

Palos Park Police Department

8999 W. 123rd Street

Palos Park, IL. 60464

Telephone (708) 671-3770 Fax (708) 448-0650

APPLICATION FOR EMPLOYMENT



INSTRUCTIONS

This application is to be completed in its entirety, either typed or hand printed, in black ink. If a section of the application is not applicable to you, enter N/A on the appropriate line(s). If additional space is required for a complete response to any part of the application, use the reverse side of the page.

The form, AUTHORITY FOR RELEASE OF INFORMATION, is to be notarized.

Attach a copy of any training certificates, diploma(s), military records and/or a copy of your birth certificate and social security card.

This application must be complete in every aspect with all appropriate documentation. Any failure to comply with this requirement, regardless of the reason, may result in your disqualification as an applicant.

Desired Position: _____ Date: _____

How did you hear about us? _____

Officers Only: Are you part-time or full time certified? _____

Are you looking to work part-time or full time? _____

Personal Information:

Name: _____

(Last)

(First)

(Middle)

Any other names used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____ Social Security #: _____

Drivers License #: _____ State: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifying Marks (scars, marks, tattoos, etc.): _____

Marial Status: _____ Spouses Full Name: _____

Date of Birth: _____ Social Security #: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Previous Residences:

List ALL previous addresses in the past TEN years (use back of page if necessary)

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employment Information:

Employer: _____ Address: _____

Position: _____ Employment Dates From _____ to _____

Telephone #: _____ Immediate Supervisor: _____

May we contact this employer? _____ If no, reason why: _____

Were you full time or part time? _____

Average number of hours per week worked? _____

Reason for Leaving: _____

Employer: _____ Address: _____

Position: _____ Employment Dates From _____ to _____

Telephone #: _____ Immediate Supervisor: _____

May we contact this employer? _____ If no, reason why: _____

Were you full time or part time? _____

Average number of hours per week worked? _____

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Average number of hours per week worked? _____

Reason for Leaving: _____

Employer: _____ Address: _____

Position: _____ Employment Dates From _____ to _____

Telephone #: _____ Immediate Supervisor: _____

May we contact this employer? _____ If no, reason why: _____

Were you full time or part time? _____

Average number of hours per week worked? _____

Reason for Leaving: _____

Military Service:

Date Entered: _____ Date Discharged: _____ Type of Service: _____

Type of Discharge/Separation: _____

Military Experience: _____

Education: (use back of page if necessary)

Name of High School: _____

Years Attended: _____ Address: _____

Did you graduate? _____ Type of Degree/Certification Received: _____

Name of School: _____

Years Attended: _____ Address: _____

Did you graduate? _____ Type of Degree/Certification Received: _____

Name of School: _____

Years Attended: _____ Address: _____

Did you graduate? _____ Type of Degree/Certification Received: _____

Name of School: _____

Years Attended: _____ Address: _____

Did you graduate? _____ Type of Degree/Certification Received: _____

Professional References: (do not include relatives)

Name: _____ Telephone #: _____

Address: _____

How did you meet? _____ Years Known: _____

Name: _____ Telephone #: _____

Address: _____

How did you meet? _____ Years Known: _____

Personal References: (may include relatives)

Name: _____ Telephone #: _____

Address: _____

Relationship: _____ Years Known: _____

Name: _____ Telephone #: _____

Address: _____

Relationship: _____ Years Known: _____

Medical:

Have you ever sustained an injury, during employment, which required hospital treatment? If so, give date, nature, and treatment facility: _____

Have you ever sustained an injury, other than during employment, which required hospital treatment? If so, give date, nature, and treatment facility: _____

Are you aware of any physical condition or medical disorder/illness/disease, either physiological or psychological, which would inhibit or adversely affect your performance as a police officer? If so, describe the nature: _____

Have you ever been treated for an injury, condition, or medical disorder/illness/disease, either physiological or psychological, which would inhibit or adversely affect your performance as a police officer? If so, describe the nature: _____

