**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 ½” 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 |  |  |
| Day ( ) | Night ( ) | Cell ( ) |
| Are You a United States Citizen? | If Naturalized, Certificate Number | Where were you born? |
| * Yes
 | * No
 |  |  |
| 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? | * Yes
 | * No
 | If yes, explain: |
|  |
| Do you use or have you used any narcotics or barbiturates in the last five years? | * Yes
 | * No
 | If yes, give full details: |
|  |
| Do you currently possess a valid Illinois Firearm Owner’s Identification Card? | * Yes
 | * No
 |
| If yes # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Is there any reason you would not be able to acquire an Illinois Firearm Owner’s Identification Card? | * Yes
 | * No
 | If yes, explain: |
|  |

Page 1

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 |  |  |  |
|  |
|  |  |  |  |
|  |  |  |  |
|  |

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Driving History

|  |  |  |
| --- | --- | --- |
| Driver’s License Number | State | Expiration Date |
|  |  |  |
| Have you ever had an operator license in any other state? | * Yes
 | * No
 | If yes, explain: |
|  |
| Have you ever been refused an operator license by any state in the last five years? | * Yes
 | * No
 | If yes, explain: |
|  |
| Has your license been suspended or revoked in the last five years? | * Yes
 | * No
 | If yes, explain: |
|  |
| Has your license been placed on probation in the last five years? | * Yes
 | * 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 ofArrest | 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
 |
|  | Branch | Unit | Rank |
| * Active
 | * Inactive
 |  |  |  |
| 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 |
|  |  |  |

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Residences

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

CURRENT ADDRESS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |

PREVIOUS ADDRESS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |
| **3.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |
| **4.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |
| **5.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |
| **6.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |
| **7.** | * Own
 | * Rent
 | Dates Resided | Landlord Name |
| From | To |  |
| Street Address | Apartment # | Landlord Address |
|  |  |  |
| City | State | Zip | Landlord Phone Number |
|  |  |  | Home ( ) | Cell ( ) |

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Education

|  |
| --- |
| Elementary School Name |
|  |
| Street Address | City | State | Zip |
|  |  |  |  |
| Dates Attended | Did you Graduate? |
| From | To | * Yes
 | * No
 |
| High School Name |
|  |
| Street Address | City | State | Zip |
|  |  |  |  |
| Dates Attended | Did you Graduate? |
| From | To | * Yes
 | * No
 |
| Junior College Name |
|  |
| Street Address | City | State | Zip |
|  |  |  |  |
| Dates Attended | Did you Graduate? | Major | Minor | Total Credit Hours | Degree |
| From | To | * Yes
 | * No
 |  |  |  |  |
| College or University Name |
|  |
| Street Address | City | State | Zip |
|  |  |  |  |
| Dates Attended | Did you Graduate? | Major | Minor | Total Credit Hours | Degree |
| From | To | * Yes
 | * No
 |  |  |  |  |
| College or University Name |
|  |
| Street Address | City | State | Zip |
|  |  |  |  |
| Dates Attended | Did you Graduate? | Major | Minor | Total Credit Hours | Degree |
| From | To | * Yes
 | * No
 |  |  |  |  |
| Name of Other School (Specify) |
|  |
| Street Address | City | State | Zip |
|  |  |  |  |
| Dates Attended | Did you Graduate? | Major | Minor | Total Credit Hours | Degree |
| From | To | * Yes
 | * No
 |  |  |  |  |

|  |
| --- |
| List other formal training you have had |
|  |
|  |
|  |
| List any Professional Licenses or Certificates you hold or have held |
|  |
|  |
|  |

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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.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | 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? |
|  | * Yes
 | * No
 |
| **2.** | 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? |
|  | * Yes
 | * No
 |
| **3.** | 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? |
|  | * Yes
 | * No
 |
| **4.** | 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? |
|  | * Yes
 | * No
 |
| **5.** | 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? |
|  | * Yes
 | * No
 |

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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.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Name | Number of Years Known | Occupation or Profession |
|  |  |  |
| Home Address | Business Address |
|  |  |
| City | State | Zip | City | State | Zip |
|  |  |  |  |  |  |
| Home Phone | Work Phone | Cell Phone |
| ( ) | ( ) | ( ) |
|  **2.** | Name | Number of Years Known | Occupation or Profession |
|  |  |  |
| Home Address | Business Address |
|  |  |
| City | State | Zip | City | State | Zip |
|  |  |  |  |  |  |
| Home Phone | Work Phone | Cell Phone |
| ( ) | ( ) | ( ) |
| **3.** | Name | Number of Years Known | Occupation or Profession |
|  |  |  |
| Home Address | Business Address |
|  |  |
| City | State | Zip | City | State | Zip |
|  |  |  |  |  |  |
| Home Phone | Work Phone | Cell Phone |
| ( ) | ( ) | ( ) |
| **4.** | Name | Number of Years Known | Occupation or Profession |
|  |  |  |
| Home Address | Business Address |
|  |  |
| City | State | Zip | City | State | Zip |
|  |  |  |  |  |  |
| Home Phone | Work Phone | Cell Phone |
| ( ) | ( ) | ( ) |
| **5.** | Name | Number of Years Known | Occupation or Profession |
|  |  |  |
| Home Address | Business Address |
|  |  |
| City | State | Zip | City | State | Zip |
|  |  |  |  |  |  |
| Home Phone | Work Phone | Cell Phone |
| ( ) | ( ) | ( ) |
| **6.** | Name | Number of Years Known | Occupation or Profession |
|  |  |  |
| Home Address | Business Address |
|  |  |
| City | State | Zip | City | State | Zip |
|  |  |  |  |  |  |
| Home Phone | Work Phone | Cell Phone |
| ( ) | ( ) | ( ) |

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Liquor and Narcotics

|  |
| --- |
| Describe your use of Alcohol |
|  |
| Have you ever used marijuana? | * Yes
 | * No
 | If yes, explain: |
|  |
| Have you ever used any form of drugs or narcotics other than those prescribed by you Physician? | * Yes
 | * No
 | If yes, explain: |
|  |
| Have you ever sold or furnished drugs or narcotics to anyone? | * Yes
 | * No
 | If yes, explain: |
|  |

Emergency Contact

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship |
|  |  |  |  |
| Name | Address | Phone Number | Relationship |
|  |  |  |  |

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 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

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**VILLAGE OF GRANT PARK**

**POLICE DEPARTMENT**

**Personal Inquiry Waiver**

**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

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