

Application for Employment Village of South Chicago Heights



Police Department

INSTRUCTIONAL INFORMATION SHEET

The Instructional Information Sheet has been prepared to assist you in completing the application for police employment. If a question does not apply to you, please indicate "N/A" in the appropriate space. If you need additional space for a question on the application or want to give additional information, you must use the Continuation Sheet and/or you may use plain sheets that are the same size as this application for any other question. You should number each answer to correspond to each question and include your name and Social Security Account Number at the top of each continuation sheet.

Type or legibly print your answers in **black ink**. If your form is illegible, it will not be accepted.

Note: Persons with disabilities who require accommodations to complete the application process should notify the police department of their needs.

COMMON OMISSIONS

Incomplete information will delay the processing of your application. Therefore, answer each question as thoroughly as possible. A common omission is in Part XIV of the form, the middle name of relatives. If a relative does not have a middle name, indicate "NMN", meaning no middle name. If you are unable to furnish complete information concerning your parents or relatives, give a justifiable explanation as to why you cannot do so.

If you served in the Armed Forces, indicate in Part II, by each address, whether you lived on or off base. Be sure to indicate overseas tours. If you have relatives who are currently in the military, indicate their complete addresses and whether they reside on or off base.

TRANSCRIPTS

A copy of a high school diploma or GED will be required. Official transcripts of all college courses are not required, but are recommended.

YOU MAY DETACH THIS INFORMATION SHEET, BUT INCLUDE ALL OTHER SHEETS WITH YOUR COMPLETED APPLICATION.

**Application for Employment
Village of South Chicago Heights
Police Department**

**EFFECTS OF NONDISCLOSURE AND PENALTIES FOR INACCURATE OR
FALSE STATEMENTS**

The employment application forms request both mandatory and optional information. If you omit answering an item, you may not receive full consideration for a position: and without your social security number or birth date, we cannot process your application. Consequently, it is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 § 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Under 5 U.S.C. § 8315, a false answer to questions relating to membership in the Communist Party, U.S.A., or other communist or fascist organizations could deprive you of your right to annuity when you reach retirement age. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a security clearance and not hiring you or for firing you after you begin work. In addition, these violations will become part of your permanent record for future employment.

You are applying for a sensitive and important position, and your trustworthiness and suitability for SCHPD employment is vital to your eligibility for a security clearance. Consequently, your prospects for placement and a security clearance are better if you answer all questions honestly and completely. An investigation of your statements will include checking fingerprints, police records, and former employers. Should any questions on any of your statements arise, you will be given an adequate opportunity to respond, and your comments will be included in the official record. As a further condition of employment, you may be administered a polygraph examination. This examination will focus on your truthfulness on the South Chicago Heights Police application form, which includes questions on prior drug use. Please note that you can be disqualified for South Chicago Heights Police employment if you have done any of the following:

- used marijuana in the past 3 years,
- used marijuana more than 15 times,
- used an illegal drug or combination of illegal drugs, other than marijuana, more than 5 times,
- used an illegal drug or combination of illegal drugs, other than marijuana, during the last 10 years,
- sold an illegal drug for profit,
- used an illegal drug while employed in a law enforcement or prosecutorial position or while in a position of high-level responsibility or public trust,
- failed a SCHPD polygraph examination regarding truthfulness/candor on a SCHPD employment application

Printed Name

Signature (as usually written, without nicknames)

Social Security Account Number

Date

(Public Burden and Privacy Act Statements on next page)

PUBLIC BURDEN INFORMATION The public burden reporting for this collection of information is estimated to be 24 hours per response. This estimate includes reviewing instructions, searching for information sources, and gathering and reporting the information

AUTHORITY

The South Chicago Heights Police investigates and assesses suitability and security issues of this municipal employment.

PRIVACY ACT NOTICE

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 522a, we are providing the following information on principal and routine uses for individuals completing the Village of South Chicago Heights Police Department employment application forms.

