APPLICATION FOR EMPLOYMENT LATERAL POLICE OFFICER

VILLAGE OF SOUTH HOLLAND - AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

This application must be typed or neatly printed, and all signatures must be original. Complete this application accurately. Incomplete applications will be discarded. All information is subject to validation. If a question does not apply to you, indicate so by writing "DNA". If you need more room for answers, please use the continuation sheets at the end.

A \$20 non-refundable fee payable to the Village of South Holland is required for each application

Name:						
(Last)	(First)	Date:	(Middle)			
Address:			, ,			
			_			
County: Social Secur	ity Number:	-	-	Home Phone: ()	
Date of Birth:/ City/	State/Zip of Birth:					
Height: <u>Ft. In.</u> Weight: _	Lbs. Age:	Eye Color:		Hair Color:	Sex: _	Male / Female
Are you a United States Citizen? <u>YES</u>	/ NO If YES, ar	re you Native I	Born or N	laturalized:		
If naturalized, please give details:						
List any other names or aliases you h	ave ever used (includ	e maiden nam	ie):			
If you live with anyone at the above	address, list their na	mes and relat	ionships:			
Name (Last, First)	,	Relation	•		Occupatio	on
Immediate Family Members - List all	•			<u>.</u>		
Name (Last First)	Address		D.c.	alation	Occu	nation

DECIDENCES.	·			
RESIDENCES: ist all of your addre	esses within the las	t ten years. Start with yo	our current addre	- 555
From	To			
(month/year)	(month/year		Address / Ci	ty / State / Zip
)			
EMPLOYMENT HIS ist all employment nclude military serv Name of Employe	t for the last ten y vice.	ears, including periods From (Mo/Yr)	of unemployme	Monthly Salary or Hourly Rate
Address		Supervisor Nam	<u> </u> e & Telephone N	Starting: Last: umber:
				· · · · · · · · · · · · · · · · · · ·
City / State / Zip		Reason for Leav	ing:	
Describe Job Dutie	25:			
Name of Employe	r	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Rate
				Starting: Last:
Address		Supervisor Nam	e & Telephone N	umber:
City / State / Zip		Reason for Leav	ing:	
Describe Job Dutie	25:			
Name of Employe	r	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Bota
ivanie oi empioye	ı	רוטווו (ועוט/ זוי)	10 (1010/11)	Monthly Salary or Hourly Rate

Address	Supervisor Name & Telephone Number:				
City / State / Zip	Reason for Leaving:				
Describe Job Duties:	1				
Name of Employer	From (Mo/Yr) To (Mo/Yr) Monthly Salary or Hourly Rate				
			Starting:	Last:	
Address	Supervisor Name	e & Telephone N	lumber:		
City / State / Zip	Reason for Leavi	ng:			
Describe Job Duties:	1				
Name of Employer	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or H	ourly Rate	
Name of Employer	110111 (1010/11)	10 (1010/11)	Starting:	Last:	
Address	Supervisor Name	e & Telephone N			
City / State / Zip	Reason for Leavi	ng:			
Describe Job Duties:					
Name of Employer	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or H Starting:	ourly Rate Last:	
Address	Supervisor Name	e & Telephone N			
City / State / Zip	Reason for Leaving:				
Describe Job Duties:					
If you have employers that you do not want	contacted, please	list and explain v	why:		
Have you ever taken a pre-employment exar	n from any other g	overnmental ag	ency? YES / NO		
If YES, please give details (agency, date, statu	us):				

Are you currently on any eligibility lists? YES / NO

If YES, please explain:	
Have you ever been rejected from an eligibility list? YES / NO	
If YES, please explain:	
Have you ever been placed on an eligibility list and not hired? YES / NO	
If YES, please explain:	
Have you ever been employed by a Public Safety Department? YES / NO	
If YES, please give details (position, date, location):	
Have you ever been dismissed from a position or forced to resign? YES / N	10
If YES, please explain (include employers):	
Are you or have you ever been part owner, partner, or corporate member o	f any business? YES / NO
If YES, please explain:	
MARITAL INFORMATION:	
Marital Status: Single Married Separated Divorced W	idowed
If married, please indicate your wife's maiden name:	·
What is the date and location of your marriage?	
Provide details of dissolved marriage(s) (if any):	
Explanation	Action Granted

