

# APPLICATION FOR EMPLOYMENT

Village of Bartonville

Police Department

**INSTRUCTIONS:** Fill out this application completely and accurately on pages 2-10. All statements in your application are subject to verification. A material misrepresentation or omission will bar or remove you from consideration for employment. If writing space is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "dna" (does not apply) if the question does not apply. Please print legibly.

## POSITION APPLIED FOR

AUXILIARY POLICE     DISPATCHERS     POLICE OFFICER     INTERNS

## PERSONAL INFORMATION

1 NAME (LAST) (FIRST) (MI)

2. LIST ANY OTHER NAMES OR ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME IF APPLICABLE)

3 HOME ADDRESS STREET CITY STATE COUNTRY ZIP CODE

4. AREA CODE AND HOME PHONE NUMBER 5. E-MAIL ADDRESS

6. SOCIAL SECURITY NUMBER		7. DATE OF BIRTH		8. PLACE OF BIRTH	
9. SEX	10. HEIGHT	11. WEIGHT	12. COLOR OF EYES	13. COLOR OF HAIR	
14. ARE YOU A U.S. CITIZEN - IF "YES"			IF "NATURALIZED", GIVE PARTICULARS		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NATIVE BORN	<input type="checkbox"/> NATURALIZED		

15. WITH WHOM DO YOU LIVE WITH AT THE ADDRESS ABOVE? LIST FULL NAMES AND RELATIONSHIPS

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16 LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING INCLUDE FATHER, MOTHER, SISTERS & BROTHERS

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

**EMPLOYMENT**

17. LIST ALL JOBS FOR THE PAST 10 YEARS, INCLUDING TEMPORARY OR PART TIME JOBS, YOU HAVE HELD. PLEASE INCLUDE PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE. IF YOU WERE EMPLOYED UNDER A DIFFERENT NAME, PLEASE LIST THAT NAME.

(1) EMPLOYER'S NAME	ADDRESS/PHONE NUMBER		TYPE OF BUSINESS
NAME/TITLE OF SUPERVISOR	DATES (TO AND FROM)	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING	NAME YOU WERE EMPLOYED UNDER	

(2) EMPLOYER'S NAME	ADDRESS/PHONE NUMBER		TYPE OF BUSINESS
NAME/TITLE OF SUPERVISOR	DATES (TO AND FROM)	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING	NAME YOU WERE EMPLOYED UNDER	

(3) EMPLOYER'S NAME	ADDRESS/PHONE NUMBER		TYPE OF BUSINESS
NAME/TITLE OF SUPERVISOR	DATES (TO AND FROM)	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING	NAME YOU WERE EMPLOYED UNDER	

(4) EMPLOYER'S NAME	ADDRESS/PHONE NUMBER		TYPE OF BUSINESS
NAME/TITLE OF SUPERVISOR	DATES (TO AND FROM)	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING	NAME YOU WERE EMPLOYED UNDER	

(5) EMPLOYER'S NAME	ADDRESS/PHONE NUMBER		TYPE OF BUSINESS
NAME/TITLE OF SUPERVISOR	DATES (TO AND FROM)	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE	REASON FOR LEAVING	NAME YOU WERE EMPLOYED UNDER	

18. INDICATE BY NUMBER ANY OF THE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.  EXPLAIN REASONS ON EACH NUMBER WHY YOU WOULD NOT LIKE US TO CONTACT THE EMPLOYER.	

19. HAVE YOU EVER FAILED TO COMPLETE A PROBATIONARY PERIOD FOR ANY JOB?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN.

20. WOULD YOU BE ELIGIBLE TO BE REHIRED BY ALL OF YOUR FORMER EMPLOYERS (ASSUMING THERE WAS A JOB AVAILABLE)?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE EXPLAIN

21. ARE YOU CURRENTLY ON ANY DISPATCH OR POLICE ELIGIBILITY LIST?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST NAMES OF DEPARTMENTS.

22. HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT FOR ANY OTHER POLICE DEPARTMENT FOR ANY POSITION?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATES AND DEPARTMENTS.

23. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER, A DISPATCHER, OR HELD A SIMILAR POSITION?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, POSITION	DATE (FROM)	DATE (TO)	LOCATION

24. HAVE YOU EVER BEEN TERMINATED OR REQUESTED TO RESIGN FROM A LAW ENFORCEMENT, OR DISPATCHER POSITION AFTER THE PROBATIONARY PERIOD?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN.