PRINCIPAL PURPOSES AND ROUTINE USES

The principal purpose of this form is to collect information to determine the qualifications and suitability of SCHPD employment applicants and to determine the reassignment, reinstatement, transfer, or promotion of current SCHPD employees. By law and regulation, we may evaluate your application to determine, for example, your current residence. We may also use this application to contact you for an interview and to verify your availability for employment. The further purpose of this form is to collect information for a SCHPD background investigation to establish your eligibility for a required security clearance and for other

authorized purposes within the Village of South Chicago Heights. Your SSAN identifies you throughout your careers

from job application to retirement. We may use your SSAN to accurately identify your records and to process your application for employment. We may use your SSAN to seek information about you from employers, schools, banks, and other individuals who know you. Furthermore, all or part of your completed SCHPD application may be disclosed outside of the South Chicago Heights Police Department to the following:

1. Federal agencies.
2. State or local government agencies under either the Intergovernmental Personnel Act of the President's Executive Program when you have expressed an interest in such employment.
3. Department investigators to determine suitability for municipal employment.
4. Selecting officials within the department.
5. Appropriate federal, state, local, foreign, or other public authorities conducting criminal, intelligence, or security background investigations.
6. Federal, state, or local agencies creating other personnel records after you have been appointed to a department position.
7. Appropriate entities responsible for licensing or for investigating, prosecuting, or enforcing law, regulation, or contract.
8. Federal, state, local, foreign, or other public authorities if there is a request for information on employment, security, contracting, or licensing determinations.

Application for Employment

Village of South Chicago Heights Police Department

Position for which you are applying:

☐ Police Officer ☐ Community Service Officer

Date: _____

☐ Clerical/Administrative (Specify) : _____

I. PERSONAL HISTORY

1. Name in Full (Last, First, Middle)

2. List all other names you have used including nicknames. If female, furnish your maiden name. If you have used a surname, other than your true name, give the time period and the circumstances under which you used this name. If you legally changed your name, give the date, place, and court in which this occurred.

3. Birth Date (Month, Date, Year)

4. Birthplace (City, State, Country, Zip Code). If foreign born to American parent(s), attach a copy of State Department Form 240 - Report of Birth Abroad of a Citizen of the United States.

5. Age

6. Sex

☐ Female
☐ Male

7. Social Security Account Number (See Privacy Act Notice on Cover Page)

8. Marital Status:

☐ Never Married ☐ Engaged ☐ Married ☐ Separated ☐ Legally Separated ☐ Divorced ☐ Widowed

a. Give marriage date and place (City, State, Zip Code).

b. Give the dates, places (City, State, Zip Code), and reason for all separations, divorces, or annulments.

9. Citizenship

a. Country of current citizenship: _____ b. Citizenship acquired by: ☐ Birth ☐ Naturalization

c. Date and place (City, State, Zip Code) of naturalization: _____

d. Naturalization Certificate Number: _____ e. Alien Registration Number: _____

f. Name used when entering the United States: _____

g. If you are or were a dual citizen of the United States and another country, provide the name of that country: _____

II. RESIDENCES

List all places where you have lived and account for all time periods. Begin with your most recent place of residence and work back to age 16. Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address, and do not list a permanent address when you are actually living at school. During military service, be sure to list each place of residence, including your base or ship/home port.
* Note: If you need additional space, attach Continuation Sheet after the end of the application.

Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
1. to Present						()
Apartment Complex/Landlord	Street Address	Apt.#	City (County)	State	Zip Code	
Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
2. to						()
Apartment Complex/Landlord	Street Address	Apt.#	City (County)	State	Zip Code	
Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
3. to						()
Apartment Complex/Landlord	Street Address	Apt.#	City (County)	State	Zip Code	

The Village of South Chicago Heights is an equal opportunity employer.