Elementary School					
		Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree Received?
Provide the following	information a	about every school you hav			1
EDUCATION:					
If YES, please explain:					
Are you paying child s	upport? YE	S / NO			
it YES, please explain:					
		tural father in a paternity ho			
					•
Name		Date of Birth	Place of Bir	th I	Residence Location / Who With
CHILDREN: List children born to ye	ou, or adopte	ed by you. Include step-child	dren.		
residence(s):					
Yes N	lo r spouse(s) ai	nd			
Are you paying alimor	ıy?	Explain:			
Divorce					
Annulment					
Separation					

High School				
Undergraduate College				
Graduate Professional				
Other (specify)				
	ded or expelled from school? YES / NO			
List all professional cer	tifications and licenses you hold:			
	es you are fluent in:			
	Date discharged:			Date inducted:
Highest rank:	Rank at discharge:	1	ype of discharge:	
Explanation of dischar	ge:			
Ever convicted at a cou	urt-martial? YES / NO			
If YES, please explain:				

Are you or have you been a member of the US Reserve Forces or National Guard? YES / NO
If YES, please provide details (branch, unit, rank, address, dates reserved):
List any disciplinary action taken against you in the Reserves or National Guard:
SECURITY:
Have you ever been convicted of a crime? YES / NO
If YES, please provide details (date, law enforcement agency, charge, disposition, case and court docket numbers):
Have you ever been placed on probation? YES / NO
If YES, please explain:
Have you ever been required to pay a fine in regards to any law enforcement contact? YES / NO
If YES, please explain:
Have you ever been reported as a missing person or as a runaway? YES / NO
If YES, please explain:
Have you been the victim of a crime? YES / NO
To whom was the crime reported? (provide law enforcement agency and case number):
Have you ever been fingerprinted? YES / NO
If YES, provide details (date, agency, purpose):

Are there any arrest warrants a	gainst you? YES / NO		
If YES, explain:			
DRIVING RECORD: Do you hold a valid driver's licen	nse? YES / NO	_	
If YES, provide driver's license n	umber and expiration date:		
Driver's license number:		Expiration date:	
If NO, please explain:		_	
List all other states in which you	ı hold or have held a driver's lice	ense:	
State	Driver's Lice	nse Number	Expiration Date
Have you ever been refused a d	river's license in any state or co	untry? YES / NO	
If YES, please explain:			
Has your driver's license ever be	een suspended, revoked, or plac	ed on probationary status? YE	S / NO
If YES, please provide details (da	ate, agency, purpose):		_
List all traffic tickets you have re	eceived:		
City/State	Date	Violation	Disposition of Case

REFERENCES: List the names and contact information of five profes and have known you for five years or longer who ca traits.		•	
Reference 1			
Name:	Address	:	
Home Phone: (<u>)</u> Occupation:			Years known:
How do you know this person?			
Reference 2			
Name:	Address	:	
Home Phone: () Occupation:			Years known:
How do you know this person?			
Reference 3			
Name:	Address	:	
Home Phone: () Occupation:			Years known:
How do you know this person?			

Reference 4		
Name:	Address:	
Home Phone: () Occupation:		Years known:
How do you know this person?		
Reference 5		
Name:	Address:	
Home Phone: () Occupation:		Years known:
How do you know this person?		
I hereby certify that this application is filled out complor misrepresentations to the best of my knowledge. I understand that omission or falsification of inform application, and/or dismissal from employment shoul I authorize the Village of South Holland to investigate and to contact any references given by me. I herepresentatives for seeking any such information and information.	ation by me on this application is sufficiend I be hired. E all information given, to receive additional reby release from liability the Village of	it reason for dismissal of this information about me, South Holland and its
Signature:		

Date:

Affirmative Action – Voluntary Information

Completion of information below is voluntary

We consider all applicants without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary basis and not for interview purposes, and is filed separately from the application. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Position applied for					Date /
REFERRAL SOUR	CE (please circle	e):			
Walk-in	Governi	ment Employment A	gency	Private Employm	ent Agency
Employee	Relative	2		School	
Advertisement (Source	ce):				Other:
Name of person who		licable)			
APPLICANT INFO	RMATION:				
Name Last	First	- Middle	Telephone # ()	Male / Female
Address					
	Street		City	State	Zip Code
Please circle one of	f the following Eq	ual Opportunity Id	entification Group	os:	
American Indian/Alas	skan Native	Hispanic/Lati	no (White race only)) Black/Afric	can American
Native Hawaiian/Othe	er Pacific Islander	Hispanic/Lati	no (all other races)	Asian	White
FOR ADMINISTRA	ATIVE USE ONLY	7 :			
Position Applied for:	Available	Not Available	Other		
Other positions consi	dered for:				
Hired? Yes I	No				

Position hired for:		Date of Hire: /
From the EEO job classificat	cions listed below, which one best des	scribes the position filled (circle one)?
Officials and Managers	Sales Workers	Operatives (semi-skilled)
Professionals	Office and Clerical Workers	Laborers (unskilled)
Technicians	Craft Workers (skilled)	Service Workers
Notes:		
Completed by:		Date: / /

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

I authorize the Village of South Holland, or a reporting agency on its behalf, to conduct a background inquiry through a fingerprint check in order to verify the statements and information provided by me, included on my application, and to determine other background facts, including prior employment, criminal convictions, motor vehicle history, consumer credit record, and any and all public records to the extent permitted by law. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the Village of South Holland. I hereby release any individual, agency, and the Village of South Holland from all claims or liabilities whatever that may arise from the disclosure of such information.

My signature certifies that I have read, understand and agree with the above statements. Criminal convictions are not an absolute bar to employment, but will be considered with respect to the specific requirements of the job for which you are applying.

Date of Birth (for identification purposes only)			
Print Full Name			
Print Full Name (Please include maiden or former names, if used in the last seven years)			
Address			
City State 7in Code			
City, State, Zip Code			
Day time phone number			
Driver's License #			
Dilver 3 License #			
Signature	Date		

NOTE: Please complete this form and return with your completed and properly filled out application.

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RESIDENCY ACKNOWLEDGMENT

	acknowledge that I h	ave read the residency requirements listed in this packet,	and			
that if hired by the Vi	llage of South Holland Police [epartment, a condition of my employment with the Villag	ge is			
that I must reside wi	that I must reside within a twenty-mile radius of South Holland's Village Hall or a municipality whose border					
touched by the twen	ty-mile radius, within one (1) y	ear of employment.				
My signature below of	ertifies that I understand and a	gree with the above statement.				
Cignatura		Date				
Signature		Date				

NOTE: Please complete this form and return with your completed and properly filled out application.

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TRAINING REIMBURSEMENT AGREEMENT

THIS AGREEMENT made and entered into this	day of	, by
and between the VILLAGE OF SOUTH HOLLAND	(hereinafter referred to as the	
"Village") and	(hereinafter referred to as the	
"Officer").		

RECITALS:

WHEREAS, the Village makes a substantial investment in terms of time and money in providing for the training of newly hired officers to the Police Department; and WHEREAS, the Village is entitled to expect a reasonable return on such investment, in terms of the commitment and devotion to duty of the prospective officer; and WHEREAS, it has become more prevalent, for officers to leave the Police Department and community which has provided for their training and equipment prior to a reasonable commitment of time.

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

- 1. The Officer agrees to participate in training, which may consist of any or all of the following:
 - (a) Attendance at a state certified academy for the mandated number of weeks; and
 - (b) In-house training (on the job training).

The Officer further agrees to successfully complete such training and obtain the necessary and appropriate certification. The Officer then agrees to serve as a Probationary Patrolman, and subsequently, as a Police Officer in the Village in any duty assignment prescribed. Said Officer does further agree to devote full- time to the training and subsequent service and to perform all assignments in a satisfactory manner.

