



# **Grant Park Police Department**

*Carl Frey Chief of Police*

## ***Police Officer Application Packet***

Dear Applicant:

Thank you for your interest in the position of Grant Park Police Officer. The Grant Park Police Department is seeking qualified candidates who possess strong moral and ethical qualities both in their personal and professional lives. Successful candidates shall have a strong desire to serve the public with honor, pride and distinction.

The applicant must:

1. Be a United States citizen, and
2. Be at least 21 years of age (at time of appointment), and
3. Possess a Valid motor vehicle driver's license,
4. Possess strong moral and ethical standards; personally and professionally

Upon completion of the "Application for Employment" you are to fill out and sign the "Authority for Release of Information and Records" form.

In addition to the forms identified above the applicant MUST provide other documents with the application packet. These forms include:

1. A color Photo of the Candidate (Passport style)
2. Certificate of Live Birth (Birth Certificate), and
3. Copy of Social Security Card,
4. Copy of Valid Driver's License,
5. Copy of Illinois Firearms Identification Card (F.O.ID card), (if applicable),
6. High School diploma or GED, and transcripts
7. College transcripts documenting the semester hours and total credits, and
8. College diploma (if applicable), and
9. Military discharge or Military form DD214 (if applicable)

The candidate should return all the required forms to the Grant Park Police Department at the address below.

Questions related to qualifications, form completion, or the testing process should be reduced to writing and forwarded to the address below.

Thank you for your interest in employment with the Grant Park Police Department.

Carl Frey, Chief of Police

**100 E. Taylor Street Grant Park, IL. 60940      Phone: 815-465-2151 Fax: 815-465-9828**

***E-mail Grantpark.police@gmail.com***



# VILLAGE OF GRANT PARK POLICE DEPARTMENT

## Application for Employment

### General Instructions:

1. **Type or Print** legibly in black ink.
2. All questions must be answered completely. Print N/A in the blank for any question which does not apply to you.
3. If space available is insufficient, attach a separate sheet of 8 1/2" x 11" paper for each topic. Label each page with the heading.
4. Where addresses are requested, be sure to provide the complete address (street, city, state, and zip code).
5. Whenever a question asks for names include full name.

**DO NOT MISSTATE OR OMIT** facts since the statements made herein are subject to verification. False statements, deception, or fraud will result in disqualification for employment.

Offers of employment are conditioned on the applicant successfully passing physical, psychological and polygraph examinations. The Village of Grant Park bears all expenses of the pre-employment examinations. Failure to participate in any of these examinations is grounds for withdrawing an offer of employment

Position applied for

**POLICE OFFICER**

Today's Date \_\_\_\_\_

Last Name		First Name		Middle Name	
Date of Birth		Social Security Number		Other names known by (Maiden Name)	
Age	Sex	Height	Weight	Hair Color	Eye Color
Address		City		State	Zip
Phone Numbers		Night		Cell	
Are You a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Naturalized, Certificate Number		Where were you born?	
Whom do you reside with?					
Marital Status		Name of Spouse		List any former spouse(s)	
Do you have any commitments or obligations that may prevent you from meeting attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
Do you use or have you used any narcotics or barbiturates in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details:					
Do you currently possess a valid Illinois Firearm Owner's Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes # _____ Expiration Date _____					
Is there any reason you would not be able to acquire an Illinois Firearm Owner's Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					

# Family History

List all children related to you, natural, stepchildren, adopted, foster children or other dependents.

Full Name	Address	Relation	Date of Birth

List other relatives:

Full Name	Address	Relation	Date of Birth
Father			
Mother			
Brothers/Sisters			
Other Legal Guardians			

## Driving History

Driver's License Number	State	Expiration Date
Have you ever had an operator license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:		
Have you ever been refused an operator license by any state in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:		
Has your license been suspended or revoked in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:		
Has your license been placed on probation in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:		

## Criminal History

You are not obligated to, and should not, respond with any convictions that have been erased by pardon or expungement or that have been sealed.

Have you ever been convicted of a crime?     Yes     No    If yes, provide complete information below.

Date of Arrest	Police Agency (include state if other than Illinois)	Charge (s)	Disposition of Case

## Military Service

Have you ever served in any military organization in the United States?     Yes     No

Branch	Service Serial Number	Highest Rank Held	Rank at Discharge
Date & Location of entrance to active duty		Date(s) of active service (from – to)	
Date & Location of discharge		Type of discharge	

Are you now or were you ever a member of any branch of the United States Reserve Forces?     Yes     No

<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Branch	Unit	Rank
Address	From	To	

Are you now or were you ever a member of any branch of the National Guard?     Yes     No

State	Regiment	Unit	Rank
Type of Discharge	From	To	

# Residences

List your addresses in chronological order for the last ten years, starting with your present address.