II. RESIDENCES (con't)

Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
4. to						()
Apartment Complex/Landlord	Street Address	Apt.#	City (County)	State	Zip Code	
Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
5. to						()
Apartment Complex/Landlord	Street Address	Apt.#	City (County)	State	Zip Code	

EMAIL

III. EDUCATION

1. High School

Name of High School from which you graduated or issuer of GED	Address (City, State, Zip Code)	From Month/Year	To Month/Year

2. College or University

Names and Addresses of all Colleges or Universities Attended (City, State, Zip Code)	Subject					
	Major	Minor	From Month/Year	To Month/Year	Degree Received	GPA
#1						
#2						
#3						

3. Specialized Schools

Name and Address of School (City, State, Zip Code)	Study or Specialization	Certificate/Degree received	From Month/Year	To Month/Year
#1				
#2				

4. Was any disciplinary action taken against you while you were in school or were you dismissed or suspended from school for academic reasons?
☐ Yes ☐ No If yes, provide the name of the school, the action, and the date of action below.

School	Action	Date

IV. EMPLOYMENT

List your employment activities, beginning with the present (#1) and working back to age 16. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks, but you need not list employments before your 16th birthday. If you need additional space, attach Continuation Sheet.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | |
|-----------------------------------|---|--|
| 1 - Active military duty stations | 4 - Other Federal employment | 7 - Unemployment (Include name of person who can verify) |
| 2 - National Guard/Reserve | 5 - State Government (Non-Federal employment) | 8 - Federal Contractor (List contractor, not Federal agency) |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Include business name and /or name of person who can verify) | 9 - Other |

1. Month/Year-Month/Year to Present	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number ()		
Immediate Supervisor		Telephone Number of Supervisor ()	Reason for Leaving	
Salary/Earnings per Ending \$ per		Average No. of Hrs. per week <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Level of Security Clearance (if applicable)
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

2. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number ()		
Immediate Supervisor		Telephone Number of Supervisor	Reason of Leaving	
Salary/Earnings Starting \$ per Ending \$ per		Average No. of Hrs. per week <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Level of Security Clearance
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

3. Has any of the following happened to you? If Yes, begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested. ☐ Yes ☐ No Attach additional sheets as necessary.

• **Code.** Use the following codes and explain the reason your employment ended:

- | | |
|--|--|
| 1 - Fired from a job | 4 - Left a job by mutual agreement following allegations of unsatisfactory |
| 2 - Quit a job after being told you'd be fired | |
| 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include City/Country if outside U.S.)	State	Zip Code

4. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? ☐ Yes ☐ No If Yes, give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

V. MILITARY RECORD

1. Did you register with the Selective Service System as required. Yes No If yes, provide the following:
Registration Number Location (City, State, Zip Code)
If no, provide reason:
2. Have you served on active duty in the United States Armed Forces? Yes No If yes, attach a copy of each DD-214 received and proceed to question 3. If no, proceed to Part VI.
3. Branch of military service:
4. Dates of active duty (Month, Date, Year)
From: To:
From: To:
5. Military Serial Number or SSAN:
6. Are you a member of the Reserve? Yes No
Ready Standby
Branch of Service:
7. Was any disciplinary action taken against you while you were in the service? Yes No If applicable, be sure to include nonjudicial punishment and Article 15s. If yes, provide details.
8. Have you served in the National Guard? Yes No If yes, provide dates, unit location, and name of Commanding Officer.
9. a. Do you claim Veterans Preference? Yes No
b. If yes, indicate dates of service and attach DD-214.
c. If claiming 10-point Veterans Preference, in addition to your DD-214, you must provide a Standard Form 15 (Application for 10-point Veteran Preference) with appropriate documentation.