- 2. The Village agrees to make available to the Officer the law enforcement training set forth above, and to be responsible for and pay for all related expenses in connection therewith, including equipment and salaries on the premises while the Officer is in training, if required, and further, to provide in-house training for the Officer during those periods of time that said Officer is employed with the Village, but not attending the training academy.
- 3. In as much as the cost and expenses related to the training and equipping of the Officer are difficult to ascertain with any degree of certainty, due to the continual change and increase in expenses, so that the cost of a breach of this Agreement by the Officer would be difficult to assess, said Officer agrees to pay the Village the sum of:

With less than 12 months of service:

\$4,000.00;

Over 12 months of service and less than 24 months of service:

\$3,000.00;

Over 24 months of service and less than 36 months of service:

\$2,000.00

not as a penalty, but as agreed upon liquidated damages, in the event that said Officer terminates said employment with the Village during training or within the first 36 months subsequent to taking the oath of office.

- 4. In no event shall liquidated damages, as set forth above, be assessed if the Officer fails to satisfactorily complete the Police Academy, or terminates his or her employment during the first 36 months, due to disabling illness or injury, verified by a physician of the Village's choice.
- **5.** The exceptions as set forth in paragraph 4 above shall not apply in the event that there is substantial evidence that the Officer has been dismissed as a result of misrepresenting his or her basic qualifications for employment, or has caused his or her dismissal, failure, illness or injury in an attempt to avoid payment of liquidated damages set forth above.
- **6.** Said Officer acknowledged that he or she meets the basic qualifications for employment as set forth below:
- (a) Must be a U.S. citizen;
- (b) Must be 21 years old;
- (c) Must have successfully completed a minimum of 30 hours of college level course work at an accredited college or university;

- (d) Must have no felony convictions;
- (e) Must have a valid Illinois driver's license;
- (f) Must pass written test;
- (g) Must pass oral interview;
- (h) Must pass an extensive background investigation;
- (i) Must pass extensive medical examination;
- (j) Must pass a drug screening test;
- (k) Must comply with all requirements as set forth in the Illinois Compiled Statutes and the Ordinances and rules of the Village of South Holland and the Rules and Regulations of the Village of South Holland Police Department.
- 7. Said Officer also states that the information placed on his or her formal application and given to personnel conducting any background investigation is accurate and complete to the best of his or her knowledge and belief.
- 8. In the event that the Officer is called to active military duty, or has his or her probationary period extended for any reason whatsoever, or is granted a leave of absence during any period of time contemplated by this Agreement, the period of said Agreement shall be extended accordingly.
- **9.** This Agreement shall become effective upon Officer's official starting date and shall remain in full force and effect for 36 months following administration of the oath of office, unless extended as provided in paragraph 8 above.
- 10. This Agreement is to be construed in accordance with the laws of the State of Illinois, and embodies the entire agreement between the parties hereto, and each party acknowledges that there are no

inducements, promises, terms, conditions or obligations made or entered into other than those contained herein.

day of_	, the parties have hereunto set their hands and seals this
	POLICE OFFICER
	VILLAGE OF SOUTH HOLLAND
	By:
TATE OF ILLINOIS)) SS COUNTY OF COOK)	
Before me the undersigned	, a Notary Public for Cook County, State of Illinois,
personally appeared	andhe being first duly sworn by me
upon h	oath,
says that the facts alleged in the forday	regoing instrument are true. Signed and sealed this
of	·
	Notary Public

TRAINING REIMBURSEMENT ACKNOWLEDGEMENT

Iacknowledge that I have received a copy of and have thoroughly read					
Training Reimbursement Agreement that is included in the application packet. If I am hired, and no longer					
employed by the Village of South Holland with less than 12 months of service, I agree to reimburse the Village					
sum of \$4,000.00; over 12 months of service and less	than 24 months of service, \$3,000.00; and over 24 months				
of service and less than 36 months of service, \$2,000.					
My signature below certifies that I understand and agi	ree with the above statement.				
Cignature	Data				
Signature	Date				

NOTE: Please complete this form and return with your completed and properly filled out application.

CONTINUATION SHEETPlease indicate the section heading and the question you are continuing, the

Please indicate the section heading and the question you are continuing, then complete your answer.			
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