

# APPLICATION FOR EMPLOYMENT

## PART TIME POLICE OFFICER

VILLAGE OF SOUTH HOLLAND – AN EQUAL OPPORTUNITY EMPLOYER

**\*\* APPLICANT MUST BE A CURRENT POLICE OFFICER TO APPLY \*\***

**\* Presently Certified Police Officers that meet requirements for Illinois Law Enforcement Training and Standards Board \***

### 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 \$15 non-refundable fee payable to the Village of South Holland is required for each application**

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City/State/Zip of Birth: \_\_\_\_\_

Height: \_\_\_\_ Ft. \_\_\_\_ In. Weight: \_\_\_\_ Lbs. Age: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_ Sex: Male / Female

Are you a United States Citizen? YES / NO If YES, are you Native Born or Naturalized: \_\_\_\_\_

If naturalized, please give details: \_\_\_\_\_

List any other names or aliases you have ever used (include maiden name): \_\_\_\_\_

Email address: \_\_\_\_\_

### If you live with anyone at the above address, list their names and relationships:

Name (Last, First)	Relation	Occupation

### Immediate Family Members - List all:

Name (Last, First)	Address	Relation	Occupation

**RESIDENCES:**

List all of your addresses within the last ten years. Start with your current address.

From (month/year)	To (month/year)	Address / City / State / Zip

Do you own or are you buying a home? YES / NO

Do you own or are you buying other real estate? YES / NO

If YES, provide location (Address, City/State/Zip): \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List all employment for the last ten years, including periods of unemployment. Begin with your present or most recent job. Include military service.

<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Rate Starting: Last:
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			
<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Rate Starting: Last:
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			
<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Rate Starting: Last:
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Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			

<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Rate Starting: Last:
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			

  

<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)	Monthly Salary or Hourly Rate Starting: Last:
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			

If you have employers that you do not want contacted, please list and explain why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever taken a pre-employment exam from any other governmental agency? **YES / NO**

If YES, please give details (agency, date, status): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 / NO**

If YES, please explain (include employers): \_\_\_\_\_

Are you or have you ever been part owner, partner, or corporate member of any business? **YES / NO**

If YES, please explain: \_\_\_\_\_

**MARITAL INFORMATION:**

Marital Status: Single    Married    Separated    Divorced    Widowed

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
Separation		
Annulment		
Divorce		
Are you paying alimony? Yes      No	Explain:	
If divorced, list former spouse(s) and residence(s):		

**CHILDREN:**

List children born to you, or adopted by you. Include step-children.

Name	Date of Birth	Place of Birth	Child's Residence Location / Who With

Have you ever been named the natural father in a paternity hearing? **YES / NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you paying child support? **YES / NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Provide the following information about every school you have attended.

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Number of Years Completed</b>	<b>Diploma / Degree Received?</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (specify)</b>				

Were you ever suspended or expelled from school? **YES / NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

List all professional certifications and licenses you hold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all foreign languages you are fluent in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY:**

Branch of US Military: \_\_\_\_\_ Date inducted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Highest rank: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Explanation of discharge: \_\_\_\_\_

Ever convicted at a court-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 against you? **YES / NO**

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVING RECORD:**

Do you hold a valid driver's license? **YES / NO**

If YES, provide driver's license number and expiration date:

Driver's license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all other states in which you hold or have held a driver's license:

State	Driver's License Number	Expiration Date

Have you ever been refused a driver's license in any state or country? **YES / NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been suspended, revoked, or placed on probationary status? **YES / NO**

If YES, please provide details (date, agency, purpose): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all traffic tickets you have received:

City/State	Date	Violation	Disposition of Case

**REFERENCES:**

List the names and contact information of five professional references who are not related to you, are not former employers, and have known you for five years or longer who can describe your personality, character, abilities, experience, and other traits.

Reference 1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ 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? \_\_\_\_\_

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I hereby certify that this application is filled out completely, information given is correct and true, and there are no falsifications or misrepresentations to the best of my knowledge.

I understand that omission or falsification of information by me on this application is sufficient reason for dismissal of this application, and/or dismissal from employment should I be hired.

I authorize the Village of South Holland to investigate all information given, to receive additional information about me, and to contact any references given by me. I hereby release from liability the Village of South Holland and its representatives for seeking any such information and all other people, businesses, and organizations for providing such information.

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 SOURCE (please circle):

Walk-in                      Government Employment Agency                      Private Employment Agency  
Employee                      Relative                      School  
Advertisement (Source): \_\_\_\_\_ Other: \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

## APPLICANT INFORMATION:

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ Male / Female  
Last                      First                      Middle

Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

## Please circle one of the following Equal Opportunity Identification Groups:

American Indian/Alaskan Native                      Hispanic/Latino (White race only)                      Black/African American  
Native Hawaiian/Other Pacific Islander                      Hispanic/Latino (all other races)                      Asian                      White

## FOR ADMINISTRATIVE USE ONLY:

Position Applied for:                      Available                      Not Available                      Other

Other positions considered for: \_\_\_\_\_

Hired?                      Yes                      No

Position hired for: \_\_\_\_\_ Date of Hire: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## From the EEO job classifications listed below, which one best describes 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**\_\_\_\_\_

(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.**

## **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.**

## **TRAINING REIMBURSEMENT ACKNOWLEDGEMENT**

I \_\_\_\_\_ acknowledge that I have received a copy of and have thoroughly read the training reimbursement agreement that is included in the application 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.**

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

14