VI. REFERENCES/SOCIAL ACQUAINTANCES

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 10 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Complete Name (Last, First, Middle) Yrs. Acq. Occupation DOB or Approximate Age		Home Address (City, State, Zip Code) Home Phone (Including Area Code) Business Address Business Phone (Including Area Code)
2. Complete Name (Last, First, Middle) Yrs. Acq. Occupation DOB or Approximate Age		Home Address (City, State, Zip Code) Home Phone (Including Area Code) Business Address Business Phone (Including Area Code)
3. Complete Name (Last, First, Middle) Yrs. Acq. Occupation DOB or Approximate Age		Home Address (City, State, Zip Code) Home Phone (Including Area Code) Business Address Business Phone (Including Area Code)

VII. FOREIGN TRAVEL

1. List all foreign countries you have visited. (Include travel while serving in the United States Armed Forces.) Under "Reasons for Travel" indicate whether the travel was for business, pleasure, education, or other. Attach additional sheets as necessary.

Passport Number: _____

Date issued _____

Countries Visited	From Month/Year	To Month/Year	Reasons for Travel

2. Have you served in the Armed Forces of a foreign country? **Yes** **No** If yes, specify country, type of service, and dates of service.

3. Do you or members of your immediate family, including in-laws, have relatives now residing outside the United States? (Do not include relatives living abroad who are in the Armed Forces or employed by the United States Government.) **Yes** **No** If yes, provide information requested below.

Name	Age	Relationship	Frequency of Contact	City	Country	Country of Citizenship

4. Have you or members of your immediate family, including in-laws, had contact with foreign diplomatic establishments or their representatives in the U.S. or abroad, which include commercial, consular, news media, and trade or travel organizations? **Yes** **No** If yes, explain the circumstances on a separate page.

5. Have you or members of your immediate family, including in-laws, been employed by or acted as a consultant for a foreign government, firm, or agency? **Yes** **No** If yes, attach a separate page explaining the circumstances.

6. Have you or members of your immediate family, including in-laws, had contact with a foreign government, its establishments (embassies or consulates), or its representatives (either inside or outside the United States) for other than official government business? (Do not include routine visa applications and border-crossing contacts.) **Yes** **No** If yes, attach a separate page explaining the circumstances.

VIII. ASSOCIATION RECORD

1. Have you been an officer or a member of or contributed to an organization that is dedicated to the violent overthrow of the United States Government and that engages in illegal activities with the specific intent to further that end? **Yes** **No** If yes, provide details.

2. Have you engaged in acts or activities designed to overthrow the United States Government by force? **Yes** **No** If yes, provide details.

IX. COURT RECORD

1. Have you been a party to a civil court action? **Yes** **No** If yes, provide the requested information below.

Month/Year	Nature of Action	Result of Action	Names of parties, (identify plaintiff and defendant) the court and address (city, county, state, zip code; or country if a court outside the U.S.)

2. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets? **Yes** **No** If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

Date	Place and Department	Charge	Court and Place	Disposition	Details

IX. COURT RECORD (continued)

3. To your knowledge, have any members of your immediate family been arrested? Yes No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

Date	Place and Department	Charge	Court and Place	Disposition	Details

X. FINANCIAL STATUS

1. Have you ever been over 120 days delinquent on any debt(s) or had any debt placed for collection? Yes No
2. Are you currently delinquent on any debt(s)? Yes No
3. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? Yes No
4. Have you ever had your wages garnished or had any property repossessed for any reason? Yes No
5. Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes No
6. Have you ever had any judgments filed against you? Yes No
7. Are you currently delinquent or have you ever been in default on any student loan? Yes No

If you answered "Yes" to items 1-7, provide the information requested below:

Month/Year	Action Taken	Amount	Name Action Occurred Under	Name/ Address of Court or Agency Handling Case	City	Zip Code

8. Are you current on all federal, state and local tax debts? (Include individual and employer tax debts that apply to you).
Yes No If no, provide details.

9. Do you have income from sources other than your salary or your spouse's salary? Yes No If yes, specify the source and amount

XI. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language abilities? Yes No If yes, indicate your foreign language proficiency by rating each category of ability as "slight," "good" or "fluent."

