



## WINTHROP HARBOR POLICE DEPARTMENT

**An Equal Opportunity Employer**

830 Sheridan Road  
Winthrop Harbor, IL 60096  
Phone: ( 847) 872-2131  
[www.whpd.org](http://www.whpd.org)

### **LATERAL ENTRY POLICE OFFICER APPLICATION**

[ As posted 12/5/2017 ]

The Winthrop Harbor Police Department accepts for employment and promotes its employees without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, order of protection status, physical or mental handicap unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law.

The Winthrop Harbor Police Department bases its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state or local law. The Winthrop Harbor Police Department complies with the American with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Winthrop Harbor 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 Winthrop Harbor Police Department. Please furnish us with complete information as outlined in this application. Please use a typewriter or print in black ink.

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination for appointment. Any false statements on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Winthrop Harbor Police Department.

Winthrop Harbor Police Department  
**LATERAL HIRE POLICE OFFICER APPLICATION FOR EMPLOYMENT**

**This form is a part of the examination process and must be completed in its entirety. All required documents must be attached upon submission.**

You cannot be considered for the position unless you meet the Minimum Qualifications. Any questions concerning the employment process should be directed to the Police Commission, c/o the Village of Winthrop Harbor, 830 Sheridan Road, Winthrop Harbor, IL, 60096 (847) 872-2131.

**I. Minimum Requirements and Qualifications**

Candidates for lateral appointment to the position of full-time Police Officer must meet the following minimum qualifications and requirements at the time of application:

- A. State of Illinois certification by the Illinois Law Enforcement Training and Standards Board, with no training required by that Board for recertification. Part-time certification as a law enforcement officer does not meet this requirement.
- B. United States citizen.
- C. Education - High School Diploma.
- D. Experience – a minimum of two (2) years of experience as a full-time sworn, certified law enforcement officer in Illinois within the last three (3) years;
  - a. Municipal law enforcement experience preferred.
  - b. The two year experience requirement does not include time spent at the basic law enforcement academy, nor in a field training program. The two year experience requirement starts the day the applicant was certified for solo patrol status.
- E. Valid Driver's License.
- F. Must agree to comply with all requirements of the position, including providing copies of any requested employment related materials or other documents to confirm or verify information, and have the ability to pass all examination and training requirements.

**II. Lateral Entry Candidate Screening and Application Period**

APPLICATIONS WILL BE REVIEWED AS RECEIVED; candidates with desirable knowledge, skills, abilities, experience, and other qualifications may be contacted prior to the application deadline for interview; early application is encouraged.

- A. Final application deadline is 5:00 p.m., Monday January 15, 2018.
- B. There is one (1) immediate vacancy to be filled through the lateral entry process.
- C. There is no guarantee of an interview or further consideration for candidates submitting an application. Inclusion in any lateral entry candidate pool shall be based upon the relative excellence of the candidates reflecting qualifications at or above the stated minimum qualifications.

### **III. Selection Process**

An offer of employment is contingent on passing all required screenings and examinations.

- A. Selected candidates will be invited to participate in an oral interview conducted by an interview committee comprised of police department command staff.
- B. Upon recommendation by the interview committee, qualified candidates may receive a conditional offer of employment and participate in additional post-offer screenings and examinations, including, but not limited to:
  - 1. polygraph examination
  - 2. psychological evaluation
  - 3. character and background investigation
  - 4. credit check
  - 5. medical examinations
  - 6. drug screening
- C. Candidates must receive a satisfactory evaluation or recommendation on each screening or examination in order to proceed in the selection process.
- D. Failure to achieve a satisfactory evaluation on any screening or examination shall result in immediate disqualification from further consideration.
- E. Candidates that satisfactorily complete all post-offer screenings will be interviewed by the Police Commission as the final step in the selection process. The Police Commission shall have final approval for the hiring of any lateral police officer candidate.
- F. Newly hired Lateral Police Officers are subject to a probationary period as defined by the applicable collective bargaining agreement.

## Benefits Summary

Disclaimer: This summary is intended to provide general information regarding benefits and other related information and is not meant to be all-inclusive. Not all benefits or information presented may apply to certain individuals, such as employees covered by a collective bargaining agreement. Each plan or program has its own eligibility requirements. This summary does not create expressed or implied benefits that a candidate for employment would be entitled to if hired. The Village of Winthrop Harbor reserves the right to change or end its benefit plans or programs at any time. The following is not a summary of the plans or policies or a description of their key features or details. In case of conflict or question, the official plan documents or applicable policies, as amended, will govern.

### Bargaining Unit:

- ❖ Illinois Council of Police (ICOPs): full time, sworn employees in the rank of Police Officer.

### Paid Time Off:

- ❖ **Holidays:** Sworn Police Officers receive 13 paid holidays as detailed in the applicable collective bargaining agreement; available time is pro-rated for new hires.
- ❖ **Personal Time:** Sworn police officers receive 2 personal days (16 hours) for use upon completion of the first year of full time employment, and subsequent years thereafter.
- ❖ **Vacation:** Vacation time will be based upon total number of years of service the candidate has as a full time law enforcement officer prior to starting with the Winthrop Harbor Police Department. Once the base line vacation time is established, vacation will then be accrued based upon the applicable collective bargaining agreement.

<u>Examples</u>		
	1 year of full time service	5 days of vacation
	5 years of full time service	13 days of vacation
	10 years of full time service	18 days of vacation
	15 years of full time service	22 days of vacation
	20 years of full time service	25 days of vacation

- ❖ **Sick Leave:** Sick time is earned at the rate of one day (8 hours) per month worked based upon the applicable collective bargaining agreement.

### Pension System:

- ❖ Police Pension Fund: 40 ILCS 5/ Article 3. Police Pension Fund – Municipalities 500,000 and Under. Employee pre-tax contribution is 9.91% of pensionable wages.

### The Village of Winthrop Harbor Also Provides a Full Package of Core Benefits to Include:

Health Insurance, Dental Insurance, Life Insurance, Deferred Compensation and Tuition Assistance. A full detailed explanation of benefits will be provided upon a conditional offer of employment.,

## Annual Salary Schedule

Starting wage may be adjusted within the pay scale, at the discretion of the Village, commensurate with an applicant's work experience and qualifications.

Step	Annual Base Wage *	Hourly Rate *
1	\$53,040.00	\$25.50
2	\$55,432.00	\$26.65
3	\$57,824.00	\$27.80
4	\$60,320.00	\$29.00
5	\$62,712.00	\$30.15

\* as/of the Collective Bargaining Agreement ended 8/31/17

**COMPLETE & RETURN THE FOLLOWING PAGES. ATTACH ALL REQUIRED FORMS & DOCUMENTS.**

**RETURN TO: WINTHROP HARBOR POLICE DEPARTMENT, 830 Sheridan Rd. , Winthrop Harbor, IL 60096  
In person or by mail. NO faxed or emailed applications are accepted.**

**DEADLINE FOR APPLICATION: 5:00 P.M. Monday January 15, 2018**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip

Contact Phone Number \_\_\_\_\_

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

Are you a U.S. Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

**Attach photocopy of Driver's License**

Are you certified as a Law Enforcement Officer by the Illinois Law Enforcement Training & Standards Board? YES \_\_\_\_\_ NO \_\_\_\_\_

**Attach photocopy of certificate issued by the State of Illinois Law Enforcement Training and Standards Board verifying completion of the Law Enforcement Basic Training Course**

**Attach a resume to application to supplement employment information**

Do you have at least 2 years work experience as a full time sworn, certified law enforcement officer in the State of Illinois within the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you hold a valid Firearms Owners ID [FOID] card? Expiration: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Number: \_\_\_\_\_

**EDUCATION**

**High School** Name and City & State \_\_\_\_\_

High School Diploma? YES \_\_\_\_\_ NO \_\_\_\_\_

**College / University Education:**

School Name, City & State \_\_\_\_\_

Major / Curriculum \_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

School Name, City & State \_\_\_\_\_

Major / Curriculum \_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

School Name, City & State \_\_\_\_\_

Major / Curriculum \_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

Attach certificates from any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:

**PERSONAL HISTORY AND CONVICTION INFORMATION (for background investigation purposes)**

List all names or aliases you have used, or have been known by \_\_\_\_\_

Date of birth \_\_\_\_\_

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

Have you ever had a driver's license in any other state? YES \_\_\_ NO \_\_\_ If YES, where? \_\_\_\_\_

Has your license ever been suspended or revoked, or have you ever been issued a judicial driving permit?  
 YES \_\_\_ NO \_\_\_

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

Have you ever been convicted of a felony or misdemeanor in any jurisdiction? YES \_\_\_ NO \_\_\_

If YES, provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case

Have you ever been placed on probation? YES \_\_\_\* NO \_\_\_

Have you ever been the respondent or named in an order of protection in any state? YES \_\_\_\* NO \_\_\_

Have you ever used marijuana or any other illegal drug? YES \_\_\_\* NO \_\_\_

Have you ever been involved with the sale and/or distribution of illegal drugs? YES \_\_\_\* NO \_\_\_

Have you ever used misused or abused prescription drugs? YES \_\_\_\* NO \_\_\_

Have you ever been involved with the illegal sale and/or distribution of prescription drugs? YES \_\_\_\* NO \_\_\_

When was the last time you used illegal drugs? \_\_\_\_\_

When was the last time you used prescription drugs not prescribed to you? \_\_\_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all traffic citations received and accidents you have been involved in during the last ten ( ) years:

Date of Incident	Jurisdiction	Type of Offense	Disposition of Case

**LIST ALL FORMER ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER**

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date range \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date range \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date range \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date range \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Range \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all employment you have had for the last ten (10) years, beginning with your current or most recent employer, including military experience and any period(s) of unemployment. Attach additional sheet if necessary.

From mo/yr \_\_\_\_\_ To mo/yr \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your job title \_\_\_\_\_ Job duties \_\_\_\_\_

Supervisors name, title, & phone # \_\_\_\_\_

Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

From mo/yr \_\_\_\_\_ To mo/yr \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your job title \_\_\_\_\_ Job duties \_\_\_\_\_

Supervisors name, title, & phone # \_\_\_\_\_

Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

From mo/yr \_\_\_\_\_ To mo/yr \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your job title \_\_\_\_\_ Job duties \_\_\_\_\_

Supervisors name, title, & phone # \_\_\_\_\_

Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**EMPLOYMENT HISTORY, cont.**

From mo/yr \_\_\_\_\_ To mo/yr \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your job title \_\_\_\_\_ Job duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisors name, title, & phone # \_\_\_\_\_  
Last salary or pay rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you ever received formal discipline during any prior employment or job positions such as an oral reprimand, written reprimand, or suspension? NO \_\_\_\_\_ YES \_\_\_\_\_(explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been discharged or forced to resign from any employment (not including layoff)? NO \_\_\_\_\_ YES \_\_\_\_\_(explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

Are you a current member of the U.S. military service, including reserve forces or National Guard? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what branch of service do you serve in? \_\_\_\_\_

Are you a Veteran of the U.S. military service, including reserve forces or National Guard? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what branch of service did you serve in? \_\_\_\_\_

Were you Honorably Discharged? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, explain in detail

\_\_\_\_\_  
\_\_\_\_\_

Were you ever convicted at a court-martial? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_







**PERSONAL REFERENCES**

Please list three (3) adults not related to you and not former employers, whom you have known for at least five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The Winthrop Harbor Police Department or its designee reserves the right to contact the references at any time.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list three (3) supervisory personnel whom you have worked for in your law enforcement career. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The Winthrop Harbor Police Department or its designee reserves the right to contact the references at any time.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_  
Email address \_\_\_\_\_

**ACKNOWLEDGMENT**

**Read the following carefully before signing.**

**Acknowledgment:** I, the undersigned, certify that I have read and fully comprehend this application for employment with the Village of Winthrop Harbor ("Village") in its entirety. I certify that the information provided on this application for employment and other submitted application materials is true and complete. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment or other submitted application materials, whenever or however discovered, will be sufficient reason not to hire and may result in discharge if hired. In submitting this application, I further understand that it becomes the property of the Village and will not be returned to me.

I understand that submission of an application for employment does not obligate the Village to engage in further review of my application for employment. I understand that nothing in this document constitutes an offer of employment or employment contract and establishes no obligation on the part of the Village to employ me or for me to accept employment with the Village.

I understand that any offer of employment, either verbal or written, is conditional upon the successful completion of a drug screen and (if required for position) a physical exam.

I authorize investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith. I agree to cooperate in such an investigation. I release all parties from all liability for any damage that may result. I understand it is the policy of the Village that the results of any examination or other inquiries made as part of any testing, background and/or screening process are the property of the Village, and, as such, the Village is under no obligation to share the results of any examination or other inquiries with the candidate, unless specifically required to do so by state or federal law. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release. A duplicate of this form shall carry the same force as the original. This document is effective for two years from datesigned.

*Printed Name* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_