS
POLICE DEPARTMENT
600 Illini Drive, Silvis, Illinois 61282
Phone: (309) 792-1841
Fax: (309) 792-5488
Mark D. VanKlaveren, Chief

Notice and Authorization

I hereby certify that all statements in this application are true. I understand that if any of the above statements are untrue or if pertinent information is omitted, this application may be rejected and may cause any appointment to a position to be rescinded or result in immediate discharge, irrespective of the time when the falsehood or omission is discovered and irrespective of the duration of employment. I hereby authorize the City of Silvis to contact any of the employers listed to verify my employment work record and education institutions to confirm my education.

Also I understand the City of Silvis will require me within one year of employment to reside within respective boundaries of current AFSCME or FOP labor agreements and failure to comply within the time allotted, or failure to notify the City within ten (10) days of any future change in address will result in dismissal.

I realize that it is necessary for me to pass required pre-employment tests performed by physicians and/or medical facilities designated and paid for by the City of Silvis. I realize applicants subsequently employed by the City of Silvis also must meet certifications, endorsements, or licensures required for the positions for which they are employed.

Signature: _____ Date: _____

Equal Opportunity Employer
Civil Service Commission-City of Silvis