

Last Name: _____ First: _____ Middle: _____

Social Security # _____



VILLAGE OF ARLINGTON HEIGHTS
An Equal Opportunity Employer
Human Resources Department

33 South Arlington Heights Road
Arlington Heights, IL 60005
Phone: 847-368-5161
Fax: 847-368-5990
www.vah.com

CERTIFIED ENTRY
POLICE OFFICER APPLICATION

It is the policy of the Village of Arlington Heights to provide equality of opportunity to all persons regardless of sex, color, race, ancestry, religion, national origin, age, physical and mental handicap, marital status, military status, sexual orientation or any other protected group status. This policy applies to all aspects of our personnel policies, practice and operations. The Village complies with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Human Resources Director in advance. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Arlington Heights. Please furnish us with complete information as outlined in this application. Please use typewriter or print in black ink.

Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Village of Arlington Heights.

THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE AS COMPLETE AS POSSIBLE.

See the Minimum Qualifications.

You cannot be considered for the position unless you meet these requirements.

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MINIMUM QUALIFICATIONS

All persons possessing certification from the Illinois Law Enforcement Training and Standards Board may be considered for accelerated entry (referred to as “certified entry candidates”). Certified entry candidates selected must first meet all of the following criteria:

1. Associate Degree or 60 semester hours of credit from an accredited institution.
2. Valid Driver’s License.
3. Vision correctable to 20/20 in both eyes.
4. Pass medical exam including drug screening.
5. Previous status as a certified Police Officer in the State of Illinois for one year after completion of a probationary period,
6. Currently in good standing in the police department in which the person serves,
7. Possesses substantially equivalent skills and abilities as a Village of Arlington Heights Police Officer who has completed the probationary period, as determined by the Village, and
8. Taken and passed such examinations as the Commission deems necessary to determine fitness for duty as a police officer.

Certified entry candidates who have been determined by the Commission to meet the aforementioned requirements will not be required to attend an orientation or take a written examination. For such candidates, the examination process may consist of a background investigation, oral interview, polygraph, psychological, physical agility examination and medical examination.

An application is not complete without attaching the following documents

1. Signed copy of Authorization for Credit Report.
2. Signed copy of Background Authorization.
3. Copy of birth certificate.
4. Copy of Military Discharge form DD214, if applicable.
5. Copy of High School diploma or G.E.D. certificate.
6. **ORIGINAL COLLEGE TRANSCRIPT MUST BE SENT DIRECTLY FROM THE INSTITUTION TO THE VILLAGE OF ARLINGTON HEIGHTS HUMAN RESOURCES DEPARTMENT.**
7. Performance Appraisals and Evaluations for the past two years.

GENERAL INSTRUCTIONS

1. Type or print in black ink an answer to every question. To be eligible for consideration, applications **MUST** be complete, accurate and legible.
2. If a question does not apply to you, mark N/A in the space provided.
3. If space provided is insufficient, attach a separate sheet and precede the additional information with the section title to which you are referring.
4. It is your responsibility to notify the Village of any changes of address or phone number.
5. The Village of Arlington Heights Police Department will verify conviction record, places of employment and other information listed on this application.
6. If you have any questions, you may call (847) 368-5161 Monday through Friday 8:00 a.m. — 5:00 p.m.

Last Name: _____ First: _____ Middle: _____

PERSONAL INFORMATION

Any other Previous Names: _____
Address (street number, street name, apartment #, city, state, zip):

Social Security# _____ City and State of Birth _____

DOB _____ Age _____

Email address _____

Home Phone (include area code) _____ Cell Phone (include area code) _____ Business Phone (include area code) _____

U.S Citizen Yes No

Who do you live with? (list all names and relationships)

Do you hold a valid firearms owners ID card? Yes No

Number: _____ Expiration: _____

<u>Driver's License Number</u>	<u>State</u>	<u>Expiration Date</u>	<u>Is your Driver's License valid?</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you ever hold a Driver's License in any other state(s)? Yes No

If so, where _____

Do you presently have any relatives employed by the Village of Arlington Heights? Yes No

If yes, please give Name, Department and Position.

If you have a relative working for the Police Department, you may be disqualified.

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RESIDENCES

List your addresses for the last ten years, starting with present address

From (MO & YR)	To (MO & YR)	Address of Residence	City & State

EDUCATIONAL INFORMATION

SCHOOL	Name and Mailing Address of School (including City and State)	Dates Attended		Major	Hours of Semester Credits	Degree Awarded
		From	To			
COLLEGE						
GRADUATE						
TECHNICAL						
OTHER						

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EMPLOYMENT HISTORY

(List all Jobs you have held for the last 10 years, including periods of Unemployment. Put your present or most recent Job first. Include Military Service in proper time sequence and temporary or part-time jobs.)