25. WERE YOU EVER DISCHARGED OR REQUESTED TO RESIGN BY AN EMPLOYER BECAUSE OF MISCONDUCT, UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME(S)	ADDRESS(ES)	EMPLOYERS	DATES

26. HAVE YOU EVER BEEN REJECTED AS A JOB APPLICANT BECAUSE OF ISSUES RAISED BY A) A BACKGROUND INVESTIGATION, B) A POLYGRAPH EXAMINATION; C) AN ORAL INTERVIEW; D) A PHYSICAL ABILITIES TEST OR E) A PSYCHOLOGICAL TEST? IF YES, EXPLAIN.

**EDUCATION**

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.

NAME/ADDRESS OF SCHOOL	NO. YEARS COMPLETED	DATES ATTENDED		GRADUATE	GRADE AVERAGE
HIGH SCHOOL(S)					
BUSINESS COLLEGE(S)					
EXTENSION OR CORRESPONDENCE COURSES					
COMMUNITY COLLEGES, COLLEGES OR UNIVERSITIES	FULL TIME	PART TIME	DEGREE(S) ATTAINED		
			MAJOR	MINOR	

28. WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL?     YES     NO    IF YES, EXPLAIN.

29. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES THAT MAY APPLY TO THE POSITION OF DISPATCH OR POLICE OFFICER.

30. DO YOU HAVE ANY EXPERIENCE AS A DISPATCHER OR POLICE OFFICER, FOR EXAMPLE, AS AN AUXILIARY POLICE OFFICER?	IF SO, GIVE DETAILS.

31. ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH?	IF SO, GIVE DETAILS.

**DRIVERS LICENSE AND TRAFFIC RECORD**

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU HAVE A VALID DRIVERS LICENSE IN ILLINOIS OR ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE LIST ALL STATES THAT YOU HAVE HAD A DRIVERS LICENSE AND INCLUDE DRIVERS LICENSE NUMBERS.

34. LIST CURRENT DRIVERS LICENSE NUMBER, EXPIRATION DATE, CLASS OF LICENSE AND ANY RESTRICTIONS.	

35. HAS YOUR DRIVERS LICENSE FROM ILLINOIS OR ANY OTHER STATE EVER BEEN SUSPENDED OR REVOKED?	<input type="checkbox"/> YES	IF YES, EXPLAIN. INCLUDE DATE(S) AND STATE(S)
	<input type="checkbox"/> NO	

36. HAVE YOU EVER HAD A RESTRICTED DRIVING PERMIT, JUDICIAL DRIVING PERMIT, OR HAS YOUR LICENSE BEEN HELD FOR SUPERVISION?	<input type="checkbox"/> YES	IF YES, EXPLAIN.
	<input type="checkbox"/> NO	

37. LIST ALL TRAFFIC CONVICTIONS AND TICKETS TO WHICH YOU PLEADED GUILTY AND APPROXIMATE DATES:

38. DO YOU CURRENTLY HAVE AUTO INSURANCE?	<input type="checkbox"/> YES	IF NO, EXPLAIN.
	<input type="checkbox"/> NO	

39. HAS YOUR AUTO INSURANCE EVER BEEN CANCELLED FOR ANY REASON?	<input type="checkbox"/> YES	IF YES, EXPLAIN.
	<input type="checkbox"/> NO	



**CRIMINAL HISTORY (ADULT, MINOR OR JUVENILE)**

40. IN THE LAST FIVE (5) YEARS, HAVE YOU (EVEN ONCE) TAKEN, USED OR EXPERIMENTED WITH ANY ILLEGAL DRUGS (INCLUDING MARIJUANA), OR ANY CONTROLLED DRUGS OR PRESCRIPTION DRUGS (SUCH AS VICODIN OR DARVOCET) NOT PRESCRIBED TO YOU?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN WHAT DRUGS, WHERE, HOW OFTEN, AND APPROXIMATE DATES:

41. IN THE LAST FIVE (5) YEARS, HAVE YOU (EVEN ONCE) SOLD OR PROVIDED TO ANOTHER PERSON, ANY ILLEGAL DRUGS (INCLUDING MARIJUANA), OR ANY CONTROLLED DRUGS OR PRESCRIPTION DRUGS (SUCH AS VICODIN OR DARVOCET)?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN IN DETAIL.

