

Village of McCook
Board of Police and Fire Commissioners

MAYOR
Terrance Carr



COMMISSIONERS
Ken Lyons
Dan M. Foy
George Cokinis

5000 S. GLENCOE AVENUE McCOOK, IL 60525
708-447-9030 FAX 708-447-2584

NOTICE TO ALL APPLICANTS FOR POSITIONS WITH THE
MCCOOK POLICE DEPARTMENT

The following information must accompany all applications. This information will not be returned and will remain the property of the Village of McCook, Board of Police and Fire Commissioners.

Check the below boxes when the information has been submitted/completed.

- Copy of Birth Certificate
- Copy of Military Service Discharge or DD214 form (if applicable)
- Copy of High School Diploma (or G.E.D. certificate); Copy of College Degree
- Recent photograph (minimum of 2" x 2") attached to the application
- Copy of state issued driver's license
- Completed (signed and dated) Release and Disqualification page

- Return application and required documents in an envelope to:

McCook Police Department
5000 Glencoe Avenue
McCook, IL. 60525
Attn: Police Commissioners

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RELEASES AND DISQUALIFICATION

I, the undersigned, certify that I have read and fully comprehend this application for employment in its entirety. I acknowledge that the information provided on this application for employment and any other submitted application materials is true, complete, and correct to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment / other submitted application materials, whenever or however discovered, may result in the rejection of my application for employment or termination of employment without notice or benefits.

I authorize and empower the Village of McCook, Illinois and Board of Police and Fire Commissioners or representative hereinafter collectively referred as the "Agency", and any consumer reporting agency, state agency, or other outside service company engaged by said Agency for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health personal characteristics and mode of living, through correspondence or personal interview with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items. I specifically waive the right to written notice required of any former employer pursuant to the Personal Records Review Act, (820 ILCS 40/7(1)).

I understand that any information obtained from a personal history background investigation which is developed directly or indirectly, in whole or in part, from this release of records and information authorization will be considered in determining my suitability for employment as a police officer for the Village of McCook. I hereby release and hold harmless from any and all liability the Agency and its representatives to include but not limited to Village of McCook and its representatives and any other designee of their choosing for seeking, gathering, or using such information. I further agree to release hold harmless all the other persons, corporations, or organizations and their representatives for furnishing any requested information.

I further authorize any Municipal, County, State or Federal Criminal Justice Agency to release information concerning the existence or non-existence of any criminal record information regarding me that they have. I authorize my consent for full and complete disclosure of all aforementioned information and any other information deemed necessary and requested by the Agency or their designee in the research of my personal history background for the purpose of making this job application.

The undersigned further acknowledges that the form of this release has been found valid by the courts of the State of Illinois. I also give permission to the Village of McCook, its officers, agents, and employees to examine and copy all of my medical records, including but not limited to those relating to diagnosis, treatment, prognosis, history, charts, pictures, and plates kept in connection with any treatment or hospitalization that I may have received. I understand that all tests, assessments, and results thereof become the property of the McCook Board of Police and Fire Commissioners and are not subject to review.

I understand that submission of an application for employment does not obligate the Employer to engage in further review of my application for employment. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the Employer to employ me. I also understand that I have the opportunity to discuss the importance of this waiver with legal counsel of my own choosing and expense.

By my signature below, I indicate my complete understanding of this release and request that those contacted by the agency or their representative to provide any and all information as requested.

Print Name: _____

Applicant Signature: _____ Date: _____

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

Employment Application

Fill out this questionnaire completely and accurately. Any and all information is subject to verification. Incorrect information may cause your disqualification. If you need additional space for an answer use the continuation sheet at the end. If a question does not apply to you then use the term "N/A".

Last Name, First Name, Middle Name				Position Applied For			
Complete Home Address (to include Zip Code)							
Home Phone		Cellular Phone		Social Security Number			
Who do you live with at the above address? (list full names and relationships use continuation sheet if needed)							
Date of Birth		Age	Place of Birth (City and State)		Gender	Height	Weight
Hair Color		Eye Color		List any scars, birthmarks, tattoos, deformities, amputations			
Are you a United States Citizen? If no, do you have a visa to work in the United States?							
List every member of your immediate family that is still living. (Mother, Father, Sisters, Brothers)							
Name		Relationship		Address		Occupation	

EDUCATION HISTORY

Name / Address of Grade School	Dates Attended (from / to)	Graduated?
Name / Address of High School	Dates Attended (from / to)	Graduated?
Name / Address of College(s)	Dates Attended (from / to)	Degree?
Were you ever expelled / suspended from any school? If yes explain in detail		
List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:		

DRIVING HISTORY

Driver's License Number	State Issued	Restrictions	Expiration Date
Has your driver's license ever been suspended, revoked or cancelled in any state? If yes explain in detail			
List any and all traffic citations you have received regardless of the outcome			
Traffic Violation	Agency issuing citation		Date

