



**VILLAGE OF KILDEER**  
An Equal Opportunity Employer



**POLICE OFFICER APPLICATION**

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made 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.

POSITION APPLIED FOR

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 (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)		4. HOME PHONE (AREA CODE)	5. E-MAIL
6. DATE OF BIRTH MONTH DAY YEAR		7. ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EDUCATION**

8. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE	
			YES	NO
GRAMMAR SCHOOLS				
HIGH SCHOOLS				
COLLEGE OR UNIVERSITY				
BUSINESS COLLEGES				
EXTENSION OR CORRESPONDENCE COURSES				

**VILLAGE OF KILDEER**  
**An Equal Opportunity Employer**

9. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	SUBJECTS TAKEN		DEGREE(S) ATTAINED
	MAJOR	MINOR	
10. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES			
11. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD			

**DRIVING HISTORY**

12. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	13. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO./STATE
14. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
16. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

**MILITARY SERVICES**

17. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" BRANCH		
18. WHAT IS YOUR SERVICE SERIAL NO.?	19. HIGHEST RANK HELD	20. RANK AT DISCHARGE	
21. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)	22. LIST PERIOD(S) OF ACTIVE SERVICE		
	FROM (DATE)                      TO (DATE)		
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)			
23. WERE YOU DISHONORABLY DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
24. WHERE YOU EVER CONVICTED AT A COURT-MARTIAL	IF "YES" EXPLAIN		

## VILLAGE OF KILDEER An Equal Opportunity Employer

<input type="checkbox"/> YES <input type="checkbox"/> NO				
25. 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" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
	ADDRESS		FROM	TO
26. ARE YOU NOW, OR WERE YOU EVER 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
27. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT				
28. IF YOU ARE A NON-VET LIST THE LOCAL BOARD NO. FOLLOWING		ADDRESS, CITY, STATE & ZIP CODE		

### CRIMINAL HISTORY

29. HAVE YOU EVER BEEN CONVICTED?*	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES" EXPLAIN				

*\*An applicant for a fire department position is not obligated to disclose sealed or expunged records of conviction or arrest.*

30. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED			
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

### EMPLOYMENT HISTORY

31. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM?  <input type="checkbox"/> YES <input type="checkbox"/> NO  IF "YES" EXPLAIN IN DETAIL.	AGENCY	APPROX. EXAM DATE	POS ON LIST	STATUS
32. ARE YOU NOW ON ANY ELIGIBILITY? LIST?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
33. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
34. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

## VILLAGE OF KILDEER An Equal Opportunity Employer

35. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	JURISDICTION	DATE
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36. 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
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37. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSTASFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS  IF "YES" EXPLAIN	
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38. ARE YOU NOW OR HAVE 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
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39. 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					
1	EMPLOYER'S NAME	ADDRESS (CITY, STATE & ZIP CODE)			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	
2	EMPLOYER'S NAME	ADDRESS (CITY, STATE & ZIP CODE)			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 (CITY, STATE & ZIP CODE)			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 (CITY, STATE & ZIP CODE)			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 (CITY, STATE & ZIP CODE)			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	
	EMPLOYER'S NAME	ADDRESS (CITY, STATE & ZIP CODE)			TYPE OF BUSINESS

**VILLAGE OF KILDEER**  
**An Equal Opportunity Employer**

<b>6</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
<b>7</b>	EMPLOYER'S NAME	ADDRESS (CITY, STATE & ZIP CODE)			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	
<b>8</b>	EMPLOYER'S NAME	ADDRESS (CITY, STATE & ZIP CODE)			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	

40. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

**REFERENCES**

<b>1</b>	NAME	ADDRESS (CITY, STATE & ZIP CODE)		HOME PHONE (AREA CODE)	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	YEARS KNOWN
<b>2</b>	NAME	ADDRESS (CITY, STATE & ZIP CODE)		HOME PHONE (AREA CODE)	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
<b>3</b>	NAME	ADDRESS (CITY, STATE & ZIP CODE)		HOME PHONE (AREA CODE)	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
<b>4</b>	NAME	ADDRESS (CITY, STATE & ZIP CODE)		HOME PHONE (AREA CODE)	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
<b>5</b>	NAME	ADDRESS (CITY, STATE & ZIP CODE)		HOME PHONE (AREA CODE)	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

The Village of Kildeer is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, sexual orientation, age, pregnancy, national origin, marital status, ancestry, veteran status, physical or mental disability or any other legally protected status in accordance with the requirements of local, state and federal law.

**VILLAGE OF KILDEER**  
**An Equal Opportunity Employer**

Please inform the Village if you require any reasonable accommodation to complete the employment application or to participate in an employment test or interview.

I hereby certify that the statements I have provided in this application are true and correct, to the best of my knowledge. I agree that any misrepresentation or false statement on this application shall be considered grounds for rejecting this application, rescinding a tentative job offer or for immediate discharge if discovered after hire.

\_\_\_\_\_  
SIGNATURE IN FULL

\_\_\_\_\_  
DATE



**VILLAGE OF KILDEER**  
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**ACKNOWLEDGMENT AND WAIVER**

I agree to cooperate with the Village of Kildeer (the "Village") and/or the Kildeer Board of Police Commissioners (hereinafter, the "Board") 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, military discharge papers, school transcripts and diplomas, professional licenses and training certificates.

I authorize the Village and/or the Board 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 and/or the Board 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 and/or the Board, including the release of information concerning any disciplinary action taken against me by former employers. I hereby release and discharge my former employer 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 also understand that if hired, the Village and/or the Board may conduct further medical examinations [pursuant to regulations, policies, contracts and applicable law] to promote wellness of employees and to assess any threat of physical harm to myself or others. I acknowledge that as part of such medical examinations, the Village and/or the Board's physicians may make inquiries into my family health history as it pertains to the medical risks related to my job performance and duties. I voluntarily consent to provide such information to the Village and/or the Board's physicians and acknowledge that such information may be disclosed to the Village and/or the Board during legal or administrative proceedings or to evaluate my ability to perform the essential functions of my job and/or eligibility for certain benefits provided pursuant to Illinois law other than group health insurance provided to me as a full-time employee. I hereby release and discharge the Village and/or the Board from any and all claims of liability, including but not limited to claims under the Genetic Information Nondiscrimination Act arising out of or relating in any way to the conduct of post-employment medical exams and waive my right to monetary recovery should a third-party pursue such a claim on my behalf.

I understand that the Village and/or the Board require a substance screening and post-offer pre-employment physical and psychological evaluation. I agree to submit to testing for the detection of

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**An Equal Opportunity Employer**

drugs and alcohol and give permission for test results to be released to the Village and/or the Board. 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 agree and acknowledge that all examination documents, including information obtained during the background check process and the results of any medical examinations conducted during the application process or, as part of the post-offer employment process, shall be the exclusive property of the Village and the Board.

I agree to abide and conform to the rules of the Village and/or the Board as an applicant and if employed by the Village. I understand that non-probationary employment depends upon satisfactory completion of the probationary period of employment.

I hereby certify that the information contained in this application and background check questionnaire is true and correct to the best of my knowledge. I agree that any misrepresentation or false statement on this application shall result my withdrawal from consideration for employment or immediate termination of employment.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date