42. DO YOU DRINK ALCOHOLIC BEVERAGES?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE FREQUENCY AND AMOUNT.

43. HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A FELONY OR MISDEMEANOR?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE

44. HAVE YOU EVER BEEN PLACED ON COURT SUPERVISION OR PROBATION?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.

45. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AGENCY	DATE	PURPOSE

46. HAVE YOU EVER BEEN A VICTIM OF A CRIME?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN IF YOU REPORTED THE CRIME TO THE POLICE AND WHAT CRIME WAS COMMITTED.

47. ARE THERE ANY WARRANTS, (TRAFFIC OR OTHERWISE) OR JUDGEMENTS NOW PENDING AGAINST YOU?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.

48. HAS AN ORDER OF PROTECTION OR RESTRAINING ORDER EVER BEEN ENTERED AGAINST YOU?

YES  NO

IF YES, EXPLAIN.

49. HAVE YOU EVER SOUGHT AN ORDER OF PROTECTION OR RESTRAINING ORDER AGAINST SOMEONE ELSE?

YES  NO

IF YES, EXPLAIN.

50. HAVE YOU EVER STOLEN OR TAKEN ANY PROPERTY WITHOUT PERMISSION FROM AN EMPLOYER, A BUSINESS, OR ANY INDIVIDUAL?

YES  NO

IF YES, EXPLAIN.

51. HAVE YOU EVER POSSESSED ANY PROPERTY YOU KNEW WAS STOLEN OR YOU SUSPECTED TO BE STOLEN?

YES  NO

IF YES, EXPLAIN.

### MILITARY SERVICE

52. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.?

YES  NO

IF YES, LIST THE FOLLOWING:

BRANCH	UNIT	RANK	FROM	TO	ADDRESS OF BASE

53. GIVE DATE AND LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY AND STATE).

54. GIVE DATE AND LOCATION OF DISCHARGE FROM ACTIVE DUTY (CITY AND STATE).

55. WHAT TYPE OF DISCHARGE DID YOU RECEIVE? BE EXACT, (HONORABLE, MEDICAL, DISHONORABLE CONDITIONS, ETC.)

56. WHAT WAS YOUR RANK AT DISCHARGE?



57. ARE YOU RECEIVING OR HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.

58. HAVE YOU EVER BEEN CLASSIFIED BY A SELECTIVE SERVICE DRAFT BOARD AS A CONSCIENTIOUS OBJECTOR?  YES  NO

59. WERE YOU EVER CONVICTED AT A COURT MARTIAL?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.

**PERSONAL**

60. ARE YOU:  SINGLE  MARRIED  SEPARATED  WIDOWED  DIVORCED

61. ARE YOU LIVING WITH YOUR SPOUSE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN.
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62. GIVE THE FOLLOWING INFORMATION REGARDING YOUR MARRIAGE, OR MARRIAGES

DATE	WHERE	HUSBAND/WIFE'S NAME (MAIDEN)

63. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE.	

64. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU, OR STEP-CHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM

65. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEP-CHILDREN?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN IN DETAIL.



66. ARE YOU PAYING COURT-ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN.
ARE YOU CURRENT IN THE PAYMENT OF CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE EXPLAIN.
HAVE YOU EVER BEEN DELINQUENT IN THE PAYMENT OF CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN.

**DISPATCH APPLICANTS SKIP QUESTIONS 67-72**

67. DO YOU HAVE A FIREARMS OWNER IDENTIFICATION (FOID) CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE STATE AND FOID NUMBER.
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68. HAS YOUR FIREARMS OWNERS IDENTIFICATION CARD EVER BEEN SUSPENDED OR REVOKED IN THIS STATE OR ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN. INCLUDE DATES, STATE(S) AND REASONS
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69. DO YOU OWN A HANDGUN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY AND WHAT TYPE.
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70. DO YOU OWN ANY OTHER TYPES OF GUNS? IF YES, HOW MANY AND WHAT TYPE.
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71. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.
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72. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.
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73. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THE EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER OR DISPATCHER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.
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## CREDIT HISTORY

74. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (INCLUDING BANK OR CHARGE ACCOUNTS, OF FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE).

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT BORROWED	(OPEN) DATES (CLOSED)

75. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S). INCLUDE AMOUNTS IN ARREARS.

