



EMPLOYMENT APPLICATION

Pingree Grove Police Department
ONE Police Plaza
Pingree Grove, IL 60140

Phone: 847-464-4600
Fax: 847-464-5757
Email: info@pingreepolice.org

Law Enforcement Civilian Position Applied for: _____ Full Time Part Time

Date of Application _____ (Applications EXPIRE after ONE year)

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

The Immigration Reform and Control Act (IRCA) legally mandates that U.S. employers verify the employment eligibility status of newly-hired employees and makes it unlawful for employers to knowingly hire or continue to employ unauthorized workers.

If hired by the Village of Pingree Grove can you verify your employment status (Form I-9) Yes No

PERSONAL HISTORY

1. Full Name:

| | | | |
|--|---------------------------------|------------------|----------|
| Last Name | First | Middle | Nickname |
| Residence Address | Apt. No. | Mailing Address | Apt. No. |
| City (_____) Telephone Number (Home) | County (_____) Work/Other | State (_____) | Zip Code |
| E-mail Address | | Cell | |

2. Social Security Number: _____

3. Place of Birth:

| | | | |
|------|--------|-------|------------------------------------|
| City | County | State | Country (If not the United States) |
|------|--------|-------|------------------------------------|

4. Other: List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s).

| Name | Circumstance | Dates From-Mo./Yr. | Dates To-Mo./Yr. |
|------|--------------|--------------------|------------------|
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The Pingree Grove Police Department is an Equal Employment Opportunity/Affirmative Action Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

5. Have you ever filed an application with us before? Yes No If yes, please give dates _____

6. Have you ever been employed by us before? Yes No If yes, please list titles and dates of employment _____

7. Do you have any relatives working for us? Yes No If yes, please list names _____

EDUCATION/TRAINING

1.

| High School Name/Address | Dates Attended – Mo./Yr. | | Years Completed | Did You Graduate? | Type of Diploma |
|--------------------------|--------------------------|----|-----------------|-------------------|-----------------|
| | From | To | | | |
| | | | | | |
| | | | | | |

2.

| College/University Name/Address | Dates Attended – Mo./Yr. | | Credit Hours Earned | | Did You Graduate? | Type of Degree |
|---------------------------------|--------------------------|----|---------------------|------|-------------------|----------------|
| | From | To | Qtr. | Sem. | | |
| | | | | | | |
| | | | | | | |
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Major _____ Minor _____

3. Other Schools (Trade, vocational, Business, Police Academies or Military):

| Name/Address | Dates Attended – Mo./Yr. | | Credit Hours Earned | Area of Study | Did you Graduate? | Type of Degree or Certificate |
|--------------|--------------------------|----|---------------------|---------------|-------------------|-------------------------------|
| | From | To | | | | |
| | | | | | | |
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4. Describe any awards, honors, citations, or other special recognition you received while attending school and positions held in school organizations:

Education / Training continued (Law Enforcement Specific Information)

5. Are you law enforcement certified with the state of Illinois Yes No

6. Indicate any law enforcement education/training. (Attach list, if applicable)

7. Did you receive a certificate for this training? Yes No (Attach copy)

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, etc.): _____

9. Computer Skills: Word Excel Outlook Power Point
Other _____

General Computer Knowledge: Basic Advanced

10. State approximate number of words per minute: Typing _____

11. On what date are you available to work? _____

12. Are you available to work rotating shifts? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employments for the last 10 years including current employment, summer and part-time employment. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

1 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

5 Name of Present or last employer: _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2. May we contact your present and previous employer? Yes No, please explain _____

3. Have you ever been dismissed or asked to resign? Yes No If yes, please explain _____

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? Yes No If yes, please provide details or documents _____

5. Have you resigned, or left a job by mutual agreement, for any reason? Yes No If yes, please provide details _____

6. Have you ever applied or worked with any law enforcement agencies? Yes No If yes, please provide the following:

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

7. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporate or organization and describe your relationship or position. _____

8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? Yes No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position. _____