RESIDENCE HISTORY

List your residence for the past ten years (starting with your current address)			
From	To	Address	City, State and Zip Code

Have you ever filed for bankruptcy or had a financial judgment against you? If yes explain in detail	
Date	Explanation and Status

MILITARY SERVICE

Have you ever served in the military of the United States?		(If yes, complete the following)		
Branch	Serial Number	Highest Rank Held	Discharge Date	Type of Discharge
Dates of Service	From	To		
Have you ever been disciplined while a member of the military? If yes, explain				

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? If yes explain in detail			
Date	Location (Police Agency)	Offense Charged	Disposition

Have you ever been the victim of a criminal offense? If yes explain in detail			
Date	Location (Police Agency)	Crime Against You	Disposition

Have you ever been fingerprinted by a police agency other than for an arrest? If yes explain.		
Date	Police Agency	Purpose

Has any person with whom you reside ever been convicted of a felony crime? If yes explain.			
Name	Relationship	Offense Charged	Arrest Date

EMPLOYMENT HISTORY

Are you currently on a civil service eligibility list?			
Date	Location (Police Agency)	Position on Eligibility List	Status

Have you ever been placed on an eligibility list and not hired? If yes explain in detail			
Date	Location (Police Agency)	Position on Eligibility List	Reason for Not Hired

Have you ever been rejected for any civil service position? If yes explain in detail			
Date	Location (Police Agency)	Position on Eligibility List	Reason for Rejection

Other than listed above, have you ever applied for employment to any other Police, Fire or Municipal, State or Federal employer? If yes explain in detail		
Date	Agency	Position Applied for

Have you ever been a Law Enforcement Officer, Fire Fighter or Municipal employee? If yes explain in detail			
Start Date	End Date	Agency	Position Held

Have you ever drawn or applied for worker's compensation for illness or injury? If yes explain in detail			
Start Date	End Date	Agency	Reason (Illness or Injury)

EMPLOYMENT HISTORY (continued)

Are you currently certified as a Law Enforcement Officer by the Illinois Law Enforcement Training & Standards Board?		
Date	Certificate Number	

Have you ever been discharged or forced to resign from any position/job? If yes explain in detail			
Date	Agency	Reason	

List all employment you have had for the past ten (10) years to include periods of unemployment, include all part-time or temporary jobs and military service; begin with your most recent employer			
Start Date	End Date	Employer's Name / Address	Type of Business / Phone Number
Salary Start	Salary End	Title or Position	Name of Immediate Supervisor
Explain what your duties were			
Reason for leaving			

Start Date	End Date	Employer's Name / Address	Type of Business / Phone Number
Salary Start	Salary End	Title or Position	Name of Immediate Supervisor
Explain what your duties were			
Reason for leaving			

EMPLOYMENT HISTORY (continued)

Start Date	End Date	Employer's Name / Address	Type of Business / Phone Number
Salary Start	Salary End	Title or Position	Name of Immediate Supervisor
Explain what your duties were			
Reason for leaving			

Start Date	End Date	Employer's Name / Address	Type of Business / Phone Number
Salary Start	Salary End	Title or Position	Name of Immediate Supervisor
Explain what your duties were			
Reason for leaving			

Start Date	End Date	Employer's Name / Address	Type of Business / Phone Number
Salary Start	Salary End	Title or Position	Name of Immediate Supervisor
Explain what your duties were			
Reason for leaving			

PERSONAL REFERENCES

Fill in below the requested information of six (6) adults not related to you and not former employers who have known you for a period of at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities. The McCook Police Department or its designee reserves the right to contact the references at any time.

Name of Reference	Home Address	Phone Number
Business Address	Business or Occupation	Years Known

Name of Reference	Home Address	Phone Number
Business Address	Business or Occupation	Years Known

Name of Reference	Home Address	Phone Number
Business Address	Business or Occupation	Years Known

Name of Reference	Home Address	Phone Number
Business Address	Business or Occupation	Years Known

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Name of Reference	Home Address	Phone Number
Business Address	Business or Occupation	Years Known

EMERGENCY CONTACTS

(Person(s) To Be Notified in Case of an Emergency)

Name of Contact	Home Address	Phone Number
Relationship	Business Address	Business Phone

Name of Contact	Home Address	Phone Number
Relationship	Business Address	Business Phone

Name of Contact	Home Address	Phone Number
Relationship	Business Address	Business Phone

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire. All answers are true and correct to the best of my knowledge and belief. I understand that an incorrect statement may be reason to disqualify me for employment.

(Sign your Signature in Full)	(Date Signed)

(PLEASE USE THE NEXT PAGE IF ADDITIONAL SPACE IS NEEDED FOR ANY ANSWER)