AMOUNT OF ORIGINAL DEBT	AMOUNT NOW OWED	IN ARREARS YES    NO	AMOUNT OWED TO NAME / ADDRESS

76. LIST YOUR PAST AND PRESENT ADDRESSES STARTING WITH THE PRESENT FIRST FOR THE PAST 5 YEARS.

FROM (MO.&YR.)	TO (MO.&YR.)	ADDRESS OF RESIDENCE	CITY AND STATE

77. ARE YOU BUYING YOUR HOME?

YES     NO

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION WILL RESULT IN DISQUALIFICATION FOR THE POSITION FOR WHICH I AM APPLYING OR TERMINATION OF EMPLOYMENT IF I HAVE BEEN EMPLOYED.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE IN FULL





**ADDENDUM TO  
APPLICATION FOR EMPLOYMENT  
Village of Bartonville  
Police Department  
REFERENCES**

Please list three references that you have had contact with within the last five years:

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

3. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Applicant's Signature

**FAILURE TO FILE THIS ADDENDUM WITH YOUR APPLICATION WILL RESULT IN THE REJECTION OF YOUR APPLICATION.**

# BARTONVILLE POLICE DEPARTMENT

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for the position with the Village of Bartonville Police Department. The Bartonville Police Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Bartonville Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bartonville Police Department, whether said records or of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bartonville Police Department to consider in determining my stability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had in interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damage pursuant to any state or federal laws. I hereby release you and your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, 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 duly accredited representative of the Bartonville Police Department regardless of any agreement I may have made with you previously to the contrary. The Bartonville Police Department will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Bartonville Police Department acceptance and processing of my application for employment, I agree to hold the Village of Bartonville and the Bartonville Police Department, their agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Bartonville Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and the disclosure of records, and my rights under Section 7 of the Illinois Review of Personnel Records Act to written notice from any previous employer that personnel information, including any disciplinary reports, written reprimand, or other disciplinary action, is being or has been divulged by the employer or its agents. I waive those rights with the understanding that information furnished will be used by the Bartonville Police Department in conjunction with employment procedures.

Any other information acquired by the Bartonville Police Department during the entire application process, including but not limited to:

1. Authorization for the Release of Information,
2. Acknowledgement/Consent for Background & Credit History,
3. Authorization to take Specimen for Drug(s) Screening, and
4. Release of All Liability, can be released to my present or past employer.

**NOTICE TO EMPLOYERS:** 745 ILCS 46/10 entitled "No Liability for Providing Truthful Information" states:

"Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith and is immune from civil liability for the disclosure and the consequences of the disclosure. The presumption of good faith established in this Section may be rebutted by a preponderance of the evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee."

I further understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary reported, letter of reprimand, or any other disciplinary action as required by the Illinois Personnel Record Review Act, as stated in 820 ILCS 40/7.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. This waiver is valid for a period of two years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to which this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

**THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY-RELATED HISTORY OR WORKERS' COMPENSATION ACT OR WORKERS' OCCUPATIONAL DISEASE ACT CLAIMS.**

DATED: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NOTARY STATEMENT**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**APPLICANT MUST SIGN AND RETURN THIS FORM WITH THE APPLICATION FOR EMPLOYMENT**



**BARTONVILLE POLICE DEPARTMENT**  
**ACKNOWLEDGEMENT/CONSENT FOR**  
**BACKGROUND AND CREDIT HISTORY**

As part of the application process for employment as a police officer or dispatcher with the police department of the Village of Bartonville, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicant's neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living and will include contacts with the applicant's current and previous employers as well as a check to determine if the applicant has a criminal history.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. Furthermore, the applicant acknowledges that the consents and authorizes the Bartonville Police Department, its agents and assigns, to conduct a background investigation and to request a report of his or her credit history. The applicant also acknowledges that said applicant has been advised of his or her creditor's rights, as follows:

"Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosure:

- (1) The nature and substance of all information in its files (except medical records) on you at the time of the request.
- (2) The sources of the information.
- (3) The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request."

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, her or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss you file in the other person's presence.

Federal Law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) "You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification. (2) You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification. (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge."

The undersigned agrees and consents to the release of such information to the Bartonville Police Department, as the applicant's prospective employer.

