## **Police Officer Application**



This application will be evaluated by those persons responsible for hiring at the Park City Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Park City Police Department.

#### FOLLOW DIRECTIONS CAREFULLY

- USE BLACK or BLUE INK TO COMPLETE QUESTIONAIRE
- 2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
- 3. WRITE OR PRINT LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- 5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- 6. ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BOXES BLANK.
- 7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
- 8. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE
- 9. IF YOU NEED ADDITIONAL SPACE, WRITE ON PAGE #18.
- 10. BEFORE RETURNING QUESTIONAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

	REFERRAL SOURCE / AVAILABILITY										
A	Which position are you applying for?			☐ Inexperienced Poli	ce Officer	☐ Lateral Police Officer	☐ Inexperienced BLET certified				
В	What types of work will you accept?			☐ Full Time	☐ Part Time						
С	C Please indicate your referral source:			bethebadge.com		☐ Police Recruiter	☐ City of Park City Website				
	Friend	☐ ESC	☐ Job Fair	☐ Matchforce.org		☐ Monster.com	☐ Newspaper				
	Walk-In	☐ City Employee	□ I	nternet Website, if so list name:		Billboard	Other				
D	Which Job	Fair did you attend (pleas	e specify):								
Е	E If other referral source (please specify the name of the website, friend city employee or agency in which you found out about this position):										
F	If selected for this position, how soon can you begin employment?										
G	If you are not available for work now, enter the earliest date you could begin work?										

				1.	PERSON	IAL D	ATA				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Last Name	3			First Name					Middle N	ame		
Current A	ddress		Stree	et Name & Num	ber (No PO Boxes	s)	C	City		State	Zip	o Code
Email					List any other	r names y	ou have ever	used (includ	ing maiden	name)		
Home Pho	ne				Alternate Pho	ne Numb	er			Notification T	Type Prefere	nce:
( )	Date of	( )	Sex	Race	Height		☐ Email	☐ Pa	aper			
			I lace of Bill	h (City & State)		Jex	Nace	neight	Weight	Hair Colo	r Ey	e Color
Tattoos (D	escription & L	ocation)								Are you a	US Citizen	?
Check One	_		Separated Widowed	☐ Single	Spouse's Full	l Name					Spouse 's Da	ate of Birth
A Star	ting with v	our present address	s, list all physic	al addresses yo	u have had for	the past	(10) years, in	icluding you	ır addresses	in the milita	ry service.	Include each
Dates M	IO/YR	parately. PO Boxes	s are not accep	et Address			<u> </u>	ity	Cou		State	
From	To Present								Cot	inty	State	Zip Code
	Tresent											
				777		-						
					1000							
											Tarento.	

VOLUNTARY: Person confidential as required	s with disabilities who DO NOT V by State law. Public disclosure of	VISH to report their disa this information withou	bilities should respo it your consent would	nd to the next question I be a violation of IL L	as "no". Info	rmation reported regarding t	his question will be kept		
B Do you have a	disability?	No more of the	Y: Disability means, major life activities (Americans with Disa	of such individual; (2	vidual: (1) a ph	nysical or mental impairment t such impairment; or (3) being	that substantially limits one or g regarded as having such an		
If you answered yes t	o the above stated question, ple			ionities rect of 1990).					
C Can you, after	employment submit proof of ye	our legal right to work	in the United State	es?	☐ Yes	□ No			
D Are you legally	eligible to work in the United	States?		Yes No					
E Are you a prev	ious City of Park City employe	e?		Yes No		se list dates of at: (MO / YY)			
F Are you curren	tly working at the City of Park	City as a regular or te	mporary employee	?		☐ Yes ☐ No			
G Are you related	by blood or marriage to a pers	son now employed by	the City of Park Ci	ty?		☐ Yes ☐ No	If yes, please indicate:		
Name:		Relationship:	Departme	nt:		maicate.			
H Are you seekin	g reinstatement to the same or	similar position?				☐ Yes ☐ No			
			2. REFERI	ENCES			*		
List three (3) referen	List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least three (3) years.								
Name		Street Address		City		State	Zip Code		
How long known?	Occupation	Home Phone				Business Phone			
N.			(	)		( )			
Name		Street Address		City		State	Zip Code		
How long known?	Occupation			me Phone		Business Phone			
			(	)		( )			
Name		Street Address		City		State	Zip Code		
How long known?	Occupation	_1	Но	me Phone		Business Phone			
			(	)		( )			
			3. EDUCA	TION					
	cking all boxes that apply if yo	ou have any of the follo	owing:	☐ HS Diploma	☐ GED Cert	tificate	ee  Masters Degree		
High School Name		Address		City		State	Zip Code		
Dates Attended (MM.	YYY)	Graduated?	Type of Degree	or Credit Hours					
From:	To:	☐ Yes ☐ No	7,7						
High School Name		Address	J.	City		State	Zip Code		
Dates Attended (MM.	1 °	Graduated?	Type of Degree	or Credit Hours	<del></del>				
From:	To:	Yes No		79		D			
College Name	Name(s) and loc	ation(s) of Colleges	s, Universities o						
Conege Maine		Address		City		State	Zip Code		
Dates Attended (MM) From:	YYY) To:	Graduated?	Type of Degree	or Credit Hours					
College Name	10;	Yes No		City	1	Ctata	7:- 0-1		
-		. 1001033		City		State	Zip Code		
Dates Attended (MM)	1	Graduated?	Type of Degree	or Credit Hours					
From:	To:	☐ Yes ☐ No							