Name of Language	Speak	Understand	Read	Write

2. Are you a member of the bar? Yes No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (If applicable)

Date	State	Grievance/Complaint Information

3. Are you a Certified Public Accountant? Yes No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (If applicable)

Date	State	Grievance/Complaint Information

4. a. Are you a licensed automobile driver? Yes No b. Are you a licensed motorcycle driver? Yes No
Do you possess a Commercial Driver's License? Yes No If yes to a., b., or c. indicate the following:

State: _____ Expiration Date: _____ License # (s): _____

State: _____ Expiration Date: _____ License # (s): _____

5. Do you have any special skills for which certification or licensing is required? (Nurse, Emergency Medical Technician, Pilot, Real Estate, Cosmetology, etc.)

XII. RELATIVES

All applicants must give complete information concerning their close relatives and in-laws. Relatives include spouse, parents, stepparents, siblings, step and half siblings, children, and stepchildren. This information will be verified through a background investigation. If you have been married more than once, give the requested information for each former spouse. For deceased relatives, give the requested information and indicate the decedent's last residence and year of death. If you or your spouse were raised by legal guardians or others, give the requested information on them as well as the biological parents. If you are engaged to be married, indicate this in Part 1, Block 8, and give information on your future spouse and future in-laws in Part XII, Blocks 21 through 26, clearly indicating that they are future relationships. For any relatives (excluding in-laws) who were born outside the United States to American parents, attach a copy of State Department Form - 240.

1. FATHER (Last, First, Middle)	2. MOTHER (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth Place of Birth	Date of Birth Place of Birth
3. SPOUSE (Last, First, Middle) (Maiden)	4. FORMER SPOUSE (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth Place of Birth	Date of Birth Place of Birth
5. CHILD (Last, First, Middle) (Maiden)	6. CHILD'S SPOUSE (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth Place of Birth	Date of Birth Place of Birth

XII. RELATIVES (continued)

7. CHILD (Last, First, Middle) (Maiden)	8. CHILD'S SPOUSE (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth	Date of Birth
Place of Birth	Place of Birth
9. BROTHER (Last, First, Middle)	10. BROTHER'S SPOUSE (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth	Date of Birth
Place of Birth	Place of Birth
11. BROTHER (Last, First, Middle)	12. BROTHER'S SPOUSE (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth	Date of Birth
Place of Birth	Place of Birth
13. BROTHER (Last, First, Middle)	14. BROTHER'S SPOUSE (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth	Date of Birth
Place of Birth	Place of Birth

XII. RELATIVES (continued)

15. SISTER (Last, First, Middle) (Maiden) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth	16. SISTER'S SPOUSE (Last, First, Middle) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth
17. SISTER (Last, First, Middle) (Maiden) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth	18. SISTER'S SPOUSE (Last, First, Middle) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth
19. SISTER (Last, First, Middle) (Maiden) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth	20. SISTER'S SPOUSE (Last, First, Middle) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth
21. FATHER-IN-LAW (Last, First, Middle) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth	22. MOTHER-IN-LAW (Last, First, Middle) (Maiden) <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth Place of Birth

XII. RELATIVES (continued)

23. SPOUSE'S BROTHER (Last, First, Middle)	24. SPOUSE'S BROTHER (Last, First, Middle)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth	Date of Birth
Place of Birth	Place of Birth
25. SPOUSE'S SISTER (Last, First, Middle) (Maiden)	26. SPOUSE'S SISTER (Last, First, Middle) (Maiden)
Address (City, State, Zip Code)	Address (City, State, Zip Code)
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Date of Birth	Date of Birth
Place of Birth	Place of Birth

XIII. COTENANTS

List all individuals with whom you have resided in the last 5 years, for a period of 30 days or more. Do not include relatives listed in section XII above (Attach additional sheets if necessary.)