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all address, including residences while at school and in military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

| Dates – Mo./Yr. | | Apt No. | Street Address | City | County | State | Zip |
|-----------------|----|---------|----------------|------|--------|-------|-----|
| From | To | | | | | | |
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ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No
2. Have you ever been convicted of a felony or misdemeanor? Yes No
3. If you answered yes to questions 1 or 2, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charges for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

| Applicant | Place & Department | Charge | Court & Plea | Date of Charge | Disposition |
|------------------|--------------------|--------|--------------|----------------|-------------|
| | | | | | |
| | | | | | |
| Relative's Name/ | | | | | |

| Relationship | Place & Department | Charge | Court & Plea | Date of Charge | Disposition |
|--------------|--------------------|--------|--------------|----------------|-------------|
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5. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No

6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? Yes No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If yes to questions #5 and #6, please provide details. _____

CONTROLLED SUBSTANCES

Do you NOW or have you EVER tried, purchased, or sold any illegal drugs or controlled substances? ("Tried" includes smoking, inhaling, swallowing, placing/rubbing on gums, lips, or tongue; injecting, or ingesting by any other means.) Yes No

If you answered YES, list details below.

| Name of Drug of Controlled Substance | Tried | Purchased | Sold | First Time (mm/yy) | Last Time (mm/yy) |
|--------------------------------------|------------------------------|---------------------------------|-----------------------------|--------------------|-------------------|
| Marijuana/THC | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Hashish | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| PCP/Angle Dust | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| STP/Speed | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Mushrooms/Psilocybin | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Heroin | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Cocaine | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Crack | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Quaaludes | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Opium | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Uppers/Downers | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Steroids | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Valium | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Speedballs | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |

| | | | | | |
|--------------------|------------------------------|---------------------------------|-----------------------------|--|--|
| Rohypnol (Ruffies) | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Inhalants/Whippets | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| LSD | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| GHB/GBL | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |
| Other Name Drug | Total # of times tried _____ | Total # of times purchased_____ | Total # of times sold _____ | | |

DRIVING HISTORY

1. Are you a licensed Illinois automobile operator or chauffeur? Yes License No.: _____

Date of Expiration: _____ Restrictions: _____

Endorsements: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held, if known. _____

3. Have you ever received a ticket or been charged with a traffic violation? Yes No If yes, list charge, date, and disposition.

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including reason and place. _____

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide completed details.

MILITARY HISTORY

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

Branch of Service: _____ Highest Rank: _____

Service #: _____ Duty Dates: From: _____ To: _____ Job Specialty: _____

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No
If yes, state the branch of service, name and location of your unit.

3. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____

Place: _____

Nature of Offense: _____

Action Taken: _____

ORGANIZATION MEMBERSHIP

1. List all clubs and societies of which you are or have been a member.

| Name | City & State | Former Member | Present Member List position held (describe activity) |
|------|--------------|---------------|--|
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2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question 2 above?

Yes No If yes, to question #2 or #3, answer question #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization?

Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No

If yes to questions #2, #3, #4, or #5, explain including name of the organization and location.

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

3. Was the license ever canceled, suspended, or revoked? Yes No

If yes to questions #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$2500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of the amount.

| Creditor | Address | Amount | Loan or Account Number |
|----------|---------|--------|------------------------|
| | | | |
| | | | |
| | | | |

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No,
or declared bankruptcy? Yes No or, had a legal judgment rendered against you for a debt? Yes No
or been subject to a tax lien? Yes No If, yes to any of these questions, please provide details.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are **responsible adults** of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

| | | |
|--|------------|---|
| Complete Name (and relationship to the applicant) | | Home Address: _____ |
| (Last Name, First, MI) | | City, State & Zip: _____ |
| Yrs. Acq. | Occupation | Home Phone: () _____ Business Phone: () _____ Business Address: _____ City, State & Zip: _____ |

| | | |
|--|------------|------------------------------|
| Complete Name (and relationship to the applicant) | | Home Address: _____ |
| (Last Name, First, MI) | | City, State & Zip: _____ |
| Yrs. Acq. | Occupation | Home Phone: () _____ |
| | | Business Phone: () _____ |
| | | Business Address: _____ |
| | | City, State & Zip: _____ |

| | | |
|--|------------|------------------------------|
| Complete Name (and relationship to the applicant) | | Home Address: _____ |
| (Last Name, First, MI) | | City, State & Zip: _____ |
| Yrs. Acq. | Occupation | Home Phone: () _____ |
| | | Business Phone: () _____ |
| | | Business Address: _____ |
| | | City, State & Zip: _____ |

