

EMPLOYMENT APPLICATION

1.
Employer: Stone Park Police Department
Address: 1629 N. Mannheim Road
City/State/Zip: Stone Park, Illinois 60165
Telephone: (708) 450-3215

INSTRUCTIONS: Fill out this application completely and accurately. A properly completed application may increase your chance of employment. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from employment.

2.
Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____ D.O.B: _____

3.
Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

4.
Job Position Applied For: Part Time Police Officer / Communications Officer / Auxiliary

5.
Referral Source: Who referred you to our agency?

6.
Have you applied to our agency previously? _____ Yes _____ No
If yes, When? _____

7.
Are you at least 18 years old? _____ Yes _____ No

8.
How will you get to work? _____

9.
Driver's License Number: _____
What state issued your license? _____

10.
Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations:

11.
If you are offered employment, when would you be available to begin work?

12.
Are you legally eligible for employment in the United States? ____ Yes ____ No

13.
Are you able to perform the essential functions of the job position with our without
reasonable accommodation? ____ Yes ____ No
What reasonable accommodation, if any, would you require?

14.
Military Service

Have you ever served in any military organization of the U.S.? ____ Yes ____ No
If "Yes", What Branch? _____

What type of discharge did you receive? _____

Were you ever convicted at a court-martial? ____ Yes ____ No
If "Yes", please explain: _____

List any disciplinary action taken against you by any military organization in which you
served. _____

15.

Criminal History

Have you ever been charged with a felony or misdemeanor crime? Yes No

If "Yes", provide information: _____

Have you ever been placed on probation? Yes No

If "Yes", please explain: _____

Have you ever had to pay a fine in excess of \$25.00? Yes No

If "Yes", please explain: _____

Have you ever been fingerprinted by a police agency other than for an arrest? Yes No

If "Yes", please provide information: _____

16.

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for leaving: _____
Dates of Employment (Month/Year) _____

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for leaving: _____
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Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for leaving: _____
Dates of Employment (Month/Year) _____

17.

Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade? ___ 9 ___ 10 ___ 11 ___ 12 Diploma? ___ Yes ___ No

College Name and Address

Did you receive a degree? ___ Yes ___ No If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

18.

Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Word Processing	_____	1 2 3 4 5
<input type="checkbox"/> Filing	_____	1 2 3 4 5
<input type="checkbox"/> Previous Law Enforcement Experience	_____	1 2 3 4 5
<input type="checkbox"/> Previous Dispatcher Experience	_____	1 2 3 4 5
<input type="checkbox"/> Key Boarding Skills	WPM/ _____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

19.

References: List any three people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

20.

Please provide any other information that you believe should be considered:

After a conditional offer of employment is made, but prior to the commencement of duties, all applicants for employment may be required to submit to a medical examination and evaluation. Such examination and evaluation is intended to provide information of physical fitness to perform duties assigned, and will include, among other things, testing for communicable diseases and for alcohol/drugs/narcotics use/abuse.

CERTIFICATION

I hereby authorize the Village of Stone Park to conduct work history and reference checks, including information obtained through personal interviews with persons named as employers, acquaintances, and references, to determine my acceptability for employment. Pursuant to the *Illinois Personnel Record Review Act*, 820 ILCS 40/1, et seq, I hereby waiver written notice from my current employer and any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, board members, agents, employees and directors of each of my past employers and the Village of Stone Park its officers, board members, agents, employees, and directors from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all claims that I may now have or may in the future have concerning such disclosures, regardless of their nature.

I understand that an offer of employment (or the opportunity to continue my employment if I am employed before these requirements are fully satisfied) is contingent upon my submitting the required Department of Justice Form I-9, Employment Eligibility Verification, including evidence of identity and work authorization, necessary health and medical examination forms, and any other forms required by the Village of Stone Park, or by State or Federal Law.

I further understand that if I am offered employment, I will be required to abide by the rules, regulations, and orders of the position and the Village of Stone Park, either as those rules, regulations, and orders now exist, or as they may be subsequently amended.

Consideration of your application is contingent upon the completion of a criminal history investigation based in part on information provided in this application and on your fingerprints. In connection with this application, you will at a later date be required to submit yourself for fingerprinting.

I hereby certify that the statements set forth in this application are true, accurate, and complete to the best of my knowledge, and understand that any misrepresentations, falsifications, or omissions of fact made by me on this application shall be sufficient cause for my disqualification for employment or termination if employed. I understand that this application and records provided become the property of the Village of Stone Park.

APPLICANT SIGNATURE

DATE

Notice of Equal Employment Opportunity

It is the policy of the Village of Stone Park to comply with all federal and state employment laws. The Village of Stone Park is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, sex, national origin, ancestry, age, citizenship status, marital status, physical or mental handicap or disability, military status, being a victim of domestic or sexual violence, or any other unlawful basis in the hiring, promotion, firing, pay or privileges of employment.

Thank You For Your Interest In Our Village