1. Name (Last, First, Middle) (Maiden)	2. Name (Last, First, Middle) (Maiden)
Current Address (City, State, Zip Code)	Current Address (City, State, Zip Code)
Home Telephone Number	Home Telephone Number
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Work Telephone Number	Work Telephone Number
Date of Birth Place of Birth	Date of Birth Place of Birth
Dates of Residence From: (Month, Day, Year) To: (Month, Day, Year)	Dates of Residence From: (Month, Day, Year) To: (Month, Day, Year)

XIV. CITIZENSHIP OF RELATIVES/COTENANTS

Are any close relatives or cotenants naturalized or non-United States citizens? Yes No If yes, provide the information below. (You do not need to list this information for in-laws unless they currently reside with you). Attach additional pages, if necessary.

Full Name	Name Used When Entering U.S.	Relationship to Applicant	Alien Registration Number	Naturalization Number, Date, and Place of Naturalization (City, State, Zip Code)

XV. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE SOUTH CHICAGO HEIGHTS POLICE

Full Name	Location	Length of Acquaintance

XVI. PHYSICAL DATA

1. Height Without Shoes	3. Persons with a disability who require an accommodation to complete the application process are required to notify the South Chicago Heights Police of their need for the accommodation.
2. Weight Without Clothes	

XVII. PERSONAL DECLARATIONS

1. Have you used marijuana during the last 3 years? Yes No

2. Have you used marijuana more than 15 times? Yes No

3. Have you used an illegal drug or combination of illegal drugs, other than marijuana, more than 5 times? Yes No

4. Have you used an illegal drug or combination of illegal drugs, other than marijuana, during the last 10 years? Yes No

5. Have you used an illegal drug while employed in a law enforcement or prosecutorial position? Yes No

6. Have you used an illegal drug while employed in a position of high-level responsibility or public trust? Yes No

7. Have you ever sold illegal drugs? Yes No If yes, provide details.

8. Do you understand that all prospective Police employees will be required to submit to a urinalysis for drug abuse prior to employment? Yes No

9. List all federal agencies and any state or local law enforcement agencies to which you have applied for employment.

10. Has any organization listed in number 9 above investigated, interviewed, tested, or polygraphed you? If so, indicate the name of the agency and the date and type of pre-screening method.

11. Are you now or have you been a member of a foreign or domestic organization, association, movement, group, or combination of persons that is totalitarian, fascist, communist, or subversive or that has adopted or shows a policy of advocating or approving acts of force or violence to deprive other persons of their rights under the Constitution of the United States or that seeks to alter the form of Government of the United States by unconstitutional means?~~~~~ Yes No If yes, provide details.

12. Have you been a member of a foreign intelligence organization, or have you supported or had any connection with its activities?
~ Yes No If yes, provide details.

13. All information on this application will be investigated. Are you therefore aware of any information about yourself or anyone with whom you are or have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities, or loyalty to the United States? Yes No If yes, provide complete details.

XXVIII. AVAILABILITY OF APPLICANT

1. Have you previously submitted an application for employment to the Village of South Chicago Heights? Yes No

Date : _____

Position : _____

2. If appointed as an officer, do you agree to serve a minimum of 1 year? Yes No
-

3. What is the earliest date that you would be available for employment?
-

4. How much notice do you need to report for work?

XIX. PHOTOGRAPH



All Applicants - For identification, attach an unmounted full-face photograph of yourself, no larger than 2 3/4 x 2 1/2 inches. Print your name plainly on the back of the photograph. The photograph must be taken no more than 3 months prior to the date of this application. Please note that this photograph, as well as other materials that you submit, will become the property of the Village of South Chicago Heights Police Department and may not be returned.

ATTENTION - THIS STATEMENT MUST BE SIGNED BY THE APPLICANT

I understand that I may be required to submit to a pre-employment polygraph examination to assist the South Chicago Heights Police Department in determining my qualifications for a Security Clearance and suitability for employment.