College Name		Address		City	State	Zip Code			
Dates Attended (MM/Y	V)	Graduated?	Type of Degree or Credi						
From:	To:	☐ Yes ☐ No	Type of Degree of Credi	t Hours					
B Have you ever be If YES, explain o	en suspended, disciplined on n page #18.	expelled from any hig	gh school or institution of h	igher learning?		] Yes □ No			
		4. EN	IPLOYMENT HI	STORY					
A Have you ever be	en dismissed or asked to res	ign from ANY employ	/ment?	☐ Yes ☐ N	In If VFS evals	in on page #17.			
	t your present employer to b								
,	your prosent employer to t	- Contacted, check the	box to the right and on exp	main why on page #1	0.				
Beginning with your present employer or most recent employer, list ALL of the places you have worked during the last ten (10) year period. Keep in chronological order. List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. Omit None! Copy the employment page and continue your information on the copy(s).									
From	Name				Job Title				
MO/YR To	Street Address				Supervisor				
MO/YR	City		Phone ( )		Starting Salary				
Describe your duties	State		Zip Code		Ending Salary				
☐ Part Time ☐ Ful  Detail Reason for Leavi		olunteer I	f part-time, list number of hours	s worked per week					
From	Name				Job Title				
MO/YR	Street Address				Supervisor				
То	City		Phone ( )		Starting Salary				
MO/YR	State		Zip Code		Ending Salary				
Describe your duties									
☐ Part Time ☐ Ful	Time Seasonal \	/olunteer I	f part-time, list number of hours	worked per week					
Detail Reason for Leavi				s meather per trees					
From	Name				Job Title				
MO/YR	Street Address				Supervisor				
То	City		Phone ( )		Starting Salary				
MO/YR	State		Zip Code		Ending Salary				
Describe your duties									
Don't Time Don't	ті								
		olunteer I	f part-time, list number of hours	worked per week					
Detail Reason for Leavi	1 <u>g</u>								

From	Name		Job Title	
MO/YR	Street Address		Supervisor	
То	City	Phone ( )	Starting Salary	
MO/YR	State	Zip Code	Ending Salary	
Describe your duties				
	Full Time  Seasonal  Volunteer	If part-time, list number of hours worked p	r week	
Detail Reason for Le	aving			
From	Name		Job Title	
MO/YR	Street Address		Supervisor	
То	City	Phone ( )	Starting Salary	
MO/YR	State	Zip Code	Ending Salary	7
Describe your duties	]			
	Full Time Seasonal Volunteer	If part-time, list number of hours worked po	r week	
Detail Reason for Le	aving			
From	Name		Job Title	
MO/YR	Street Address		Supervisor	
То	City	Phone ( )	Starting Salary	
MO/YR	State	Zip Code	Ending Salary	
Describe your duties				
	Full Time Seasonal Volunteer	If part-time, list number of hours worked pe	r week	
Detail Reason for Lea	aving			
From	Name		Job Title	
MO/YR	Street Address		Supervisor	
То	City	Phone ( )	Starting Salary	
MO/YR	State	Zip Code	Ending Salary	
Describe your duties				
☐ Part Time ☐ I	Full Time Seasonal Volunteer	***************************************		***************************************
Detail Reason for Lea		If part-time, list number of hours worked pe	r week	
Detail Reason for Lea	iving			
P				
From	Name		Job Title	
MO/YR	Street Address		Supervisor	
To	City	Phone ( )	Starting Salary	
MO/YR  Describe your duties	State	Zip Code	Ending Salary	
Describe your duties				
			the Maria Control of the Control of	
Dort Time -	Euli Time C. C			
	Full Time Seasonal Volunteer	If part-time, list number of hours worked pe	r week	
Detail Reason for Lea	iving			

С	Have y	ou ever	applied	for ANY position	with ANY law enfo	rcement	agency in	cludin	g local, state	and fede	ral agencies	?	☐ Yes ☐ No	)	To an about
	Date			Positio	on				Law Enforce	ement Ag	gency			position	
														300711011	
				7.5								<del></del>			
						-									
D	Have v	Oll ever	attende	d a law enforceme					-						
		of acade		d a law ellforceme	nt academy?	Ш	Yes 🗌	No			Were you		□ Y	es 🗌 No	
	City &										Date attend	led:		***	_
Е	Has yo	ur law e	nforcen	nent certification e	ver been suspended,	revoked	or brough	nt befor	e a review b	oard?			☐ Yes ☐ No		
						5.	ARRE	STI	HISTOR	Y					
The charg	following ge or con	g question	ons perta was jud	ain to your experie	ences in this country o not list it. Explain	and all o	ther count	tries as	both a juve	nile and	an adult. I	nclude an	y military law enforcen	ient contac	ct. If a
						Yes	No							Yes	No
А	Have ye	ou ever ment of	had any ficial, to	contact with ANY include as a victi	law m, witness or			G	Have you	aver boo	n convicted	-C:	0		
	reportir	ig party	?			_		Ü	mave you	ever bee	ii convicted	oi a crime	) /		
В	you a v	erbal or	written	official for any re warning?				Н	Have you	ever bee	n booked int	to jail?			
С	Have yo	ou ever ?	been de	tained by a law en	forcement			I	Have you	ever rece	eived a crimi	inal citatio	on?	П	
D	Have ye	ou ever	been ac	cused of a crime?				J	Have any	relatives	of you or yo	our spouse	ever been convicted	П	П
E	Have ye	ou ever	been ch	arged with a crime	?			K			ntion facility		home for any reason?	-	_
F	F Have you ever been arrested?						rave me p	police evi	er been cane	d to your	nome for any reason?				
							3								
L	If you h	ave ans	wered "	yes" to any of the	above questions, list f more space is nee	the incid	dent below	v and n	nake certain	you have	explained in	t on the ba	ack page. ALL INCID	ENTS MI	UST BE
Secti (A - I	on#	MO/Y		Reason / Charge		ucu, use	page #10	T	Enforcemen	nt Agency	v = City / St	nte	Diamoities / Seet		) (O N m
(/1-1	.)							Dun	- Enforcemen	III Agene	y - City / Sta	ate	Disposition / Sentence		MO/YR
								-							
		Water the same of	-			6. I	RIVE	RS I	HISTOR	Y					
A		valid dr	T	cense you now hol											
Issue	Date		Туре	of License	Expiration Date			State		License 1	Number				
			-												
		-													
				Miles A. Miles and							10				
B Issue		ave pre			nse from ANY state,	please in	ndicate be	T							
15500	Date		Type	of License	Expiration Date			State	•	License 1	Number				
	-		-								-				
							-								
С					d, suspended, or rev			es 🔲 1	No Rea	ason:	1				
D					celed, refused, revok e reasons and date		spended?			Yes 🗌	No	Date of	Reinstatement		
Е	Have you ever been charged with driving under the influence of alcohol or drugs?  If YES, explain on page #18.							Yes 🗌	No	Convict	ed?	No			

/R Char	ge												
	Charge				Agency/ Ci	ty or Stat	e	Disposit	ion / Con	viction	***************************************	M	IO / YR
						ND N	ARCOT	CS					
Have you <u>ever</u>	used any pre	scription dr	ugs not preso	cribed to you by	a doctor?			☐ Yes	□ No		If YES, explai	n on page #18	3.
f you have tri nclude the n	ed, used or ing umber of tim	gested ANY es used and	of the drugs d dates.	listed below, c	heck the "Yes	s" box; if	you have no	t, check the	e "No" b	ox.			
	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)				Yes	No	Total # Times Used	Last Use (MO/YR	Date/s (MO/YR)
ana						Cocair	e (powder/crae	k)	П				
its							385						
,						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
ırates	П							roide					
h									-				
tamines						Halluc (LSD, F	inogenic Sub CP, Mescaline	stances					
	sed any of the	drugs liste	ed above or if	you have tried	or used any o			ator's must			"10		
				you have tried	or used any o	mer drug	without a do	octor's pres	scription,	explain	on page #18.		
				8.	GANG A	FFLI	ATIONS						
ctivity, to inc	lude motorcyc	ou formerly cle organiza	y, been associations, street g	iated with a gro gangs, or other	up that engage organizations	es in crin involved	inal in	☐ Yes	□ No		If YES, explai	n on page #13	3.
Are you now is inlawful or un	n a group, who	ich seeks to means?	alter the form	m of governmen	nt of the Unite	d States	by any	☐ Yes	□ No		If YES, explai	n on page #13	3.
				9.	MILITA	RY SI	ERVICE						
Have you serv	ed honorably	in the Arme	ed Forces of t	he United State	s on active du	itii fan na			- 0		-5		
nclude Army,	Navy, Marine	e Corps, Ai	r Force, Coas	st Guard, ROTC	, or any other	military	or other sem	i-military	g: organizat	ion.		☐ Yes	□ No
*ONLY Hon	orable Disch	arges will l	be considere	d for employm	ent								
list dates of m	ilitary service	: (list each	service perio	od separately)									
'R Entered	Branch /	Organizatio	on		Discharge	Date	Type of Di	scharge				Rank	
			7	-									
Are you a men	nber of the Mi	litary Reser	rves?				☐ Yes ☐	] No					
Have you rece	ived any form	of disciplin	nary action fr	om the military	?								
Current Militar	v Status								/=:=8		,	,,	
file and the street of the str	tyou have trinclude the number of you have trinclude the number of the n	rates	Yes No  Yes No  The No	retyou have tried, used or ingested ANY of the drugs include the number of times used and dates.  Yes No Total # Times Used  Times Used  Trace	fave you ever used any prescription drugs not prescribed to you by f you have tried, used or ingested ANY of the drugs listed below, conclude the number of times used and dates.  Yes No Total # Times (MO/YR)  Total # Times (Used (MO/YR))  Total # Times (Used (MO/YR))  Tates	Aver you currently, or have you formerly, been associated with a group that engagetivity, to include motorcycle organizations, street gangs, or other organizations riminal activity?  Aver you now in a group, which seeks to alter the form of government of the United Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other *ONLY Honorable Discharges will be considered for employment ist dates of military service: (list each service period separately)  Reneted and proposed and possible	Any you ever used any prescription drugs not prescribed to you by a doctor?  If you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if netude the number of times used and dates.  Yes No Total # Last Use (MO/YR)  Times Used (MO/YR)  Total # Last Use (MO/YR)  Total # Last	Any you giver used any prescription drugs not prescribed to you by a doctor?  If you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have no include the number of times used and dates.    Yes	Tyou have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have not, check the netude the number of times used and dates.  Yes No Total # Last Use Times (MO/YR)  It is Queen   Date/s (MO/YR)  It is   Date/s (MO/Y	Any you giver used any prescription drugs not prescribed to you by a doctor?	Tave you ever used any prescription drugs not prescribed to you by a doctor?	In you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have not, check the "No" box.	See   No

#### PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the City of Park City whatever detail is available concerning my qualifications. I authorize the City of Park City to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the City of Park City. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that If I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the City of Park City.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the City of Park City policy. If required, I will complete a Surety Bond Application. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment.

