

VILLAGE OF CARPENTERSVILLE BOARD OF FIRE & POLICE COMMISSIONERS



APPLICATION # _____ FOR OFFICE USE ONLY
RECEIVED DATE:
RECEIVED BY:

FIREFIGHTER APPLICATION
 POLICE OFFICER APPLICATION

INSTRUCTIONS: Fill out this application completely and accurately. If your application is not completed properly, it may decrease your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use "DNA"(does not apply) if the question does not apply.

1. NAME (LAST) (FIRST) (MIDDLE)			2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR HAVE BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE):		
3. HOME ADDRESS (NO., STREET, CITY, STATE, ZIP CODE & COUNTY):			4. CELL/HOME PHONE:		5. E-MAIL:
6. WITH WHOM DO YOU LIVE WITH AT THE ABOVE ADDRESS? (LIST FULL NAMES AND RELATIONSHIPS)					
7. DATE OF BIRTH (MONTH/DAY/YEAR):		8. PLACE OF BIRTH (CITY, STATE, ZIP):		9. LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDING FATHER, MOTHER, SISTERS & BROTHERS:					
NAME	RELATIONSHIP	ADDRESS		OCCUPATION	

11. GIVE THE FOLLOWING INFORMATION REGARDING MARRIAGE, MARRIAGES OR CIVIL UNIONS:		
DATE	WHERE	SPOUSE'S MAIDEN NAME

12. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING:		
	(EXPLAIN)	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

13. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE:

14. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU & STEPCHILDREN:			
NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES YOUR CHILD LIVE & WITH WHOM

15. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED:				
NAME & ADDRESS OF SCHOOL (INCLUDING CITY, STATE, & ZIP CODE)	DATES ATTENDED	GRADUATED/COMPLETED		GRADE POINT AVERAGE
		YES	NO	
HIGH SCHOOL(S) OR EQUIVALENT				
COLLEGE OR UNIVERSITY				

16. JUNIOR COLLEGE, COLLEGES OR UNIVERSITY	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

17. WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:
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38. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE U.S. RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE BRANCH: ADDRESS:		UNIT	RANK
			FROM	TO
39. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE NATIONAL GUARD <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT	UNIT	
	RANK	TYPE OF DISCHARGE	FROM	TO
40. LIST ANY DISCIPLINARY ACTION TAKEN YOU IN THE NATIONAL GUARD OR RESERVE UNIT:				

CRIMINAL HISTORY

41. HAVE YOU EVER BEEN CRIMINALLY CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN:	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
42. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:			
43. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:			
44. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME:			
45. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE CRIME REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN:		
46. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY :	DATE:	PURPOSE:	
IF "YES" EXPLAIN:				

47. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:			
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE
48. ARE THERE ANY WARRANTS, TRAFFIC OR OTHERWISE, NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			

49. HAVE YOU EVER TAKEN A CIVIL EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN:	AGENCY	EXAM DATE	POS. ON LIST	STATUS
50. ARE YOU NOW ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
51. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
52. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
53. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:				
54. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION
55. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN: INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS:			
56. ARE YOU NOW OR YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:			

WORK HISTORY

57. LIST ALL JOBS YOU HAVE HELD SINCE AGE 18, INCLUDING PERIODS OF UNEMPLOYMENT, PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDING MILITARY SERVICE, IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS:				
1	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	WHAT YOUR DUTIES WERE			REASON FOR LEAVING
2	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
3	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING

4	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
5	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
6	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
7	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING
8	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS
	NAME TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING

CREDIT HISTORY

58. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES, BANK OR CHARGE ACCOUNT, OR FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE:			
NAME & ADDRESS OF FIRM	TYPE OF BUSINESS		APPROX DATE OPENED CLOSED
59. HAVE YOU EVER BEEN SUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE DETAILS:		
60. HAVE YOU FILED FOR BANKRUPTCY IN THE PAST SEVEN YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE DETAILS:		

ACQUAINTANCES

61. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS, REFERENCES, FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS, NAMES LISTED SHOULD BE PERSONS WHO HAVE SEEN YOU DURING THE PAST YEAR.				
1	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON
2	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON
3	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON

REFERENCES

62. LIST BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLE MORE THAN FIVE YEARS, ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR ABILITY, EXPERIENCE, & OTHER QUALITIES:

1	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE	YEARS	
2	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE	YEARS	
3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE	YEARS	
4	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE	YEARS	
5	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE	YEARS	
NAME		ADDRESS	HOME PHONE	RELATIONSHIP

AUTHORIZATION AND RELEASE

I agree to cooperate with the Village of Carpentersville's testing program by submitting to the following examinations, as required: written examination, physical ability testing, background investigations, psychological examination, polygraph, fingerprinting and medical physical examination. I further agree to furnish upon request the following documents for the purpose of photocopying: driver's license, birth certificate, voter registration, naturalization papers, employment authorization, military discharge papers, school transcripts and diplomas, professional licenses and training certificates, and any other documents that are requested as part of the testing program.

I authorize the Village of Carpentersville to investigate any of the information contained on my application for employment and background check questionnaire, including past employment records, licenses, certificates, references and other facts stated on the application, including criminal background. I further authorize all individuals and organizations named in this application to give the Village all information relative to such verification and background check. I specifically consent to the disclosure of information which may be covered by a settlement agreement or other "confidentiality" provision entered into with my former employers, and I waive my rights to enforce any such prior confidentiality agreement against my former employer with regard to this disclosure. I waive any right I may have to be notified by any individuals and organizations named in my application for employment prior to the release of any information to the village, including the release of information concerning any disciplinary action taken against me by former employers. I hereby release and discharge the Village and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

I waive and release the Village from any and all liabilities resulting, directly or indirectly, from the application and testing process, including without limitation any injury that results from physical ability testing, to the fullest extent recognized by law.

I understand that the village requires a substance screening and post-offer pre-employment physical. I agree to submit to testing for the detection of drugs and alcohol and give permission for the test results to be released to the Village. I further understand that positive test results, refusal to be tested, or any attempt to affect the test results or sample will result in my withdrawal from consideration for employment or termination of employment.

I understand that this application is not, nor is it intended to be, a contract of employment. I understand that if hired, my employment will be subject to all applicable rules and regulations of the employer.

SIGNATURE IN FULL

DATE

EEO STATEMENT:

THE VILLAGE OF CARPENTERSVILLE IS AN EQUAL OPPORTUNITY EMPLOYER IN ALL ASPECTS OF PERSONNEL POLICIES, PROGRAMS, BENEFITS, PRACTICES AND OPERATIONS. ALL APPLICANTS WILL RECEIVE EQUAL CONSIDERATION REGARDLESS OF THEIR RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR OTHER CATEGORY PROTECTED BY LAW. IF YOU ARE AN INDIVIDUAL WITH A DISABILITY AND REQUIRE ASSISTANCE OR ACCOMMODATION RELATED TO THE APPLICATION PROCESS, PLEASE CONTACT HUMAN RESOURCES.