1.	Employer's Name & Phone Number	Address		Type of Business
	City State Zip		Exact Title or Position	
	Name & Title of Supervisor	From (Date) To (Date)		Salary Per Month \$
Explain What your Duties Are:			Reason for Leaving	
2.	Employer's Name & Phone Number	Address		Type of Business
	City State Zip		Exact Title or Position	
	Name & Title of Supervisor	From (Date) To (Date)		Salary Per Month \$
Explain What your Duties Are:			Reason for Leaving	
3.	Employer's Name & Phone Number	Address		Type of Business
	City State Zip		Exact Title or Position	
	Name & Title of Supervisor	From (Date) To (Date)		Salary Per Month \$
Explain What your Duties Are:			Reason for Leaving	
4.	Employer's Name & Phone Number	Address		Type of Business
	City State Zip		Exact Title or Position	
	Name & Title of Supervisor	From (Date) To (Date)		Salary Per Month \$
Explain What your Duties Are:			Reason for Leaving	
5.	Employer's Name & Phone Number	Address		Type of Business
	City State Zip		Exact Title or Position	
	Name & Title of Supervisor	From (Date) To (Date)		Salary Per Month \$
Explain What your Duties Are:			Reason for Leaving	

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UNSALARIED EXPERIENCE, VOLUNTEER, WORK INTERNSHIPS

Organization: _____

Organization's Address: _____

Phone Number: _____ Position Held: _____

From: _____ To: _____ # of hours worked weekly: _____

Supervisor's name and title: _____

Describe work performed: _____

CRIMINAL HISTORY

Have you ever been convicted? Yes No

If yes explain: _____

Have you ever been placed on probation? Yes No

If yes explain: _____

Have your ever been the respondent or named in an order of protection in any state?

Yes No

If yes explain: _____

Please list all traffic convictions; (include; location, time, constraints)

Have you ever been fingerprinted by a police agency other than for an arrest?

Yes No

If yes explain: _____

Agency	Date	Purpose

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CREDIT HISTORY

List three commercial or business credit references (include Bank or Charge Accounts or Firms from which you have borrowed money for any purpose):

Name and Address of firm	Type of business	Amount	Approx. Date	
			Opened	Closed
1. _____				
2. _____				
3. _____				

List any outstanding debts and list amount(s) and whether in arrears:

Amt. of original debt	Amt. now owed	In arrears		(Owed to)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Address
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

REFERENCES

Fill in below the names of three adults not related to you and not former employers, who have known you for a period, preferably, more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

1. <u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u> <u>Yrs Known</u>
2. <u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u> <u>Yrs Known</u>
3. <u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u> <u>Yrs Known</u>

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PERSONAL HISTORY

Do you have full-time police experience in a city, county, or state agency and have you completed one year of service in addition to the probationary period?

Yes No

If Yes, please indicate where and dates of service:

Were you given a psychological examination for any police officer position?

Yes No

If Yes, please indicate for which department(s):

Were you given a polygraph for any police officer position?

Yes No

If Yes, please indicate for which department(s):

Have you had a break of service in your law enforcement career?

Yes No

If Yes, list dates not in active service, duration of break, and reason for break in service:

Have you ever been certified as a police officer in any other state?

Yes No

If Yes, where?

Have you ever held any other professional licenses or certifications?

Yes No

If Yes, please list:

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LAW ENFORCEMENT TRAINING

Please describe courses taken relating to police work including basic police academy:
(attach additional sheets if necessary).

Course Title: _____
Training Provider: _____
Dates of Course: _____ Hours: _____

Course Title: _____
Training Provider: _____
Dates of Course: _____ Hours: _____

Course Title: _____
Training Provider: _____
Dates of Course: _____ Hours: _____

Course Title: _____
Training Provider: _____
Dates of Course: _____ Hours: _____

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Training Provider: _____
Dates of Course: _____ Hours: _____

Course Title: _____
Training Provider: _____
Dates of Course: _____ Hours: _____

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AREAS OF POLICE EXPERIENCE

Describe all duty and specialty assignments in your police career, such as traffic, investigations, narcotics, community relations/crime prevention, training of officers, patrol, administration, public education, etc. Note the duration of each assignment and where held. Please give reasons for transfers or reassignments.

Have you ever held part time Police Officer employment: Yes No

If Yes, where? _____

WORK ACTIVITIES

Describe any information regarding the following areas:

Innovative programs you implemented or recommended:

Commendations and/or special achievements:

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WORK ACTIVITIES (cont.)

Experience using computer software:

Describe any discipline you have received:

Have you ever had a professional license or certification suspended or revoked?

Have you ever had a Police Officer license or certification in ANY state suspended or revoked?
If Yes, where?

Applicants must sign a waiver allowing the Village to review their personnel file at their current place of employment as a police officer.

Applicants must submit copies of all performance evaluations and appraisals for the past 2 years with this application.