General Questions:

Have you every been arrested? _____ If so, give date, location, and reason: _____

Have you ever been refused bonding? _____ If so, give date, location, and reason: _____

Have you ever received two or more traffic citations in a twelve-month period? If yes, list date, location, charge, and disposition of each: _____

Has your drivers license ever been suspended or revoked? _____ If so, give date, location, and reason: _____

Have you ever been a party to any legal proceedings other than those listed above? _____

If yes, explain in detail: _____

Have you ever been discharged from a position? _____ If yes, describe in detail and reasons surrounding your dismissal: _____

Can you operate a computer? _____

Have you filled an application here before? _____ If yes, when: _____

Have you ever been employed here before? _____ If yes, when: _____

Are you related to anyone currently employed by the Village of Palos Park? _____

If so, please give name, department, and relationship: _____

Do you have any other special training, experience, or ability which you think would be of value to this department? If so, please describe below (Attach documents if necessary): _____

Availability:

Do you have any commitments or obligations that may prevent you from coming into scheduled shifts regularly? _____ If yes, explain: _____

On what date would you be available to start work? _____

How many hours are you available to work on any given week? _____

Are you on lay-off and subject to recall? _____

If hired by the Palos Park Police Department will you keep your current employment? _____

Please fill out the following availability for any given week. Below is our shift schedule circle all shifts that that apply that you would regularly be available to work for any given week. Shifts are scheduled by the time you start i.e.. If scheduled for an A shift on Tuesday, you would come in Tuesday at 1800 and get off on Wednesday at 0600 or if scheduled for a D shift Wednesday you would be getting off at 0600 Wednesday. Place check marks next to all shifts you are available.

A – 1800-0600

B – 0600-1800

C – 1800-Midnight

C2 – 1600-Midnight

D – Midnight-0600

E – 0600-1200

F – 1200-1800

G – 1200-Midnight

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A	A	A	A	A	A	A
B	B	B	B	B	B	B
C	C	C	C	C	C	C
C2	C2	C2	C2	C2	C2	C2
D	D	D	D	D	D	D
E	E	E	E	E	E	E
F	F	F	F	F	F	F
G	G	G	G	G	G	G

I, _____, CERTIFY THAT ALL OF THE ABOVE INFORMATION FURNISHED IS TRUE AND FACTUAL. I UNDERSTAND THIS INFORMATION IS BEING PROVIDED TO DETERMINE MY SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER BY THE VILLAGE OF PALOS PARK. FURTHER, I UNDERSTAND THAT ANY INCORRECT INFORMATION, FALSITY, OR OMISSION WILL BE THE BASIS FOR THE IMMEDIATE DISQUALIFICATION FROM CANDIDACY FOR EMPLOYMENT OR ACTUAL EMPLOYMENT STATUS IN THE FUTURE BY THE VILLAGE OF PALOS PARK POLICE DEPARTMENT.

(Signature)

(Date)

AUTHORITY FOR THE RELEASE OF INFORMATION

I AUTHORIZE any duly accredited representative of the Palos Park Police Department to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals, or other repositories for medical records or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical; psychiatric/ psychological, and financial and credit information.

I FURTHER AUTHORIZE the Palos Park Police Department to request criminal history records about me from criminal justice agencies for the purpose of determining my eligibility for employment.

I DIRECT YOU TO RELEASE such information upon request of the duly accredited representative of the Palos Park Police Department regardless of any agreement I may have made with you previously to the contrary.

I UNDERSTAND that the information you release is for official use by the Palos Park Department and that these users may disclose the information you release as authorized by law.

I RELEASE any individual, including records custodians, from all liability for damages that may result to me on account of compliance or attempts to comply with authorization. This release is binding, now and in the future, on my heirs, assigns associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature

Full Name

Other Names Used

Social Security Number

Current Address

Telephone Number