

# APPLICATION FOR EMPLOYMENT

## ENTRY LEVEL POLICE OFFICER

VILLAGE OF SOUTH HOLLAND – AN EQUAL OPPORTUNITY EMPLOYER

\* Applications accepted until **JUNE 12<sup>th</sup>, 2026 \***

### 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.

**\* ALL APPLICATION FEES ARE CURRENTLY WAIVED \***

### 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:**

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

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:**

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

<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:
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:			
<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 \_\_\_\_\_

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## 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 is no longer employed by the Village of South Holland with less than 12 months of service, I agree to reimburse the Village a 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 agree with the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## **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.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this \_\_\_\_\_  
day of \_\_\_\_\_.

POLICE OFFICER

\_\_\_\_\_

VILLAGE OF SOUTH HOLLAND

By: \_\_\_\_\_

STATE OF ILLINOIS        )  
                                  ) SS  
COUNTY OF COOK )

Before me the undersigned, a Notary Public for Cook County, State of Illinois, personally  
appeared \_\_\_\_\_ and \_\_\_he being first duly sworn by me upon h\_\_\_oath,  
says that the facts alleged in the foregoing instrument are true. Signed and sealed this \_\_\_\_\_day  
of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

