

PERSONAL REFERENCES

LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS, AND THAT YOU HAVE KNOWN FOR AT LEAST 6 MONTHS

NAME _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

NAME _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

NAME _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

NAME _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

EMPLOYMENT HISTORY

START WITH YOUR PRESENT OR MOST RECENT EMPLOYER; INCLUDE VOLUNTEER ACTIVITIES, IF NEEDED USE A SEPARATE SHEET OF PAPER.

EMPLOYER _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP _____

SUPERVISOR _____

DATE STARTED _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____

DUTIES PERFORMED, JOB DESCRIPTION AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

LIST ANY DUTIES OR CERTIFICATES OBTAINED THAT WOULD RELATE TO THE POSITION OF POLICE OFFICER WITH THE DIVERNON POLICE DEPARTMENT: _____

MILITARY EXPERIENCE

ARE YOU A VETERAN _____ BRANCH _____

DATE OF SERVICE _____ DATE OF DISCHARGE _____

LIST DUTIES, ASSIGNMENTS AND TRAINING _____

LAST IMMEDIATE

SUPERVISOR _____ PHONE# _____

TYPE OF DISCHARGE _____

LIST ANY EXPERIENCES, PERSONAL CHARACTERISTICS, SKILLS OR REASON(S) THAT WOULD MAKE YOU SUITED FOR EMPLOYMENT WITH THE DIVERNON POLICE DEPARTMENT _____

IF YOU NEED TO EXPLAIN ANY QUESTIONS ON THIS APPLICATION, NEED EXTRA SPACE OR THERE IS OTHER PERTINENT INFORMATION, PLEASE ATTACH TYPED OR PRINTED COPY TO THIS APPLICATION.

INDICATE LANGUAGES YOU READ, SPEAK OR WRITE

FLUENT

GOOD

FAIR

SPEAK _____

READ _____

WRITE _____

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD. (YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, OR HANDICAP OR OTHER PROTECTED STATUS):

EDUCATION

ELEMENTARY

HIGH SCHOOL

COLLEGE

PROFESSIONAL

4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

School attended

School attended

College attended

College attended

Dates attended

Dates attended

Dates attended

Dates attended

City & State

City & State

City & State

City & State

LIST DIPLOMAS OR DEGREES, COURSE OF STUDY AND OR MAJOR IN COLLEGE PLUS POST GRADUATE WORK:

APPLICATIONS MUST BE RETURNED IN THE FOLDER

ITEMS TO BE RETURNED WITH THE APPLICATION

1. COMPLETED APPLICATION
2. RESUME IF AVAILABLE
3. SIGNED AND WITNESSED AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
4. SIGNED AND WITNESSED PHYSICAL AGILITY WAIVER OF LIABILITY
5. CURRENT PICTURE OF APPLICANT
6. COPY OF VALID DRIVERS LICENSE
7. COPY OF ALL CERTIFICATES, TRANSFERS, AND/OR DIPLOMAS
8. COPY OF MILITARY DD14 IF APPLICABLE

APPLICANTS MUST BRING A PHYSICIANS RELEASE ON THE DAY OF THE PHYSICAL AGILITY TEST, IF A TEST IS GOING TO BE ADMINISTERED. THE PHYSICAL AGILITY TESTING WILL BE DETERMINED BY THE CHIEF OF POLICE AND YOU WILL BE NOTIFIED DURING OR AFTER THE INTERVIEW PROCESS.

THIS AUTHORIZATION SHALL REMAIN IN FORCE UNTIL SUCH TIME AS THE VILLAGE OF DIVERNON INFORMS ME THAT I HAVE NOT BEEN SELECTED FOR THE JOB WHICH I HAVE APPLIED OR, IF I AM SELECTED FOR THE JOB, UNTIL SUCH TIME AS I AM REMOVED FROM PROBATION AND MADE A NON-PROBATIONARY EMPLOYEE BY THE VILLAGE BOARD.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS AUTHORIZATION FOR THE RELEASE OF MY PERSONAL INFORMATION.

SIGNATURE (INCLUDING MAIDEN NAME)

DATE

WITNESS SIGNATURE

DATE

APPLICANT

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ DATE OF BIRTH _____ (MM/DD/YY)

DRIVER LICENSE NUMBER _____

HAVE YOU HELD A DRIVER LICENSE IN ANY OTHER STATE _____

IF YES, WHAT STATE _____

OTHER DRIVERS LICENSE NUMBER (S) _____

Village of Divernon Police Department

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, having applied for employment with the Village of Divernon as member of its police department, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized representative of the Village of Divernon, the said records of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial and credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records (including military service records), background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of the attorneys at law, or of other counsel representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any records of a police department or other law enforcement agency.

I understand that any of the information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment and retention by the Village of Divernon. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Divernon Police Department from any liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Physical Agility Waiver of Liability

I, _____, do hereby release the Village of Divernon and the Divernon Police Department and any facility where the P.O.W.E.R. testing is administered, from any and all liability, while I am engaged in the P.O.W.E.R. test for the purpose of hiring standards.

I have had a physical check done by a physician and approved. I am approved to participate in the P.O.W.E.R. test.

I have read and fully understand the contents of this Authorization for the Release of Liability.

Signature

Date

Signature

Date

BY SIGNING BELOW, I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL RESULT IN MY NOT BEING CONSIDERED FOR THE POSITION WITH THE DIVERNON POLICE DEPARTMENT. I ALSO UNDERSTAND BY SIGNING BELOW THAT IF I AM HIRED BY THE DIVERNON POLICE DEPARTMENT AND IT IS LATER FOUND THAT ANY STATEMENTS ON THIS APPLICATION ARE FALSE, OR ANY INFORMATION HAS NOT BEEN DISCLOSED, IT COULD RESULT IN TERMINATION OF EMPLOYMENT WITH THE VILLAGE OF DIVERNON.

SIGNATURE

DATE

WITNESS

DATE

