



Maple Park Police Department Application for Employment

302 Willow St, PO Box 148, Maple Park, IL 60151

The Maple Park Police Department is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical/Mental Disability (except where physical/mental requirements constitute a bona fide occupational qualification.)

INSTRUCTIONS: Read each question carefully and answer each question accurately and truthfully. Incomplete Applications for Employment will be rejected. **The “Applicant Signature” line in the upper right-hand corner of each page must contain the signature of the applicant.** Resumes will be accepted as supporting documentation, but will NOT fulfill the requirement to complete all portions of this Application for Employment. All statements made by you on this document are subject to verification and will be used for purposes of a background investigation. Incorrect statement(s) may cause any offer of employment to be rescinded or employment to be terminated. All entries except signature **must be printed legibly in black or blue ink** in your own handwriting or typed. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use “NA” (not applicable) if the question does not apply.

Position Applied For: Chief of Police Police Officer Other: _____

PERSONAL DATA

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 Name (and Apt# if applicable))	City, State Zip
4. Phone Numbers and email address: Primary phone number: () _____ <input type="checkbox"/> Cell phone <input type="checkbox"/> Landline Alternate phone number: () _____ <input type="checkbox"/> Cell phone <input type="checkbox"/> Landline Alternate phone number: () _____ <input type="checkbox"/> Cell phone <input type="checkbox"/> Landline Primary e-mail address: _____ Secondary e-mail address: _____	
5. If hired, will you be able to provide documentation within 3 days that will prove identification and work eligibility in accordance with the Federal I-9 Form? <input type="checkbox"/> No <input type="checkbox"/> Yes	
6. Are you at least 21 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes	
7. Do you currently own the following equipment that would be used on the job: Firearm / gun <input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate type: _____ Bullet proof vest <input type="checkbox"/> No <input type="checkbox"/> Yes Other: <input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate: _____	

8. Date you can start employment: _____

9. Salary desired: \$ _____ hourly rate (hourly non-exempt) annual rate (salaried exempt)

10. Indicate shifts you would be willing to work (check all that apply):

Day shift Afternoon shift Evening shift Night Day shift Weekends Holidays

11. Do you have any relatives employed by the Village of Maple Park or serving on the Village Board of Trustees?

No Yes. If yes, indicate name of relative, relationship and position held

Name of relative	Relationship to you	Position held within the Village of Maple Park
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Name of relative	Relationship to you	Position held within the Village of Maple Park
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12. Do you have a financial interest in a business or enterprise engaged in business within Maple Park?

No Yes. If yes, please provide details.

MILITARY HISTORY

13. Are you now or ever been a member of any military reserve, National Guard or US Armed Forces?

No

Yes. Provide the following information:

Branch:

Serial Number:

Highest Rank Held:

Dates of Active Duty (from / to dates):

Date and type of discharge:

14. List all commendations and citations awarded to you as a member of the armed forces.

15. Are you required to attend military training meetings?

No Yes. Explain details and include date obligation is completed.

EDUCATION, TRAINING, CERTIFICATIONS AND LICENSES

16. List the various schools you have attended. (Use Continuation Sheet if additional writing space is required.)		
Name and Address of School (include City and State)	Number of years attended	Diploma or GED? Yes or No
Grammar School(s)		
High School(s) or GED		
College or University		

17. Are you certified as a Law Enforcement Officer by the Illinois Law Enforcement Training and Standards Board?

No Yes. If yes, indicate: Chief of Police Full-time Part-time

18. Do you currently have a valid Illinois Drivers License? No Yes. Indicate expiration date: _____

19. Do you currently have a valid Firearm Owner's Identification (FOID) card?

No Yes. Indicate expiration date: _____

20. Date of last pistol qualification: _____

21. Other than English are you fluent in any other languages? No Yes. Indicate language: _____

Speaking Reading Writing Translating

(NOTE: The purpose of this question is to help assist the department in assigning work when dealing with police department matters involving citizens who do not speak English.)

22. Have you used computers in your prior or current position? No Yes. If yes, indicate programs/software used:

Employer #2 -- May we contact this employer if an offer of employment is extended to you as part of our background investigation?
 Yes No. If No, explain.

Organization /Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title
Ending Wage/Salary	Reason for Leaving	
Describe specific job duties:		

Employer #3 -- May we contact this employer if an offer of employment is extended to you as part of our background investigation?
 Yes No. If No, explain.

Organization /Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title
Ending Wage/Salary	Reason for Leaving	
Describe specific job duties:		

<p>Employer #4 -- May we contact this employer if an offer of employment is extended to you as part of our background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, explain.</p>		
Organization /Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title
Ending Wage/Salary	Reason for Leaving	
Describe specific job duties:		

<p>Employer #5 -- May we contact this employer if an offer of employment is extended to you as part of our background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, explain.</p>		
Organization /Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title
Ending Wage/Salary	Reason for Leaving	
Describe specific job duties:		

Employer #6 -- May we contact this employer if an offer of employment is extended to you as part of our background investigation?
 Yes No. If No, explain.

Organization /Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title
Ending Wage/Salary	Reason for Leaving	
Describe specific job duties:		

Employer #7 -- May we contact this employer if an offer of employment is extended to you as part of our background investigation?
 Yes No. If No, explain.

Organization /Company Name	Street Address	City, State, Zip Code
Job Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary	
Dates of Employment	Telephone Number	Supervisor's Name and Title
Ending Wage/Salary	Reason for Leaving	
Describe specific job duties:		

CRIMINAL / ARREST/ COURT HISTORY

Have you ever been/had ...

29. Convicted of or plead guilty to any criminal offense other than minor traffic violations?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).
30. Detained, incarcerated in or served a sentence in a jail, prison, penitentiary or other detention facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).
31. Placed on probation for a criminal matter by a federal, state or local court?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).
32. Reported or listed as a missing person?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail.
33. Summoned or subpoenaed to court in a civil proceeding or a party in a civil action as a defendant?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).
34. Associated with any gangs or gang members?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail.
35. Associated with any individual or organization that was investigated, or is being investigated for involvement in any criminal activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail.
36. An Order of Protection entered against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain in detail (including date and name of city, county, state).

PERSONAL REFERENCE

37. In your own words, why should you be considered for this position?

AUTHORIZATION

Please read carefully before signing.

I understand that neither the completion of this Application for Employment nor any other part of my consideration for employment establishes any obligation for the Maple Park Police Department (“Department”) or the Village of Maple Park (“Village”) to hire me. If I am hired, I understand that either the Department or Village (as “at will employers”) or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Department or the Village has the authority to make any assurance to the contrary.

I attest with my signature below that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any omission of fact, misrepresentation, deception, or false statement made in this Application for Employment may result in my being denied considered for employment, and if not discovered by the Department or the Village until after my becoming employed, is grounds for, and may result in, my immediate termination, regardless of when or how discovered.

I authorize investigation of all statements contained herein and expressly give permission (as may directed herein) to the references listed above to give you, the Village, any and all information concerning my previous employment or any other pertinent information they have. I hereby release all parties from liability for any damage that may result from furnishing any information about me in connection therewith.

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED BELOW.

SIGNED _____

DATE _____