I further authorize the City of Park City and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Park City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Park City specifically acknowledges such change in writing. I hereby release the City of Park City and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

#### The City of Park City is an Equal Opportunity Employer

Signature of Applicant (Unsigned applications will not be processed)	Date	
Print Name		

Intentionally Left Blank

# **EEO Voluntary Self Identification Form**

IMPORTANT NOTICE: As part of its mandate under Title VII of the Civil Rights Act of 1964, the Equal Employment Opportunity Commission (EEOC) requires periodic reports from public and private employers which indicate the composition of their workforces by sex and race/ethnic category. EEOC collects this labor force data from state and local governments with100 or more employees. The City of Park City is required to submit the EEO-4 report biennially (every two years).

Completion of the data below is <u>VOLUNTARY</u> and will not affect any terms or conditions of employment. Any information provided will be used for EE0-4 reporting purposes only and will be kept separate from all other records only accessed by the Human Resource Development Department.

DATE:/				
PRINT NAME:Last		First		M.I.
DATE OF BIRTH:/	1	GENDER:	☐ Male ☐ Fema	ile
RACE / ETHNICITY: (F	Please check one	of the descriptions below corresponding to tl	ne group with which yo	ou identify).
WHITE: All persons having	g origins in any of	the original peoples of Europe, North Africa o	the Middle East.	
BLACK or AFRICAN AM	IERICAN (not o	of Hispanic origin): All persons having origins	in any of the Black racia	al groups of Africa.
HISPANIC or LATINO: A	All persons of Me	exican, Puerto Rican, Cuban, Central or Sout	h American or Spanish	culture or origin.
ASIAN or PACIFIC ISLA	Indian S	ons having origins in any of the original peo Subcontinent or the Pacific Islands. This area Korea, the Philippine Island, and Samoa.	ples of the Far East, So includes, for example,	outheast, Asia, the China, India,
AMERICAN INDIAN or A	ALASKAN NAT	FIVE: All persons having origins in any of the who maintain cultural identification to recognition.	ne original peoples of N nrough tribal affiliation	North America, and or community
TWO or MORE RACES (	not Hispanic or I	Latino): All persons who identify with more	than one of the above f	ive races.

AA Form Revised 2-14-14

The City of Park City, Illinois does not discriminate on the basis of race, sex, color, age, national origin, religion, or disability in its employment opportunities, programs, services, or activities.

### Authorization and Release to Obtain Information

I,	authorize the	City of Parl	City to	conduct a
background investigation in connection with my a	application for employn	nent.	. 0.0, 10	onduot u
I understand that I will not receive, and am know its contents. I further understand that the further information that may be required in reinformation gained for such investigation is contitue employment process.	contents of this report eference to my past r	are privileged	d. I agree to	give any
This investigation may include information units and organizations, all US Government agent Department of Motor Vehicle records in any state police or court records, tax and property records appropriate sources. I authorize the release of at the above sources. I also authorize my former of employment; together with any information they in	cies to include the Officite, any physician or mess, personal references, my information that the or current employers to	ce of Personne edical records, developed refo City of Park give any info	I Manageme insurance corences, and City may recormation resort	nt (OPM), ompanies, any other quest from
I also understand that if I am currently emplaw enforcement or criminal justice related agen may be made available to my current employer, vicity.	cy of any type, the resi	alts of this bad	ckground inv	estigation
I hereby release the City of Park City, Illling entity so furnishing such information from any a furnishing or inspection of such documents, recordity of Park City.	and all liability of ever	v nature and l	cind arising	out of the
Signature				
Data				
Date				
State of				
County of				
I,	, a Notar	y Public for sa	aid County a	and
State, do hereby certify that			•	
appeared before me this day and acknowledge				-
been duly sworn by me, made oath that the sta				Ü
Witness my hand and official seal, this the	day of		, 20	
20	My	commiss	ion	expires
, 20 Notary Public Signature				
Notary Public (Type or Print) Name	-		(Official	Seal)

	ADDITIONAL BACK PAGE									
This page is to add or clari narcotics explanation wou	fy any part of this questionnaire. Please indicate the section (such as Employment History) and the specific questions answered by letter. For example, d be listed as Section Name - Narcotics, # B	a								
Section Name & Question Letter										
		-								