

POLICE DEPARTMENT



830 Sheridan Road - Winthrop Harbor, IL 60096

APPLICATION INSTRUCTIONS

Please review this application packet in full and complete the necessary information.

The completed application packet must be turned in prior to the date and time listed on any current advertisement, or if not responding to an advertisement, as soon as possible.

BASIC REQUIREMENTS:

- A. State of Illinois Certification as a Police Officer
- B. High school diploma or equivalent
- C. Valid driver's license
- D. Citizen of the United States of America
- E. Corrected vision no worse than 20/20 one eye – 20/30 second eye
- F. Good character and background (Applicants may undergo comprehensive background investigation, polygraph, psychological exam and oral interview)

The Winthrop Harbor Police Department may refuse to examine an applicant, or after examination to certify him/her as ineligible, if found lacking in any of the established preliminary requirements for the position of Police Officer.

NON-EXCLUSIVE EXAMPLES OF REASONS FOR DISQUALIFICATION:

- A. Addiction to or abuse of narcotics or alcohol
- B. Conviction of a felony or any misdemeanor involving moral turpitude
- C. Any deception, fraud or deliberate misrepresentation on application documents
- D. Unsatisfactory character or employment references
- E. Any physical limitation that would prohibit the physical aspects of police work
- F. Classification by local Selective Service Draft Board as a Conscientious Objector
- G. Automatic Eligibility Disqualifications form (no affirmation)

POLICE DEPARTMENT



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AUTOMATIC ELIGIBILITY DISQUALIFICATIONS

Criminal Behavior / Convictions

1. Criminal conviction of a Felony.
2. Criminal conviction of a Class-A Misdemeanor resulting in incarceration.
3. Criminal conviction for Obstructing Justice, Perjury or Domestic Battery.
4. Any violation of the law which would prohibit the possession of a firearm.
5. Manufacture, Sale or Delivery of a controlled substance conviction.
6. Driving under the influence conviction within 3 years of application.

Drug Use

1. Any use of illegal drugs or misuse of prescription drugs, with exception of item 2 below;
2. Marijuana use within the last 2 years.

Other

1. Dishonorable Discharge from the Military.
2. Failure to register with the Selective Service System.
3. Intentional falsification, omission, concealment, or misrepresentation on ANY information during the employment application or onboarding process.

I, _____, have received, read and do understand the contents of this Automatic Eligibility Disqualification Form. By virtue of my signature, I affirm that I have NOT committed any of those specific acts/behaviors which would disqualify me from further processing.

Signature: _____ Date Signed: ____/____/____



APPLICATION FOR EMPLOYMENT

Winthrop Harbor Police Department

IMPORTANT: Read every question carefully and provide accurate answers. An applicant may be disqualified from further processing if found to have intentionally made a false statement of a material fact, or for practicing or attempting to practice deception or fraud on the application, during further examinations or at any time prior to appointment. All entries (except signatures) must be printed in black ink or typewritten. If the space provided is not sufficient for complete answers, or if you wish to provide additional information, please use a separate page and clearly list the corresponding question number and section.

POSITION BEING APPLIED FOR:

Police Officer – Part Time

A. PERSONAL DATA:

NAME: (Last, First, Full Middle) _____ Social Sec. # ____-____-_____

Male Female Date of Birth: ____/____/____ Place of Birth: _____ Height: ____' ____" Weight _____

Driver's License #: _____ State: ____ Exp. Date: ____/____/____

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or other combination of persons which has adopted, or shows a policy of advocating, approving of, or engaging in the commission of acts of force or violence to deny other persons or groups their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means?

Yes No If yes, provide details: _____

1. List any other name(s) you have used, including nicknames, maiden name or aliases _____

List any other dates of birth associated with your name: ____/____/____ ____/____/____ ____/____/____

For what reasons are these dates of birth associated with your name? _____

2. Present Address: _____ City: _____ State: ____ Zip: _____

3. How long have you lived at this address? ____ years ____ months

4. Home Phone: ____-____-____ Cell Phone: ____-____-____ Pager: ____-____-____

5. E-mail Address: _____ Alternate E-mail: _____

6. List addresses where you have resided for the past 10 years (exclude present address). List the street addresses, not Rural Route or Post Office Box addresses:

<u>Dates</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Are you a United States citizen? Yes No Do you have a U.S. Passport? Yes No

If you are a naturalized citizen, provide date of naturalization: ____/____/____

7. Marital Status: Single Married Divorced Widowed

If Divorced, Date Marriage Adjudicated ____/____/____ State and County of Jurisdiction _____

8. If married, spouse's full name _____ Maiden name _____

9. Number of Dependents: _____

10. Are you presently a defendant in any court action or are you currently under any court judgment? Yes No

If yes, give full details _____

11. Relatives: List parents, step-parents and siblings. Include an address and phone number for each.

Parents _____ Step-parent(s) _____

Address _____

Telephone ____ - _____

Brother _____ Sister _____

Address _____

Telephone ____ - _____

Brother _____ Sister _____

Address _____

Telephone ____ - _____

12. Have you now, or ever have been a member of any Civic, Professional or Social Organization? _____ If Yes list name and detail of membership _____