## CURRENT ADDRESS

<b>1.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell

## PREVIOUS ADDRESS

<b>2.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell
<b>3.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell
<b>4.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell
<b>5.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell
<b>6.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell
<b>7.</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Dates Resided		Landlord Name
			From	To	
	Street Address		Apartment #		
City		State	Zip	Landlord Phone Number	
				Home	Cell

# Education

Elementary School Name				
Street Address		City	State	Zip
Dates Attended From                      To		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School Name				
Street Address		City	State	Zip
Dates Attended From                      To		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior College Name				
Street Address		City	State	Zip
Dates Attended From                      To		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Degree
College or University Name				
Street Address		City	State	Zip
Dates Attended From                      To		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Degree
College or University Name				
Street Address		City	State	Zip
Dates Attended From                      To		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Degree
Name of Other School (Specify)				
Street Address		City	State	Zip
Dates Attended From                      To		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Degree

List other formal training you have had

List any Professional Licenses or Certificates you hold or have held

# Employment Experience

List all previous jobs you have held in the last ten years, including periods of unemployment. Put your present or most recent job first. Include military service, in proper time sequence, and temporary or part-time jobs.

<b>1.</b>	Employer	Dates Employed		Duties / Work performed	
		From	To		
Address					
Phone Number	Type of Business	Monthly Salary			
		Starting	Ending		
Job Title	Supervisor				
Reason for Leaving					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	Employer	Dates Employed			Duties / Work performed
		From	To		
Address					
Phone Number	Type of Business	Monthly Salary			
		Starting	Ending		
Job Title	Supervisor				
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3.</b>	Employer	Dates Employed		Duties / Work performed	
		From	To		
Address					
Phone Number	Type of Business	Monthly Salary			
		Starting	Ending		
Job Title	Supervisor				
Reason for Leaving					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>	Employer	Dates Employed			Duties / Work performed
		From	To		
Address					
Phone Number	Type of Business	Monthly Salary			
		Starting	Ending		
Job Title	Supervisor				
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5.</b>	Employer	Dates Employed		Duties / Work performed	
		From	To		
Address					
Phone Number	Type of Business	Monthly Salary			
		Starting	Ending		
Job Title	Supervisor				
Reason for Leaving					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

# References

Fill in below the names of at least four adults not related to you and not former employers, who have known you for a period preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

<b>1.</b>	Name			Number of Years Known		Occupation or Profession	
Home Address				Business Address			
City			State	Zip	City		State Zip
Home Phone			Work Phone			Cell Phone	
<b>2.</b>	Name			Number of Years Known		Occupation or Profession	
Home Address				Business Address			
City			State	Zip	City		State Zip
Home Phone			Work Phone			Cell Phone	
<b>3.</b>	Name			Number of Years Known		Occupation or Profession	
Home Address				Business Address			
City			State	Zip	City		State Zip
Home Phone			Work Phone			Cell Phone	
<b>4.</b>	Name			Number of Years Known		Occupation or Profession	
Home Address				Business Address			
City			State	Zip	City		State Zip
Home Phone			Work Phone			Cell Phone	
<b>5.</b>	Name			Number of Years Known		Occupation or Profession	
Home Address				Business Address			
City			State	Zip	City		State Zip
Home Phone			Work Phone			Cell Phone	
<b>6.</b>	Name			Number of Years Known		Occupation or Profession	
Home Address				Business Address			
City			State	Zip	City		State Zip
Home Phone			Work Phone			Cell Phone	



# Liquor and Narcotics

Describe your use of Alcohol			
Have you ever used marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
Have you ever used any form of drugs or narcotics other than those prescribed by you Physician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
Have you ever sold or furnished drugs or narcotics to anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:

## Applicant's Statement

I understand that a complete background will be conducted as part of my application. I also understand that a drug and alcohol test may be required as part of my employment. In consideration of my employment, I agree to conform to the Village of Grant Park's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Village of Grant Park's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Village of Grant Park. I understand that no Village of Grant Park representative, other than it's Mayor, and then only when in writing and signed by the Mayor, has any authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing.

I hereby certify that there are no misrepresentations, omissions or falsifications in this questionnaire and that all my answers are true and correct to the best of my knowledge and belief. I further understand that if I am hired I will be subject to immediate discharge if any statements on this application form or during the application process were not accurate, complete or correct, no matter when such information is discovered.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# VILLAGE OF GRANT PARK POLICE DEPARTMENT

## Personal Inquiry Waiver

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### Authority for Release of Information and Records

I, \_\_\_\_\_, do hereby authorize a release and a review of all records concerning myself to any duly authorized agent of the Village of Grant Park Police Department, whether the said records are of a public, private or confidential nature.

The intent of the authorization is to give my consent for a full and complete disclosure of records from educational institutions; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, efficiency ratings, complaints and grievances, filed by or against me or another person in any case, either criminal or civil, in which I personally have or had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Grant Park Police Department. I also certify that any person(s) who may furnish such information concerning me shall be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Village of Grant Park Police Department from any and all liability, which may be incurred, or as a result arise from the collection of such information.

A photocopy of this release form will be valid as an original therefore, even though the said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above "Authority for Release of Information and Records". (Initial) \_\_\_\_\_.

Date of Birth (MM-DD-YYYY) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Printed Name (Last, First, Middle Initial) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

For release of Medical Records  
**HIPAA – The Health Insurance Portability and Accountability Act of 1996** (110 Stat. 1936, enacted August 21, 1996)

**Patient understands that they have the right to revoke this authorization at any time and that it must be in writing. They also have the right to refuse to sign this authorization.**

**Patient understands that this revocation does not apply to their insurance company when the law provides the insurer with the right to consent a claim under their policy.**

**Patient understands that the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer be protected by federal privacy regulations.**

\_\_\_\_\_  
Applicant's Signature Date