

Village of Williamsville
141 W Main
Williamsville, Illinois 62693
(217) 566-3806

Application for Village of Williamsville Police Department Patrol Officer Position

General Personal Information

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS. DO NOT LEAVE BLANKS. ALL INFORMATION WILL BE SUBJECT TO VERIFICATION THROUGH BACKGROUND INVESTIGATIONS AND/OR POLYGRAPH EXAMINATION. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE NUMBER OF THE QUESTION YOU ARE ANSWERING.

1. FULL NAME: _____
Last First Middle
2. LIST ANY OTHER NAME(S) USED (ALIAS AND/OR NICKNAMES):

3. FULL MAIDEN NAME (IF APPLICABLE): _____
Last First Middle
4. DATE OF BIRTH (DAY/MONTH/YEAR): _____ / _____ / _____
5. SOCIAL SECURITY NUMBER: _____ - _____ - _____
6. DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
7. DRIVER'S LICENSE NUMBER: _____ STATE: _____
8. CURRENT HOME ADDRESS: _____
Street Address

P.O. Box or Apt. No.

City State Zip Code
9. HOME PHONE NUMBER: (_____) _____
10. WORK PHONE NUMBER: (_____) _____
EXTENSION: _____
11. MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED
NOTE NAME AND DATE OF BIRTH OF SPOUSE:

12. ARE YOU CURRENTLY DELINQUENT ON CHILD SUPPORT? YES NO

13. ARE YOU A U.S. CITIZEN? [] YES [] NO

IF YES, ARE YOU: [] NATIVE [] NATURALIZED

PHYSICAL INFORMATION

14. GENDER: [] MALE [] FEMALE RACE (OPTIONAL) _____

15. HEIGHT: _____ FEET _____ INCHES

16. WEIGHT: _____ LBS.

17. EYE COLOR: _____

18. HAIR COLOR: _____

19. LIST ANY SCARS, MARKS, TATOOS, ETC.

20. DO YOU USE, OR HAVE YOU EVER USED, ANY ILLEGAL DRUG, NARCOTIC, OR CONTROLLED SUBSTANCE? [] YES [] NO

PERSONAL INFORMATION

21. HAVE YOU EVER BEEN ARRESTED? [] YES [] NO

IF YES, EXPLAIN BELOW:

DATE	POLICE AGENCY	CRIME CHARGED	DISPOSITION
------	---------------	---------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. LIST ALL PRIOR ADDRESSES YOU HAVE HAD IN THE PAST 10 YEARS. INCLUDE STREET ADDRESS, BOX OR APARTMENT NUMBER, CITY, STATE AND ZIP CODE. START WITH THE LAST ADDRESS PRIOR TO YOUR CURRENT ADDRESS LISTED IN QUESTION #8, AND WORK BACKWARDS.

FROM MO/YR	TO MO/YR	ADDRESS
---------------	-------------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. HAVE YOU EVER BEEN ON PROBATION/PAROLE? YES NO
IF YES, LIST DATE, WHERE (COUNTY / STATE) AND FOR WHAT OFFENSE:

24. HAVE YOU EVER BEEN RESPONDENT TO AN ORDER OF PROTECTION?
 YES NO
IF YES, LIST DATE, WHEN, BY WHOM AND WHERE (COUNTY / STATE):

EDUCATION INFORMATION

25. EDUCATION: (CHECK HIGHEST LEVEL COMPLETED)

- GED; HIGHEST GRADE COMPLETED. _____
- HIGH SCHOOL DIPLOMA

GRADUATED FROM: _____

ADDRESS: _____

TECHNICAL /VOCATIONAL SCHOOL; NUMBER OF YEARS ____;

FIELD OF STUDY: _____

ONE
 TWO } YEAR(S) COLLEGE CREDIT; FIELD OF
STUDY: _____

THREE
 AA; INSTITUTION: _____

MAJOR: _____ YEAR OBTAINED: _____

BS/BA; INSTITUTION: _____

MAJOR: _____ YEAR OBTAINED: _____

MS/MA; INSTITUTION: _____

MAJOR: _____ YEAR OBTAINED: _____

OTHER: _____

INSTITUTION: _____

MAJOR _____ YEAR OBTAINED _____

26. LIST ANY CURRENT OR PAST PROFESSIONAL LICENSES OR CERTIFICATES, OR SPECIAL TRAINING COURSES BELOW: LIST #

MILITARY INFORMATION

27. HAVE YOU EVER SERVED IN THE MILITARY? [] YES [] NO

IF YES, HOW LONG? _____

WHAT BRANCH? _____

RANK AT DISCHARGE? _____ HIGHEST RANK
ACHIEVED? _____

TYPE OF DISCHARGE: _____

28. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, CAPTAIN'S MAST, OR COMPANY PUNISHMENT OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED FORCES? [] YES [] NO

IF YES, EXPLAIN: _____

29. ARE YOU NOW, OR WERE YOU EVER, A MEMBER OF THE NATIONAL GUARD OR RESERVES? [] YES [] NO

IF YES, LIST BRANCH, UNIT, RANK, ENTRANCE DATE, AND DISCHARGE DATE:

30. HAVE YOU EVER BEEN EMPLOYED AS A LAW ENFORCEMENT, CORRECTION OR COURT OFFICER, A FIRE FIGHTER, SECURITY GUARD OR TELECOMMUNICATOR? [] YES [] NO

IF YES, STATE YOUR POSITION AND THE AMOUNT OF TIME YOU WERE EMPLOYED:

31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FROM ANY JOB, BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION:
[] YES [] NO

IF YES, EXPLAIN: _____

32. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING MILITARY SERVICE. LIST YOUR CURRENT OR MOST RECENT JOB FIRST AND WORK BACKWARDS IN ORDER.

1. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

2. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

3. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

4. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

5. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

6. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

7. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING: _____

8. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING:

9. EMPLOYER: _____
ADDRESS: _____
PHONE: _____ POSITION: _____
SUPERVISOR NAME/TITLE: _____
START DATE: _____ END DATE: _____
REASON FOR LEAVING:

REFERENCES

33. 1. NAME: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
OCCUPATION: _____ RELATIONSHIP TO YOU: _____
2. NAME: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
OCCUPATION: _____ RELATIONSHIP TO YOU: _____
3. NAME: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
OCCUPATION: _____ RELATIONSHIP TO YOU: _____
4. NAME: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
OCCUPATION: _____ RELATIONSHIP TO YOU: _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS APPLICATION QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE IN FULL

DATE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I _____ authorize the State of Illinois, Village of Williamsville, Williamsville Police Department, or any other police agency assisting in the background and records check, to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request Williamsville Police Department conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my consent to full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

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 such person(s) from any all liability which may be incurred as a result of furnishing such information whether from record or recollection. I further release the Williamsville Police Department, its agents and designees under this release, from any and all liability may be incurred as a result of furnishing such information.

_____ Signature	_____ Date
_____ Print Name	_____ Maiden Last Name, former married name(s) or any other names used
_____ Current Address	_____ Previous Address
_____ City/State/Zip	_____ City/State/Zip

To process this form, the following information has been requested by the Williamsville Police Department.

_____ Date of Birth	_____ Social Security Number
_____ Driver's License Number	_____ Sex/Race

Authorization for Appointment/Employment Credit Report

I authorize the Williamsville Police Department to obtain a credit report on myself through the credit reporting agency of its choice.

_____ Signature	_____ Date
--------------------	---------------

Print Name

Employment Credit Report Disclosure Statement

The Williamsville Police Department will procure a credit report concerning my employment. If an adverse employment decision is made due totally or partially to the information on the credit report, the Williamsville Police Department will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Signature: _____ Date: _____

Print Name: _____