



SOUTH HOLLAND POLICE DEPARTMENT



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 _____

(Please include maiden or former names, if used in the last seven years)

Address _____

City, State, Zip Code _____

Day time phone number _____

Driver's License # _____

Signature _____ **Date** _____

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



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RESIDENCY ACKNOWLEDGMENT

I _____ acknowledge that I have read the residency requirements listed in this packet, and that if hired by the Village of South Holland Police Department, a condition of my employment with the Village is that I must reside within a twenty-mile radius of South Holland's Village Hall or a municipality whose border is touched by the twenty-mile radius, within one (1) year of employment.

My signature below certifies that I understand and agree with the above statement.

Signature

Date

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



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TRAINING REIMBURSEMENT ACKNOWLEDGEMENT

I _____ acknowledge that I have received a copy of and have thoroughly read the training reimbursement agreement that is included in this packet. If I am hired, and choose to leave the employment of the Village of South Holland with less than 12 months of service, I agree to reimburse the Village a sum of \$2,000; over 12 months of service and less than 24 months of service, \$1,000; and over 24 months of service and less than 36 months of service, \$500.

My signature below certifies that I understand and agree with the above statement.

Signature

Date

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