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PLEASE READ THE FOLLOWING BEFORE SIGNING

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment. I authorize investigation of all statements contained herein and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from liability for any damage that may result from furnishing information to the Village of Arlington Heights.

In consideration of my employment I agree to conform to the rules and regulations of the Village of Arlington Heights.

Print Full Name

Signature in Full

Date

Please Note: All applications shall be kept on file for six months. If you are not hired during this period, and you would like to keep your application on file, you must contact the Human Resources Department to advise them of this and to make any changes. **Please Note:** If you fail to respond to a letter or phone call concerning your interest in the position, your application will be removed from the active file. Your application, also, will be removed from the active file if you fail to show for a scheduled test or interview.

The information listed below is NOT part of this application process, but it is used to improve advertising and recruiting efforts.

Please tell us how you learned about our current hiring process. Please be specific; e.g., friend, Internet (please indicate specific website), newspaper (which one), school, recruiting officer etc.

ATTACH ALL DOCUMENTS TO THE LAST PAGE OF THIS APPLICATION. PLEASE STAPLE.

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AUTHORIZATION FOR CREDIT REPORT

_____ (“Applicant”) hereby authorizes the Village of Arlington Heights to obtain a consumer credit report as part of its pre-employment background investigation from the following credit reporting agency:

Metro—Western Cook Credit Services
(Name of agency)

4409 W. Lawrence
(Address)

Chicago, IL 60630

(773) 777-5557
(Telephone Number)

The applicant has the right under federal law, on request and after providing proper identification, to obtain from the above-named consumer reporting agency the following information:

1. The nature and substance of all the Applicant’s information in its files (except medical information) at the time of the request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished, and the Applicant may be accompanied by one other person when visiting the agency. If the Applicant is accompanied by another person, he or she must furnish reasonable identification, and the agency may require the Applicant to furnish a written statement granting permission to the agency’s personnel to discuss the Applicant’s file in the other person’s presence.

The applicant can obtain information from the consumer reporting agency by the following methods:

1. The Applicant can appear in person at the agency during normal business hours, with reasonable notice to the agency, and with reasonable identification.
2. The Applicant can receive the information by telephone provided the Applicant has first made written request of the agency to obtain disclosures by this means. The Applicant must pay any toll charges involved, and may be required to provide proper identification.

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The Village will not use the information from the credit report in violation of any applicable Federal or State equal Opportunity law or regulation. Before the Village takes any adverse action, based in whole or in part upon information contained within the credit report, the Village will provide a copy of the credit report to the Applicant along with a description of the Applicant's rights under the Federal Credit Reporting Act, 15 USCS 1681(g)(3).

The undersigned consents to the release of this information.

(Signature) (Date)

(Print Name)

(Address)

(Telephone Number)

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BACKGROUND AUTHORIZATION

I authorize and empower; the Village of Arlington Heights and it's representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends, or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I authorize and empower the Village of Arlington Heights to review my personnel file at my current place of employment as a Police Officer.

I certify that I have read this authorization form and understand its meaning and purpose.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Date

Name

Signature

Address

Social Security Number

(Maiden name if applicable)

Driver's License Number

*Date of Birth

**VOLUNTARY EEO IDENTIFICATION
APPLICANT FLOW DATA**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Village of Arlington Heights believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Position Applied For

Home Zip Code

Race/Ethnic Data:

White (Non-Hispanic)

Asian or Pacific Islander

Hispanic

Black (Non-Hispanic)

American Indian or Alaskan Native

Other

Gender:

Male

Female

Date:

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulation, and without subjecting the individual in adverse treatment.

*Disabled/Veteran Classification(s):

Disabled person

Vietnam Era Veteran

Special Disabled Veteran
(30% or more disability)

PLEASE ANSWER THE FOLLOWING QUESTIONS: CHECK ONE ANSWER FOR EACH QUESTION ONLY:

- | | |
|---|--|
| <p>1. How did you <u>first</u> learn of this position?</p> <p><input type="checkbox"/> Job Fair</p> <p><input type="checkbox"/> From a friend</p> <p><input type="checkbox"/> Referred by Municipality</p> <p><input type="checkbox"/> Read a notice</p> <p><input type="checkbox"/> Newspaper Ad</p> <p><input type="checkbox"/> Television</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> Other</p> | <p>2. In which newspaper did you <u>first</u> see our ad? (if applicable)</p> <p><input type="checkbox"/> Chicago Sun Times</p> <p><input type="checkbox"/> Chicago Tribune</p> <p><input type="checkbox"/> Daily Herald</p> <p><input type="checkbox"/> Chicago Defender</p> <p><input type="checkbox"/> La Raza</p> <p><input type="checkbox"/> Korean Times</p> <p><input type="checkbox"/> Other</p> |
|---|--|

*Explanation of the Disabled/Veteran:

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment, which substantially limits one, or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER