

**VILLAGE OF HOFFMAN ESTATES
BOARD OF FIRE & POLICE COMMISSIONERS
POLICE OFFICER APPLICATION**

INSTRUCTIONS: Fill out this application completely and accurately. If your application is filled out properly, it may increase 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 the term "DNA" ("does not apply") if the question does not apply. **NOTE: YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT IF ANY RESPONSE IS FOUND TO BE UNTRUTHFUL.--Include a color photo on photo paper at bottom of application.**
Initial Each Page and Sign where indicated.

1. Name (Last) (First) (Middle)	2. List Any Other Names, Aliases You Have Used or Been Known By (include maiden name, if applicable):
---	---

3. Home Address (Street, City, State, Zip, County)	4. Home Phone: Cell Phone:
--	---

5. E-Mail Address: _____

6. With Whom do you Live at the Above Address? List Full Names & Relationships:

7. Date of Birth: _____	8. Place of Birth (City, State & Zip Code): _____
_____ Month Day Year	

9. Sex: _____	10. Age: _____	11. Weight: _____	12. Height: _____ Ft. _____ In.
---------------	----------------	-------------------	---------------------------------

13. Color of Eyes: _____	14. Color of Hair: _____
--------------------------	--------------------------

15. Are you a U.S. citizen? **OR** are you a naturalized citizen? **OR** a person who is legally authorized under federal law to work in the United States and is authorized under federal law to obtain, carry, or purchase or otherwise possess a firearm, **OR** who is an individual against whom immigration action has been deferred by the U.S. Citizenship and Immigration Services under the federal Deferred Action for Childhood Arrivals (DACA) process and is authorized under federal law to obtain, carry, or purchase or otherwise possess a firearm?

_____ U.S. Citizen _____ Naturalized Citizen

_____ Legally Authorized under Federal Law to Work and Possess a Firearm

_____ Individual who's immigration action has been deferred by the U.S. Citizenship and Immigration Services under the Deferred Action for a Childhood Arrivals (DACA) process and is authorized under federal law to possess a firearm

ALCOHOL AND DRUG HISTORY

16. Have You Ever Used a Controlled Substance Without a Prescription? ___ Yes ___ No	If "Yes", Give Full Details:
---	------------------------------

ALCOHOL AND DRUG HISTORY (Continued)

17. Have You Ever Used or Experimented With a Controlled Substance Without a Prescription in the Past Three (3) Years? ___ Yes ___ No	If "Yes", Give Full Details:
18. Do you Use or Have You Ever Used Alcohol? ___ Yes ___ No	If "Yes", How Often?

ESSENTIAL FUNCTIONS

19. Can You Meet the Attendance Requirements of the Job? ___ Yes ___ No	
20. Are You Able to Perform the Duties of the Position for Which You Are Applying With or Without Reasonable Accommodation? ___ Yes ___ No	
21. Do You Wear Eyeglasses? ___ Yes ___ No	22. Do You Wear Contact Lenses? ___ Yes ___ No

FAMILY STATUS

23. List Every Member of Your Immediate Family Who Is Still Living, Including Father, Mother, Sisters & Brothers:			
Name	Relationship	Address	Occupation

24. Are You: Single _____ Married _____ Separated _____ Widowed _____ Divorced _____	
25. Are you Living With Your Spouse? _____ Yes _____ No	If "No", Explain:

EDUCATION				
26. List the Various Schools You Have Attended & Other Information Requested:				
Name & Address of School (Include City, State & Zip Code)	# of Years Completed	Date(s) Attended	<u>Graduate</u> Yes No	Average Grade
High Schools:				
Junior College:				
College or University:				
Graduate School:				
Business College:				
Extension or Correspondence Courses:				
27. Were You Ever Expelled From Or Suspended From Any School? _____ Yes _____ No	If "Yes", Explain:			
28. List Other Formal Education Beyond High School You May Have, Including Special Training Courses:				
29. List Any Professional Licenses or Certificates You Hold or Have Held:				

Initials _____

LANGUAGE FLUENCY

30. Can you communicate in a second language (including sign language)? _____ Yes _____ No	List the language(s)
31. Do you believe you could pass a standardized fluency test over such language(s)? _____ Yes _____ No	

DRIVING HISTORY

32. Can You Operate an Automobile? _____ Yes _____ No	33. Do You Possess a Valid Illinois Driver's License From Illinois? _____ Yes _____ No	If "Yes", _____ Driver's License No. expiration
34. Do You Have a Driver's License in Any Other State? _____ Yes _____ No	If "Yes", _____ Driver's License No. Date of Expiration State	
35. Have You Ever Been Refused a Driver's License by Any State: _____ Yes _____ No	If "Yes", Explain:	
36. Was Your License Ever Suspended or Revoked? _____ Yes _____ No	If "Yes", Explain:	
37. Has Your License Ever Been Placed on Probation? _____ Yes _____ No	If "Yes", Explain:	

RESIDENCES

38. List Your Addresses for the Last Ten Years, Starting With Present Address:			
From (Mo. & Yr.)	To (Mo. & Yr.)	Address of Residence	City, State & Zip Code

Initials _____

MILITARY SERVICE

39. Have You Ever Served in Any Military Organization of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Branch: Service Serial No. :
40. Highest Rank Held?	41. Rank at Discharge?
42. Give Date & Location of Entrance to Activity Duty (City & State):	43. List Period(s) of Active Service: From (Date) To (Date)
44. Give Date & Location of Discharge (City & State):	
45. What Type of Discharge Did You Receive? Be Exact:	
46. List any Disciplinary Action You received while Active Duty:	
47. Were You Ever Convicted at a Court-Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Explain:
48. Are You Now, or Were You Ever, a Member of Any Branch of the U.S. Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please include a copy of your separation paperwork.	If "Yes": <input type="checkbox"/> Active <input type="checkbox"/> Inactive Branch: _____ Unit: _____ Rank: _____ Address: _____ Date From: _____ Date To: _____

<p>49. Are You Now, or Were You Ever, a Member of the National Guard?</p> <p>_____ Yes _____ No</p> <p>If yes please include a copy of your separation paperwork.</p>	<p>If "Yes":</p> <p>What State: _____</p> <p>Regiment: _____</p> <p>Unit: _____</p> <p>Rank: _____</p> <p>Type of Discharge: _____</p> <p>Date From: _____</p> <p>Date To: _____</p>
--	--

50. List Any Disciplinary Action Taken Against You in any of the Armed Forces (active, reserve or National Guard):

Have you ever been considered Absent without Leave or Unauthorized Absence: Yes___ No___

CRIMINAL HISTORY

<p>51. Have You Ever Been Convicted or Had a Conviction That was Expunged?</p> <p>_____ Yes _____ No</p>	<p>If "Yes", Explain:</p>
---	---------------------------

Date	By Whom (Police Agency)	Crime Charged	Disposition of Case

<p>52. Have You Ever Been Placed on Probation?</p> <p>_____ Yes _____ No</p>	<p>If "Yes", Explain:</p>
---	---------------------------

<p>53. Have You Ever Been Required to Pay a Fine in Excess of \$100?</p> <p>_____ Yes _____ No</p>	<p>If "Yes", Explain:</p>
---	---------------------------

<p>54. Have You Ever Been Fingerprinted by a Police Agency Other Than For an Arrest? <i>(not as an applicant)</i></p> <p>_____ Yes _____ No</p>	<p>If "Yes", Explain:</p>
--	---------------------------

Date	Agency	Purpose

55. List All Traffic Citations You Have Received:

Location (City)	Approximate Date	Nature of Violation	Disposition

<p>56. Are There Any Warrants, Traffic or Otherwise, Now Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", Explain:</p>
---	---------------------------

EMPLOYMENT HISTORY

<p>57. Have You Ever Taken a Civil Service/Fire & Police Commission Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", Explain in Detail:</p>
---	-------------------------------------

Agency	Approximate Date	Position on List	Status

<p>58. Are You Now on Any Eligibility Lists?</p> <p>____ Yes ____ No</p>	<p>If “Yes”, Explain:</p>	
<p>59. Were You Ever Placed on a Civil Service/ Fire & Police Commission List and Not Hired?</p> <p>____ Yes ____ No</p>	<p>If “Yes”, Explain:</p>	
<p>60. Have You Ever Submitted an Application for Appointment to Another Department:</p> <p>____ Yes ____ No Date: _____</p>		
<p>61. Have You Ever Held a Similar Position?</p> <p>____ Yes ____ No</p>	<p>If “Yes”:</p> <p>Position: _____</p> <p>Date: (From) _____ (To) _____</p> <p>Location: _____</p>	
<p>62. Were You Ever Discharged or Forced to Resign Because of Misconduct or Unsatisfactory Service or While Under Investigation?</p> <p>____ Yes ____ No</p>	<p>If “Yes”, Explain: (Include Name(s) and Addresses of Employers)</p>	
<p>63. Are You Now or Have You Ever Been Engaged in any Business as an Owner, Partner, or Corporate Member?</p> <p>____ Yes ____ No</p>	<p>If “Yes”, Explain:</p>	
<p>64. Have You Ever Been Sued?</p> <p>If “Yes”, Explain:</p>		
<p>65. List All Jobs You Have Held for the Last Ten Years, Including Periods of Unemployment. Put Your Present or Most Recent Job First. Include Military Service, in Proper Time Sequence & Temporary or Part-Time Jobs:</p>		
<p>(1) Employer’s Name:</p>	<p>Address/Phone:</p>	<p>Type of Business:</p>

Initials _____

Name & Title of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title or Position:
Explain What Your Duties Were:		Reason for Leaving:		
(2) Employer's Name:	Address/Phone:		Type of Business:	
Name & Title of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title or Position:
Explain What Your Duties Were:		Reason for Leaving:		
(3) Employer's Name:	Address/Phone:		Type of Business:	
Name & Title of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title or Position:
Explain What Your Duties Were:		Reason for Leaving:		
(4) Employer's Name:	Address/Phone:		Type of Business:	
Name & Title of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title or Position:
Explain What Your Duties Were:		Reason for Leaving:		
(5) Employer's Name:	Address/Phone:		Type of Business:	

Name & Title of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title or Position:
Explain What Your Duties Were:		Reason for Leaving:		
66. Indicate by Number Any of the Above Employers Whom You Do Not Wish Us to Contact:				
67. Explain Your Reason For Applying For This Position:				
ACQUAINTANCES				
68. Fill In Below the Names of Three Adults, Not Related to You & Not Former Employers or References, Who Are Friends, Fellow Students, or Fellow Workers. Names Listed Should be Those Persons Who Have Seen You Frequently During the Past Year:				
(1) Name:	Address:		Home Telephone:	
Business Address:	Business, Occupation or Profession:	Business Phone:	What Capacity Do You Know This Person:	

(2) Name:	Address:		Home Telephone:
Business Address:	Business, Occupation or Profession:	Business Phone:	What Capacity Do You Know This Person:
(3) Name:	Address:		Home Telephone:
Business Address:	Business, Occupation or Profession:	Business Phone:	What Capacity Do You Know This Person:

REFERENCES

69. Fill In Below the Names of Five Adults, Not Related to You & 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 & Other Qualities:

(1) Name:	Address:		Home Telephone:
Business Address:	Business, Occupation or Profession:	Business Phone:	Years Known:
(2) Name:	Address:		Home Telephone:
Business Address:	Business, Occupation or Profession:	Business Phone:	Years Known:
(3) Name:	Address:		Home Telephone:
Business Address:	Business, Occupation or Profession:	Business Phone:	Years Known:
(4) Name:	Address:		Home Telephone:
Business Address:	Business, Occupation or Profession:	Business Phone:	Years Known:
(5) Name:	Address:		Home Telephone:

Business Address:	Business, Occupation or Profession:	Business Phone:	Years Known:
70. Person(s) to be Notified in Case of Emergency:			
Name:	Address:	Home Phone:	Relationship:
Name:	Address:	Home Phone:	Relationship:

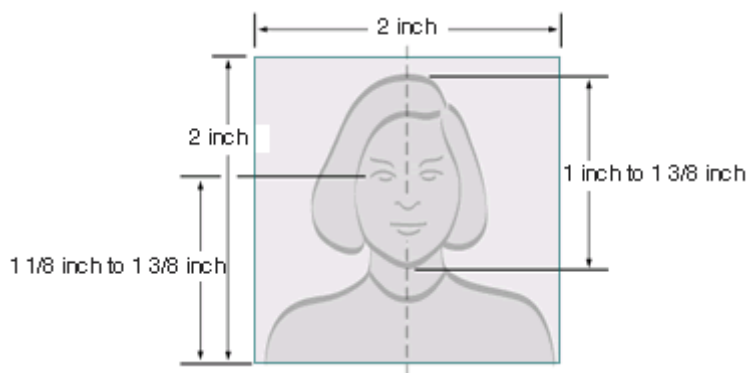
I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

Signature in Full

Date

Enclose Photo (in right box) Based On Paper Photo Head Size Template

- o Photo must be 2 inches by 2 inches
- o The height of the head (top of hair to bottom of chin) should measure 1 inch to 1 3/8 inches (25 mm - 35 mm)
- o Make sure the eye height is between 1 1/8 inches to 1 3/8 inches (28 mm - 35 mm) from the bottom of the photo
- o In color
- o Printed on photo quality paper



CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided:

Question Number	Continuation of Answer

_____ **Signature**

_____ **Date**

Initials _____

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided:

Question Number	Continuation of Answer

Signature

Date

Last Name: _____	First: _____	Middle: _____
------------------	--------------	---------------

AUTHORIZATION FOR CREDIT REPORT

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

Experian
P.O. Box 2104 Allen
TX 75013-0949
1-888-397-3742

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.

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)	(Telephone Number)
(Address, City, State, Zip)	

Last Name: _____ First: _____ Middle: _____



PRE-EMPLOYMENT
BACKGROUND AUTHORIZATION

I authorize and empower the Village of Hoffman Estates and its 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 am aware and understand that my fingerprints and/or personal identifiers will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

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

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

I release the Village from any liability for damages resulting from conducting the background investigation.

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.

Signature (Including Middle Initial)

Date

Print Name

Maiden Name if Applicable

Address

*Date of Birth

City, State, Zip

Driver's License Number / State of Issuance

* Date of Birth is a personal identifier that will not be used in an employment decision.

Last Name: _____ First: _____ Middle: _____

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 Hoffman Estates.

In consideration of my employment I agree to conform to the rules and regulations of the Village of Hoffman Estates.

Print Full Name

Signature in Full

Date

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.

How did you **FIRST** learn of this opportunity?

- The Blue Line website posting
- Village of Hoffman Estates posting
 - Website
 - Facebook
 - Twitter
 - Other (please specify): _____
- Informed by a current Village of Hoffman Estates / Hoffman Estates Police Department employee
- Informed by a co-worker in another Police Department / municipality
- Informed by a friend or relative
- Other referral source (please specify): _____

ATTACH ALL DOCUMENTS TO THE LAST PAGE OF THIS APPLICATION.