



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. PRESENT HOME ADDRESS		CITY	STATE	ZIP CODE	COUNTY	
3. HOME PHONE		4. CELL PHONE		5. E-MAIL ADDRESS		
6. DATE OF BIRTH MONTH DAY YEAR			7. PLACE OF BIRTH CITY STATE ZIP CODE			

EDUCATIONAL INFORMATION				
8. 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
	CITY	STATE	ZIP CODE	CREDITS EARNED OR YEARS COMPLETED
GRADUATE	NAME OF SCHOOL			DATE ATTENDED FROM TO
	STREET ADDRESS			DEGREE
				MAJOR
	CITY	STATE	ZIP CODE	CREDITS EARNED OR YEARS COMPLETED
OTHER	NAME OF SCHOOL			DATE ATTENDED FROM TO
	STREET ADDRESS			DEGREE
				MAJOR
	CITY	STATE	ZIP CODE	CREDITS EARNED OR YEARS COMPLETED
9. 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. <i>(If additional space is needed, use Continuation Sheet on page 7).</i>				
DRIVING HISTORY				
10. CAN YOU LEGALLY OPERATE AN AUTOMOBILE?	<u>YES</u>	<u>NO</u>	<u>DRIVER'S LICENSE NUMBER</u>	<u>LICENSE STATE</u>
11. HAVE YOU EVER HAD A DRIVER'S LICENSE FROM ANOTHER STATE?	<u>YES</u>	<u>NO</u>	IF "YES", EXPLAIN	<u>LICENSE STATE</u>
12. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?	<u>YES</u>	<u>NO</u>	IF "YES", EXPLAIN	

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

RESIDENCES				
14. 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			
15. 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/)	
16. 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
17. WHAT TYPE OF DISCHARGE DID YOU RECEIVE? (BE EXACT)			

CRIMINAL HISTORY				
WARNING – FALSE OR INACCURATE STATEMENT(S) MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION				
18. 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?			IF "YES" GIVE DETAILS			
<input type="checkbox"/> YES <input type="checkbox"/> NO						
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

CONTINUATION SHEET

INDICATE IN THE LEFT HAND COLUMN THE NUMBER OF THE QUESTION YOU ARE ANSWERING,
THEN COMPLETE YOUR ANSWER IN THE SPACE PROVIDED

[illegible]

SIGNATURE _____

DATE _____

CONTINUATION SHEET

INDICATE IN THE LEFT HAND COLUMN THE NUMBER OF THE QUESTION YOU ARE ANSWERING,
THEN COMPLETE YOUR ANSWER IN THE SPACE PROVIDED

[illegible]

SIGNATURE

DATE _____