

ELWOOD POLICE DEPARTMENT

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the Village of Elwood to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, marital status, physical or mental handicap, sex, or age (except when sex, age, or handicap is bonafide occupational qualification) in all aspects of our personnel policies, programs, practices and operations.

INSTRUCTIONS: FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION. INCORRECT STATEMENT(S) MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION. IF WRITING SPACE PROVIDED IS INADEQUATE, USE THE CONTINUATION SHEET AT THE END OF THIS APPLICATION AND IDENTIFY ADDITIONAL INFORMATION BY QUESTION NUMBER. ALL QUESTIONS MUST BE ANSWERED OR USE THE TERM "NA" (NOT APPLICABLE), IF THE QUESTION IS NOT APPLICABLE.					TITLE OF POSITION APPLIED FOR: (check one) <input type="checkbox"/> PATROL OFFICER <input type="checkbox"/> OTHER _____ _____			
1. NAME (LAST) (FIRST) (MIDDLE)			2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE)					
3. PRESENT HOME ADDRESS		CITY	STATE	ZIP CODE	<input type="checkbox"/> COUNTY			
4. HOME PHONE		5. CELL PHONE		6. E-MAIL ADDRESS		7. SOCIAL SECURITY NO.		
8. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS.								
9. DATE OF BIRTH MONTH DAY YEAR			10. PLACE OF BIRTH CITY STATE ZIP CODE			11. SEX	12. HEIGHT FT INCH	
13. WEIGHT			14. AGE		15. COLOR OF EYES		16. COLOR OF HAIR	
17. ARE YOU A. U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF "YES" <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED		IF "NATURALIZED", GIVE PARTICULARS			
18. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			19. ARE YOU LIVING WITH YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO", EXPLAIN			
20. FILL OUT THE FOLLOWING IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED.								
DATE	STATUS	NAME OF SPOUSE	EXPLANATION	TO WHOM WAS ACTION GRANTED	WHERE SPOUSE IS CURRENTLY RESIDING			
	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED							
	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED							
	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED							

21. ARE YOU PAYING ALIMONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN
22. ARE YOU PAYING CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN

EDUCATIONAL INFORMATION

23. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & ALL OTHER INFORMATION REQUESTED.

HIGH SCHOOL	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			MAJOR COURSES STUDIED	
	CITY	STATE	ZIP CODE	CREDITS EARNED OR YEARS COMPLETED	
COLLEGE OR UNIVERSITY	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			DEGREE	
				MAJOR	
GRADUATE	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			DEGREE	
				MAJOR	
OTHER	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			DEGREE	
				MAJOR	
OTHER	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			DEGREE	
				MAJOR	
OTHER	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			DEGREE	
				MAJOR	
OTHER	NAME OF SCHOOL			DATE ATTENDED FROM	TO
	STREET ADDRESS			DEGREE	
				MAJOR	

24. LIST ANY SPECIAL TRAINING SKILLS, LICENSES AND CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM THE JOB AND RELATED FUNCTIONS FOR THE POSITION YOU ARE APPLYING. *(If additional space is needed, use Continuation Sheet on page 7).*

DRIVING HISTORY

25. CAN YOU LEGALLY OPERATE AN AUTOMOBILE?	<u>YES</u>	<u>NO</u>	DRIVER'S LICENSE NUMBER	LICENSE STATE
26. HAVE YOU EVER HAD A DRIVER'S LICENSE FROM ANOTHER STATE?	<u>YES</u>	<u>NO</u>	IF "YES", EXPLAIN	LICENSE STATE
27. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?	<u>YES</u>	<u>NO</u>	IF "YES", EXPLAIN	

28. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED INCLUDING DISPOSITIONS OF COURT SUPERVISION			
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

RESIDENCES

29. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH YOUR PRESENT ADDRESS				
MONTH & YEAR		ADDRESS OF RESIDENCE	CITY, STATE & ZIP	LANDLORD OR PROPERTY MGR (NAME & ADDRESS)
FROM	TO			

SELECTIVE SERVICE/MILITARY INFORMATION

30. HAVE YOU REGISTERED WITH SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", LIST SELECTIVE SERVICE BOARD NUMBER. (IF UNKNOWN REFER TO INTERNET SITE www.sss.gov/)	IF "NO" EXPLAIN		
31. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", WHICH BRANCH?	DATES SERVED	HIGHEST RANK	
32. WHAT TYPE OF DISCHARGE DID YOU RECEIVE? (BE EXACT)				

CRIMINAL HISTORY

WARNING – FALSE OR INACCURATE STATEMENT(S) MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION				
33 HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME AS AN ADULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE

IF "YES" EXPLAIN

EMPLOYMENT HISTORY

34. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST; INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS. **INCLUDE EMPLOYER'S FULL NAME, COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE INFORMATION.**

1	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
2	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
3	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE:	ZIP CODE
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
4	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
5	EMPLOYER'S COMPLETE NAME	STREET ADDRESS:	CITY:	STATE:	ZIP CODE
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
6	EMPLOYER'S NAME	STREET ADDRESS:	CITY	STATE	ZIP
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
7	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	
8	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES EMPLOYED FROM TO	EXACT TITLE OR POSITION		REASON FOR LEAVING	

EMPLOYMENT HISTORY CONTINUED

9	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES EMPLOYED FROM _____ TO _____	EXACT TITLE OR POSITION		REASON FOR LEAVING	
10	EMPLOYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
	DATES EMPLOYED FROM _____ TO _____	EXACT TITLE OR POSITION		REASON FOR LEAVING	

CREDIT HISTORY

35. HAVE YOU EVER BEEN SUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE DETAILS
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EMERGENCY NOTIFICATION

36. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME	ADDRESS	EMERGENCY PHONE NUMBERS
		DAY:
		EVENING:
		CELL:

REFERENCES

37. NAME FOUR (4) ADULTS NOT RELATED TO YOU OR NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF MORE THAN FIVE YEARS. ALL PERSONS WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES (COMPLETE ALL INFORMATION)					
1	NAME		CELL PHONE	E-MAIL ADDRESS	
	STREET ADDRESS		PROFESSION	YEARS KNOWN	
	CITY	STATE	ZIP CODE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
2	NAME		E-MAIL ADDRESS	CELL PHONE	
	STREET ADDRESS		PROFESSION	YEARS KNOWN	
	CITY	STATE	ZIP CODE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
3	NAME		CELL PHONE	E-MAIL ADDRESS	
	STREET ADDRESS		PROFESSION	YEARS KNOWN	
	CITY	STATE	ZIP CODE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
4	NAME		CELL PHONE	E-MAIL ADDRESS	
	STREET ADDRESS		YEARS KNOWN	PROFESSION	
	CITY	STATE	ZIP CODE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	

DISCLAIMER FOR APPLICATION FOR EMPLOYMENT:

Submittal of an application does not constitute an offer of employment, conditional or otherwise, does not create any right of such an offer, and should not be construed by the applicant that such an offer of employment will or must be made. The Village of Elwood may amend its ordinances and policies covering the selection of police officers and may enforce such ordinances and policies as to all applicants.

Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical and visual evaluation prior to appointment. The medical evaluation will include testing for drugs/narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and will be required to meet vision standards established by National Vision Consultants for the Village of Elwood.

READ CAREFULLY BEFORE SIGNING BELOW:

PLEASE REVIEW YOUR ENTIRE APPLICATION BEFORE SUBMITTING. If any portion which is required to be completed has been left blank, we may be unable to process your application. Incorrect statements may result in disqualification from further consideration.

I hereby certify there are no willful misrepresentations, or falsifications in this application, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