13. Your personal physician: Name: _____

Address: _____

Phone: ____-____-_____

14. Other than English, are you proficient in any other languages? Yes No

If yes, list here: Language _____ Speak Read Write

Language _____ Speak Read Write

Language _____ Speak Read Write

Language _____ Speak Read Write

B. CRIMINAL HISTORY:

1. Have you ever been convicted of a Felony? Yes No

If yes, explain the charge(s), including where, when, what agency and disposition of the case(s):

2. Have you ever been convicted of a Misdemeanor? Yes No

If yes, explain the charge(s), including where, when, what agency and disposition of the case(s): (do not include minor traffic offenses, but do include all local ordinance violations):

C. EDUCATION:

1. List all schools, colleges, business and trade schools, etc. that you have attended

_____ School Name	_____ Address City State Zip	_____ From-To (M/Yr)
_____ School Name	_____ Address City State Zip	_____ From-To (M/Yr)
_____ School Name	_____ Address City State Zip	_____ From-To (M/Yr)
_____ School Name	_____ Address City State Zip	_____ From-To (M/Yr)
_____ School Name	_____ Address City State Zip	_____ From-To (M/Yr)

2. Did you graduate and receive a high school diploma? Yes No
 If no, do you have a high school general education certificate (GED) ? Yes No
 If yes, date the GED was issued ___/___/___ and the issuing authority _____
3. If you attended college, what was your Major _____ Minor _____
 What Degree(s) if any were obtained? _____
4. Have you attended police training in Illinois or any other State? Yes No
 If yes, list the name and address and dates for each institute or academy attended below:

_____	_____	_____	_____
Institute Name	Address	Dates – From	To
_____	_____	_____	_____
Institute Name	Address	Dates – From	To
_____	_____	_____	_____
Institute Name	Address	Dates – From	To

D. EMPLOYMENT HISTORY:

1. What is your current occupation (position / trade) ? _____
2. Are you currently employed? Yes No
 If yes, name of current employer: _____ City: _____ State: _____
 Position or title with this employer: _____
 Brief description of job duties: _____
3. Are you currently in a management or supervisory position? Yes No
4. What are your current earnings (gross)? \$ _____ per Hour per Week per Month Annually
5. Are you currently engaged in any business as an owner or partner (active or silent)? Yes No
 If yes - _____
 _____ Company Name _____ Address – City, State Zip Code

 Name and phone number of Partner(s)
 What is your percentage of ownership in this business? _____%
If you have ownership in more than one business, list others on a separate page.
6. Have you ever applied for employment with this or any other law enforcement agency? Yes No
 If yes, list the agencies that you have applied with: _____
7. Are you currently listed on the Final Hiring List with any law enforcement agency? Yes No
 If yes, which agencies? _____

8. List your past work history, beginning with your current or most recent employer:

<u>Employer</u>	<u>City/State</u>	<u>Position</u>	<u>From-To</u>	<u>Supervisor</u>	<u>Phone</u>
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____
_____	_____	_____	____-____	_____	____-____-____

9. May we contact your present employer for a reference? Yes No

10. Have you ever been terminated or asked to resign from any position? Yes No

If yes, give details _____

11. How many days were you absent from work during the last five years of employment? _____

Explain _____

12. Have you ever been refused employment due to physical, medical or mental-health reasons? Yes No

If yes, explain _____

13. Are you presently entitled to disability benefits? Yes No

If yes, explain _____

14. Have you ever filed for Workman's Compensation benefits? Yes No

If yes, explain _____

15. Are you currently drawing a pension? Yes No

If yes, explain _____

E. FINANCIAL HISTORY:

1. Have you ever declared bankruptcy? Yes No

2. Do you currently have any garnishment, wage assignment or other judgment against you? Yes No

If yes, give details _____

3. How would you rate your current credit rating? Good Fair Poor

F. SELECIVE SERVICE DATA:

1. What is your present Selective Service Classification? _____
2. What date were you classified? ___/___/_____
3. What is your selective service number? _____
4. What is your local board number and city? _____

G. MILITARY SERVICE:

1. Have you ever served on active duty in the armed services of the United States? Yes No

Branch of service: _____

Dates of service: From: _____ To: _____

Rank at separation or discharge: _____

2. Have you ever been convicted in a court martial or subject to a summary court martial or other disciplinary action?

Yes No If "yes", give details, including type of action, charge and disposition:

3. Are you required to attend any military training meetings? Yes No

Location of training: _____

How often: _____

4. What is the termination date of your military obligation? ___/___/_____

5. What specialist schools have you attended while in the armed forces? _____

6. List any commendations, citations or awards you have earned as a member of the armed services:

7. Were you ever rejected by the armed services? Yes No

If yes, give date and reason:

H. DRIVER'S RECORD INFORMATION:

1. How many years have you operated an automobile? _____
2. Have you ever been involved in a traffic crash while operating a motor vehicle? Yes No
If yes, explain _____

3. Was a police report made in reference to any crash events you were involved with? Yes No
If yes, what law enforcement agency made the report(s)? _____
4. Do you currently possess a valid Driver's License? Yes No
License # _____ State: _____ Expiration: ___/___/____
5. Has your license ever been suspended or revoked in this or any other state? Yes No
If yes, provide details including date of suspension/revocation: _____

6. What is your uncorrected eyesight? _____ Last eye exam (month/year) ___/____
7. If you wear corrective lenses, what is your corrected eyesight? _____

I. MISCELLANEOUS:

1. Can you swim? Yes No Rate your swimming ability (1=poor, 10=excellent) _____
2. Do you use or have you ever used narcotics, marijuana, barbiturates, amphetamines, cocaine, or any illegal drug or substance? Yes No
If yes, explain _____

3. Do you use alcoholic beverages? Yes No
If yes, explain _____

4. Can you type? Yes No Words per minute _____
5. Are you proficient in using a computer? Yes No Somewhat
If so, what software are you proficient with? _____

6. Have you ever received any medical training, CPR training, Red Cross training, etc.? If so, explain:

7. In your own handwriting, explain why you feel that you are qualified for this position: (Do not type)

8. Have you paid, promised to pay, or given any money, material, service, or other considerations to any person, directly or indirectly, for any recommendation, service or influence promised toward procuring your appointment to this Department?

No _____ Yes _____ If "yes", give details: _____

9. Do you have any knowledge or information, in addition to that specifically called for in the proceeding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment with the Winthrop Harbor Police Department, including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, criminal record, traffic violations, residence, or otherwise?

No _____ Yes _____ If "yes", give details: _____

References – List below the names of three persons not related to you, who have known you at least five years.

	Name	Address	Day or Cell Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List three social acquaintances within your age group, excluding the references above.

	Name	Address	Day or Cell Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Copies of the following must accompany this application:

- a. DD214, if applicable
- b. High School Diploma or G.E.D. Certificate
- c. Birth Certificate
- d. Driver’s License
- e. 2”x2” recent photograph (head and shoulders)

AFFIDAVIT

I have personally read and answered each and every applicable question herein, and do solemnly swear that each and every answer is complete and correct in every respect. I agree to submit to fingerprinting as required. I agree to submit to a polygraph (lie detector) examination, drug test or other psychological testing as required. I agree to submit any and all information on my service career, if any, including form DD214 and related documents concerning my military career. I agree to allow the Winthrop Harbor Police Department to perform a criminal record check with any other agencies as required, including driving records and any Federal, State or Local Government agencies to release any information related to me, directly or indirectly.

Signature of Applicant

Date

Revised 08/15/16

**Winthrop Harbor Police Department
830 Sheridan Road
Winthrop Harbor, Illinois 60096**

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Winthrop Harbor Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records maintained or in possession of the Federal Bureau of Investigations, Illinois State Police, Winthrop Harbor Police Department and any other law enforcement agency deemed appropriate which contains criminal history information and data regarding arrests, convictions and sentencing information concerning my personal history.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part; upon this release, authorization will be provided to the Village of Winthrop Harbor, Illinois by the Winthrop Harbor Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release the Winthrop Harbor Police Department from any and all liability which may be incurred or as a result arise from collection of such information.

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

I have read and fully understand the contents of the above "Authority For Release of Information and Records".

DATE OF BIRTH
(Month-Day-Year)

SOCIAL SECURITY
NUMBER

DATE SIGNED

PRINT NAME (Last-First-Middle Initial)

SIGNATURE

**Winthrop Harbor Police Department
830 Sheridan Road
Winthrop Harbor, Illinois 60096**

WAIVER OF LIABILITY

I, _____, do hereby **RELEASE THE** village of Winthrop Harbor, the Winthrop Harbor Police Commission, the Winthrop Harbor Police Department and its staff and its agents of any liability in conjunction with the required physical-aptitude test and, I assume sole responsibility for injury and/or disability I may incur as a consequence of taking this examination. Furthermore, I authorize and empower the Village of Winthrop Harbor Police Commission, Police Department, any consumer reporting agency or outside service company engaged by said organization for this purpose now and subsequently to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends, associates, family members or other associates to whom I am acquainted or that may have knowledge concerning any of the above items or completed questions on the application for full time police officer.

Upon written request, I understand that the said organization will provide me with information regarding the scope of this investigation, if one is made.

Signature of Applicant

Date

DATE OF BIRTH (Month-Day-Year)	SOCIAL SECURITY NUMBER	DATE SIGNED
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PRINT NAME (Last-First-Middle Initial)	SIGNATURE
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