I understand that all appointments are probationary for a period of one year, during which time I must demonstrate my fitness for continued employment with the South Chicago Heights Police Department. I understand that, being a police department, it has been necessary to establish regular night and morning shifts

as well as holiday and weekend duty, and that I may be required to work such schedules as needs arise. I further understand that any appointment offered to me will be contingent on the results of a complete character and fitness investigation, and I am aware notwithstanding a State Expungement Order concerning criminal history that willfully withholding information or making false statements on this application will be grounds for dismissal from the South Chicago Heights Police Department and constitutes a violation of Section 1001, Title 18 of the U.S. Criminal Code. I agree to these conditions and hereby certify that of my statements on this application are, to the best of my knowledge, true and complete.

Finally, I understand that as an applicant for employment with the South Chicago Heights Police Department, I have been notified that if I believe I have been discriminated against because of race, color, religion, sex, sexual orientation, national origin, age (must be at least 40 years old) or disability (mental or physical or both), or as a reprisal for previous involvement in the EEO process, I must contact an EEO Counselor within 45 calendar days of an alleged discriminatory action. I also understand that if I fail to contact a counselor within 45 days, it is likely that I may forfeit my right to pursue a claim of discrimination.

Printed Name

Signature (as usually written, without nicknames)

Date

CONTINUATION SHEET

Village of South Chicago Heights Board of Fire and Police Commissioners



AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern: I am an applicant for a position with the Village of South Chicago Heights Police Department ("Department"). The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. This authorization is intended to provide full and free access to any and all information or documents in your possession related to me. For the specific purpose of allowing the South Chicago Heights Police Department to conduct a background Investigation so that the Department can determine my suitability for employment.

I give my consent for full and complete disclosure to the Department of any and all public and private information, including files or records which are deemed to be confidential, and/or sealed, that you may have concerning me. I authorize any representative of the South Chicago Heights Police Department bearing this Authorization, or a copy thereof, to obtain all such information in your files pertaining to me, specifically including, but not limited to:

- _____ 1. my employment records.
- _____ 2. my military service records.
- _____ 3. my medical and psychiatric/psychological records.
- _____ 4. my educational records.
- _____ 5. my financial and consumer credit records.
- _____ 6. my criminal history record, including any arrest and conviction records.
- _____ 7. any information contained in investigatory files, internal affairs investigation files and disciplinary records.
- _____ 8. any efficiency ratings, complaints or grievances filed by or against me.
- _____ 9. my attendance records, and
- _____ 10. my polygraph examinations.

I direct every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital, or other repository of records, having control of any documents, records and other information pertaining to me, release such information upon request of the South Chicago Heights Police Department.

I release every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital, or other repository of records, including its officers, employees, or agents. Both individually and collectively, from any and all liability or damages pursuant to any state or federal laws, which may result at any time to me, my heirs, my family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the South Chicago Heights Police Department regardless of any agreement I may have made with your previously to the contrary.

For and in consideration of the Department's acceptance and processing of my application for employment and additional consideration consisting of the agreement to maintain all information received under the authorization confidentially, as provided from below in the paragraph, and for other valuable consideration, the sufficiency of which is acknowledged, agree to release indemnify and hold harmless the Village of South Chicago Heights, its officials, agents and employees, the South Chicago Heights Police Department, its agents, and employees, and the South Chicago Heights Board of Police and Fire Commissioners ("Board"), its commissioners, agents and employees, from any and all claims and liability for damages associated, directly or indirectly, with my application for employment or in any way connected with the collection of information pursuant to the Authorization. I understand that the information obtained by the Department under the Authorization shall remain confidential, except for its use by the Department in examining my qualifications to hold or retain the position applied for and such information may be released or destroyed only as required by law, or as approved by the applicant and the Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the South Chicago Heights Police, and/or the Board of Police and Fire Commissioners in conjunction with employment procedures.

I have also been advised that I have the right, under Section 1681d(b) of the Fair Credit Reporting Act to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of any credit check investigation.

A photocopy or facsimile copy of this Authorization form shall be valid as an original thereof, even though the said photocopy or facsimile copy does not contain any original writing of my signature.

Name: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Cellular Telephone: _____ Social Security Number: _____