DATED: \_\_\_\_\_

APPLICANT NAME (PRINTED): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**APPLICANT MUST SIGN AND RETURN THIS FORM WITH THE APPLICATION FOR  
EMPLOYMENT**

NOTARY STATEMENT

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

# BARTONVILLE POLICE DEPARTMENT

## AUTHORIZATION TO TAKE SPECIMEN FOR DRUG SCREENING AND RELEASE

1. I understand that the Bartonville Police Department has a policy requiring each applicant for employment to be tested for the use of or presence of drugs, intoxicants, and other controlled substances.
2. I authorize the Bartonville Police Department and/or any contractor it selects to take from me any required specimen, which will be tested for the use or presence of various drugs within my bodily system, including but not limited to, cannabinoids, (marijuana), cocaine, benzodiazepines, opiates, phencyclidine (PCP), amphetamines, barbiturates, methadone, and methaqualone.
3. I understand that the specimen will be tested to determine the presence of these drugs using a chain-of-custody procedure to insure integrity of the specimen and its identification. In other words, this procedure may include a viewed specimen collection to insure the specimen provided is authentic and unadulterated.
4. I understand that the results of this testing will be reviewed and that the Bartonville Police Department may terminate the application process or withdraw any employment offer if the results indicate the presence of illegal or improperly used prescription drugs in my system or if there is any question of authenticity of the specimen. I further understand that this authorization does not constitute an offer of employment with the Village of Bartonville or the Bartonville Police Department.
5. I understand that should I be hired by the Bartonville Police Department, I may be subject to further substance testing, consistent with the policy of the department and village concerning such testing.
6. I hereby release the Village of Bartonville, the Bartonville Police Department, and its affiliates, agents, and employees from liability or responsibility related to test administration or processing or any act or omission arising therefrom.

DATED: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOTARY STATEMENT

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**APPLICANT MUST SIGN AND RETURN THIS FORM WITH THE APPLICATION FOR  
EMPLOYMENT**

# BARTONVILLE POLICE DEPARTMENT

## RELEASE OF ALL LIABILITY

The undersigned, in consideration of the acceptance and processing of my Application for Employment for a position with the Police Department of the Village of Bartonville, Illinois, hereby releases and discharges the Village of Bartonville, the Bartonville Police Department, the testing agency contracted to perform any tests, should they be contracted out, and all officers, agents, and employees of the foregoing of and from any and all injuries, losses, and damages to me that may at any time arise as a result of my participation in the application process and all tests relating thereto (including but not limited to, the Physical Aptitude Test, Polygraph Examination, Psychological Assessment, Drug and Medical Examinations, and Background Investigation). The intention of this Release is to completely, absolutely, and finally release the Village of Bartonville, Illinois, the Bartonville Police Department, the testing agency contracted to do the tests, and their officers, servants, agents, and employees of and from any and all liability arising wholly or partially from my participation in the application process.

Dated: \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Address: \_\_\_\_\_

### NOTARY STATEMENT

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**APPLICANT MUST SIGN AND RETURN THIS FORM WITH THE APPLICATION FOR  
EMPLOYMENT**



# Village of Bartonville

POLICE DEPARTMENT  
established 1925



5918 S. ADAMS STREET  
BARTONVILLE, ILLINOIS 61607-1997  
Dept. (309) 697-2323 Fax (309) 697-9543  
Office (309) 633-2059  
www.bartonvillepd.com



BRIAN B. FENGEL  
Chief of Police

## PROCEDURE FOR APPLYING FOR THE POSITION OF POLICE OFFICER OR DISPATCHER FOR THE VILLAGE OF BARTONVILLE, ILLINOIS

APPLICATIONS FOR EMPLOYMENT MUST BE COMPLETED, NOTARIZED AND RETURNED WITH  
ALL REQUIRED DOCUMENTS TO:  
BARTONVILLE POLICE DEPARTMENT

5918 S. ADAMS STREET  
BARTONVILLE, ILLINOIS 61607

### THE FOLLOWING FORMS MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION:

1. Authorized for Release of Information – **Notarized**
2. Acknowledgment/Consent for Background and Credit History – **Notarized**
3. Authorization to Take Specimen for Drug Screening and Release – **Notarized**
4. Release for All Liability – **Notarized**

### THE FOLLOWING ITEMS MUST BE PROVIDED WITH YOUR COMPLETED APPLICATION:

1. A copy of applicant's driver's license **in color**.
2. A copy of applicant's birth certificate.
3. A copy of applicant's high school diploma or G.E.D. certificate.
4. A copy of applicant's military service record and discharge papers, if applicable.

**FAILURE TO PROVIDE ALL REQUIRED INFORMATION AND  
DOCUMENTATION WITH YOUR APPLICATIONS MAY RESULT IN  
THE REJECTION OF YOUR APPLICATION**

*"Excellence through Dedication and Teamwork"*