

Village of Flossmoor



FLOSSMOOR

Welcoming. Beautiful. Connected.

Board of Fire & Police Commission

Lateral Police Officer Application

Applicant's Name: _____
Last First Middle

Instructions for Completion of Application

- Use black or blue ink to complete this application.
- Complete this application using block style printing, or type.
- Print legibly.
- Read each question carefully.
- Answer each question completely and accurately
- Answer all questions. Do not leave any boxes blank or questions unanswered.
- If a question does not apply to you, print or check N/A in the space provided.
- If you need additional space, use one of the "Continuation Sheets."
- Before returning the application; read, sign, and date the last page and any continuation pages, maintaining a copy for your records.
- Make sure that all required documents are attached to your application. **Failure to attach the required documents will result in your application being rejected.**
- Return the completed application to the Flossmoor Police Department in person or email the completed application to PDTESTING @flossmoor.org

Any false, misleading, or incomplete information will be grounds to disqualify you from employment with the Village of Flossmoor.

Personal Information

1. Your Full Name

Last:

First:

Middle:

2. Other Name(s), SSNs, or Dates of Birth Which You Have Used, Including Maiden Name

3. Current Street/Mailing Address

City & State

Zip Code

4. Telephone Numbers/E-mail

Home: ()

Work: ()

Cell: ()

E-mail _____

5. Age

Date of Birth (MM/DD/YYYY)

Place of Birth (City & State)

/ /

6. Social Security Number

- -

7. Starting with your present address, list all of the physical addresses you have had for the past 10 years, including your addresses in the military service. Include each duty station separately. PO Boxes are not acceptable

<u>Dates (Mo/Yr)</u>		<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>From</u>	<u>To</u>				

Education

8. Indicate by checking all boxes that apply if you have any of the following:

GED Certificate High School Diploma Bachelor's Degree Master's Degree

9. High School Name

Address

City

State

Zip Code

Dates Attended (MM/YY)

Graduated?

Grade Point Average/Scale

From: To:

Yes No

High School Name:

Address

City

State

Zip

Code

Dates Attended (MM/YY)

Graduated?

Grade Point Average/Scale

From: To:

Yes No

Education (continued)

10. College/University Name		Address		City	State	Zip Code
Dates Attended (MM/YY)		Graduated?	Grade Point Average/Scale	Degree Attained/Credit Hours		
From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University Name		Address		City	State	Zip Code
Dates Attended (MM/YY)		Graduated?	Grade Point Average/Scale	Degree Attained/Credit Hours		
From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University Name		Address		City	State	Zip Code
Dates Attended (MM/YY)		Graduated?	Grade Point Average/Scale	Degree Attained/Credit Hours		
From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

11. Trade/Technical School		Address		City	State	Zip Code
Dates Attended (MM/YY)		Course Completed?	Degree Attained/Course of Study			
From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade/Technical School		Address		City	State	Zip Code
Dates Attended (MM/YY)		Course Completed?	Degree Attained/Course of Study			
From:	To:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

12. Have you ever been disciplined, suspended, or expelled from any school you have attended?
 Yes No
If YES, explain on a Continuation Sheet.

13. List any other formal education you may have, including special training courses.

14. List any professional licenses or certificates you hold or have held.

Employment History

15. Have you ever been dismissed or asked/forced to resign from ANY employment?

Yes No

If YES, explain on a Continuation Sheet.

16. Beginning with your current, or most recent employer, list ALL of the places you have worked during the last 10 year period. Keep in chronological order. List periods of school, military service (including each duty station and assigned military unit), periods of unemployment in excess of 30 days, part-time employment, temporary employment, and any volunteer or internship positions.

From Mo/Yr	Name Street Address	Job Title Supervisor
To Mo/Yr	City Phone () State Zip Code	Starting Salary Ending Salary

Describe your duties

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

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

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

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

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

Reason for leaving

Employment History (continued)

From	Name	Job Title
Mo/Yr	Street Address	Supervisor
To	City Phone ()	Starting Salary
Mo/Yr	State Zip Code	Ending Salary

Describe your duties

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

Reason for leaving

From	Name	Job Title
Mo/Yr	Street Address	Supervisor
To	City Phone ()	Starting Salary
Mo/Yr	State Zip Code	Ending Salary

Describe your duties

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

Reason for leaving

From	Name	Job Title
Mo/Yr	Street Address	Supervisor
To	City Phone ()	Starting Salary
Mo/Yr	State Zip Code	Ending Salary

Describe your duties

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

Reason for leaving

From	Name	Job Title
Mo/Yr	Street Address	Supervisor
To	City Phone ()	Starting Salary
Mo/Yr	State Zip Code	Ending Salary

Describe your duties

Full Time Part Time Seasonal Volunteer - Average number of hours worked per week

Reason for leaving

AUTHORIZATION

I authorize and empower the Flossmoor Board of Fire & Police Commissioners, any consumer reporting agency, or other outside service company engaged by the Board for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, driving record, general reputation, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or other persons with whom I am acquainted or who may have knowledge concerning any of the above items.

NAME: _____
(Typed or Printed)

DATE: _____ SIGNATURE _____

I hereby agree to abide by all Rules and Regulations of the Board of Fire & Police Commissioners of the Village of Flossmoor, Illinois, and orders of the Chief of Police or his designees, during the giving of any examination and after the examination. Also during any probation period I might be appointed to; or as a regular member of the Police/Fire Department. These Rules & Regulations were available for me to read at the Flossmoor Village Hall.

DATE: _____

NAME: _____
(Typed or Printed)

SIGNED: _____

DATE: _____

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Flossmoor Police Department, any and all information that you may have concerning me, my work records, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Flossmoor Police Department.

I hereby release you and/or your employer from any liability and damage whatsoever the nature arising out of your furnishing the information requested above.

Name: _____
(Typed or Printed)

Signature: _____

Address: _____
