

# Police Officer Application



Today's Date
Name (Last, First, Middle)

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

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. 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 QUESTIONNAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

## REFERRAL SOURCE / AVAILABILITY

A	Which position are you applying for?	<input type="checkbox"/> Inexperienced Police Officer	<input type="checkbox"/> Lateral Police Officer	<input type="checkbox"/> Inexperienced BLET certified
B	What types of work will you accept?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
C	Please indicate your referral source:	<input type="checkbox"/> bethebadge.com	<input type="checkbox"/> Police Recruiter	<input type="checkbox"/> City of Park City Website
	<input type="checkbox"/> Friend	<input type="checkbox"/> ESC	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Matchforce.org
	<input type="checkbox"/> Walk-In	<input type="checkbox"/> City Employee	<input type="checkbox"/> Internet Website, if so list name:	<input type="checkbox"/> Monster.com
				<input type="checkbox"/> Newspaper
			<input type="checkbox"/> Billboard	<input type="checkbox"/> Other
D	Which Job Fair did you attend (please specify):			
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?	<input type="checkbox"/> As soon as possible	<input type="checkbox"/> Two week notice	<input type="checkbox"/> Need more notice
G	If you are not available for work now, enter the earliest date you could begin work?			



**VOLUNTARY:** Persons with disabilities who **DO NOT WISH** to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of IL Law.

B Do you have a disability?  Yes  No **DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

C Can you, after employment submit proof of your legal right to work in the United States?  Yes  No

D Are you legally eligible to work in the United States?  Yes  No

E Are you a previous City of Park City employee?  Yes  No If yes, please list dates of employment: (MO / YY)

F Are you currently working at the City of Park City as a regular or temporary employee?  Yes  No

G Are you related by blood or marriage to a person now employed by the City of Park City?  Yes  No If yes, please indicate:

Name: Relationship: Department:

H Are you seeking reinstatement to the same or similar position?  Yes  No

## 2. REFERENCES

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	

## 3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following:  HS Diploma  GED Certificate  College Degree  Masters Degree

High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
<b>Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:</b>				
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		

College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: _____ To: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? If YES, explain on page #18.				<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 4. EMPLOYMENT HISTORY

A Have you ever been dismissed or asked to resign from ANY employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain on page #17.
B If you do not want your present employer to be contacted, check the box to the right and on explain why on page #18.	<input type="checkbox"/>	

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 MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City Phone ( ) State Zip Code	Starting Salary Ending Salary
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <span style="float: right;">If part-time, list number of hours worked per week</span>		
Detail Reason for Leaving		

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City Phone ( ) State Zip Code	Starting Salary Ending Salary
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <span style="float: right;">If part-time, list number of hours worked per week</span>		
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Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <span style="float: right;">If part-time, list number of hours worked per week</span>		
Detail Reason for Leaving		

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone ( ) Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>		
Detail Reason for Leaving		
From MO/YR	Name Street Address	Job Title Supervisor
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Ending Salary		
Describe your duties		
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Detail Reason for Leaving		
From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City State	Phone ( ) Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <small>If part-time, list number of hours worked per week</small>		
Detail Reason for Leaving		

C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies?  Yes  No

Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy?  Yes  No

Name of academy: \_\_\_\_\_

City & State: \_\_\_\_\_

Were you certified?  Yes  No

Date attended: \_\_\_\_\_

E Has your law enforcement certification ever been suspended, revoked or brought before a review board?  Yes  No

### 5. ARREST HISTORY

The following questions pertain to your experiences in this country and all other countries as both a juvenile and an adult. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. Explain all "YES" answers in detail on page #18.

	Yes	No		Yes	No
A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?	<input type="checkbox"/>	<input type="checkbox"/>	G Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
B Has a law enforcement official for any reason ever issued you a verbal or written warning?	<input type="checkbox"/>	<input type="checkbox"/>	H Have you ever been booked into jail?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you ever been detained by a law enforcement official?	<input type="checkbox"/>	<input type="checkbox"/>	I Have you ever received a criminal citation?	<input type="checkbox"/>	<input type="checkbox"/>
D Have you ever been accused of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	J Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
E Have you ever been charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>	K Have the police ever been called to your home for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
F Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>			

L If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use page #18.

Section # (A - K)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

### 6. DRIVERS HISTORY

A List all valid driver's license you now hold

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a drivers license from ANY state, please indicate below:

Issue Date	Type of License	Expiration Date	State	License Number

C Is your driver's license currently restricted, suspended, or revoked?  Yes  No Reason: \_\_\_\_\_

D Have you ever had a driver's license, canceled, refused, revoked, or suspended?  Yes  No Date of Reinstatement \_\_\_\_\_

If YES, explain in detail on page #18 the reasons and dates.

E Have you ever been charged with driving under the influence of alcohol or drugs?  Yes  No Convicted?  Yes  No

If YES, explain on page #18.

F List each and every TRAFFIC citation, summons and written warning you have ever received. List in chronological order beginning with the most recent. If you need more space use page #18.

MO / YR	Charge	Agency/ City or State	Disposition / Conviction	MO / YR

### 7. LIQUOR AND NARCOTICS

A Have you ever used any prescription drugs not prescribed to you by a doctor?  Yes  No If YES, explain on page #18.

B If you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have not, check the "No" box. Include the number of times used and dates.

	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)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable /Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			

If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, explain on page #18.

**You MUST include dates and number of times used.**

### 8. GANG AFFILIATIONS

A Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity?  Yes  No If YES, explain on page #13.

B Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means?  Yes  No If YES, explain on page #13.

### 9. MILITARY SERVICE

A Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization.  Yes  No

**\*\*ONLY Honorable Discharges will be considered for employment**

B List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

C Are you a member of the Military Reserves?  Yes  No

D Have you received any form of disciplinary action from the military?  Yes  No If YES, explain on page #18 with the disciplinary action, what it is for, when, why and where.

E Current Military Status

**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



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## Authorization and Release to Obtain Information

I, \_\_\_\_\_ authorize the City of Park City to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Park City may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

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

I hereby release the City of Park City, Illinois, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Park City.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_\_  
Notary Public Signature

My commission expires

\_\_\_\_\_  
Notary Public (Type or Print) Name

(Official Seal)

