

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_



## **CITY OF PARK RIDGE**

**An Equal Opportunity Employer**

**Human Resources Department**

505 Butler Place

Park Ridge, IL 60068

Phone: 847-318-5202

Fax: 847-318-5329

www.parkridge.us

### **CERTIFIED ENTRY POLICE OFFICER APPLICATION**

It is the policy of the City of Park Ridge to provide equality of opportunity to all persons regardless of sex, color, race, ancestry, religion, national origin, age, physical and mental handicap, marital status, military status, sexual orientation or any other protected group status. This policy applies to all aspects of our personnel policies, practice and operations. The City complies with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Human Resources Department in advance. All information contained in or connected with this application will be used only in conjunction with your possible employment by the City of Park Ridge. Please furnish us with complete information as outlined in this application. Please type or print in black ink.

Any misrepresentation on this application whether affirmative or by omission may disqualify you for consideration of employment by the City of Park Ridge

**THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE AS COMPLETE AS POSSIBLE.**

See the Minimum Qualifications.

You cannot be considered for the position unless you meet these requirements.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

### **MINIMUM QUALIFICATIONS**

All persons possessing certification from the Illinois Law Enforcement Training and Standards Board may be considered for accelerated entry (referred to as “certified entry candidates”). Certified entry candidates selected must first meet all of the following criteria:

1. Minimum age 21, but less than 35 years old (65 ILCS 3/10-2.1-6),
2. Associates Degree or 60 semester hours of credit from an accredited institution,
3. Valid Driver’s License,
4. Vision correctable to 20/20 in both eyes,
5. Pass medical exam including drug screening,
6. Currently a full-time, certified police officer in the State of Illinois and completed probationary period (unless waived by the Board of Fire and Police Commissioners) or have been employed as a sworn officer within the last 12 months with another agency,
7. Currently in good standing in the police department in which the person serves,
8. Possesses substantially equivalent skills and abilities as a City of Park Ridge Police Officer who has completed the probationary period, as determined by the City, and
9. Taken and passed such examinations as the Board of Fire and Police Commission deems necessary to determine fitness for duty as a police officer.

Certified entry candidates who have been determined by the Board of Fire and Police Commission to meet the aforementioned requirements will not be required to attend an orientation or take a written examination. For such candidates, the examination process may consist of a background investigation, oral interview, polygraph, psychological, physical agility examination and medical examination.

### **An application is not complete without attaching the following documents**

1. Copy of driver’s license
2. Copy of Military Discharge form DD214, if applicable.
3. Copy of High School diploma or G.E.D. certificate.
4. **ORIGINAL COLLEGE TRANSCRIPT MUST BE SENT DIRECTLY FROM THE INSTITUTION TO THE CITY OF PARK RIDGE HUMAN RESOURCES DEPARTMENT.**
5. Copies of law enforcement certifications and training, including basic police academy.

### **GENERAL INSTRUCTIONS**

1. Type or print in black ink an answer to every question. To be eligible for consideration, applications **MUST** be complete, accurate and legible.
2. If a question does not apply to you, mark N/A in the space provided.
3. If space provided is insufficient, attach a separate sheet and precede the additional information with the section title to which you are referring.
4. It is your responsibility to notify the City of any changes of address, phone number or other information presented on this application.
5. The City of Park Ridge Police Department will verify conviction record, places of employment and other information listed on this application.
6. If you have any questions, you may call (847) 318-5202 Monday through Friday 8:00 a.m. — 5:00 p.m.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**PERSONAL INFORMATION**

Any other Previous Names: \_\_\_\_\_

Current Address (street number, street name, apartment #, city, state, zip):  
\_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone (include area code)

Cell Phone (include area code)

Business Phone (include area code)

Are you a United States citizen?  Yes  No

Are you legally eligible for employment in the U.S. ?  Yes  No

If so required by law, are you registered with the U.S. Selective Service?  Yes  No

Have you ever been classified by your local selective service draft board or by any U.S Military branch or court as a conscientious objector?  Yes  No

Who do you live with? (list all names and relationships)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Do you hold a valid firearms owners ID card?  Yes  No

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Driver's License Number

State

Expiration Date

Is your Driver's License valid?

Yes  No

Did you ever hold a Driver's License in any other state(s)?  Yes  No

If so, where \_\_\_\_\_

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**RESIDENCES**

List your addresses for the last ten years, starting with present address

From (month & year)	To (month & year)	Address of Residence	City & State

**EDUCATIONAL INFORMATION**

School	Name and Mailing Address of School (include City & State)	Dates Attended From - To	Credits Awarded	Degree
College				
Graduate				
Technical				
Other				

Have you ever been disciplined by any school or been placed on any type of school academic, behavioral or disciplinary probation?       Yes      No     

If yes, please explain: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

List all Jobs you have held for the last 10 years, including periods of Unemployment. Put your present or most recent Job first. Include Military Service in proper time sequence and temporary or part-time jobs.

1.	Employer's Name & Phone Number	Address		Type of Business	
		City	State	Zip	Exact Title or Position
	Name & Title of Supervisor	From (Date)	To (Date)	Salary Per Month \$	
Explain What your Duties Are:			Reason for Leaving		
2.	Employer's Name & Phone Number	Address		Type of Business	
		City	State	Zip	Exact Title or Position
	Name & Title of Supervisor	From (Date)	To (Date)	Salary Per Month \$	
Explain What your Duties Are:			Reason for Leaving		
3.	Employer's Name & Phone Number	Address		Type of Business	
		City	State	Zip	Exact Title or Position
	Name & Title of Supervisor	From (Date)	To (Date)	Salary Per Month \$	
Explain What your Duties Are:			Reason for Leaving		
4.	Employer's Name & Phone Number	Address		Type of Business	
		City	State	Zip	Exact Title or Position
	Name & Title of Supervisor	From (Date)	To (Date)	Salary Per Month \$	
Explain What your Duties Are:			Reason for Leaving		
5.	Employer's Name & Phone Number	Address		Type of Business	
		City	State	Zip	Exact Title or Position
	Name & Title of Supervisor	From (Date)	To (Date)	Salary Per Month \$	
Explain What your Duties Are:			Reason for Leaving		

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service?  
 Yes      No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended by any employer for any reason?       Yes      No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you related to any employee, elected or appointed official at the City of Park Ridge?  
 Yes      No

If yes, please list name/department/relationship: \_\_\_\_\_

**UNSALARIED EXPERIENCE, VOLUNTEER, WORK INTERNSHIPS ETC.**

Organization: \_\_\_\_\_  
Organization's Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ # of hours worked weekly: \_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**CRIMINAL HISTORY**

**Job applicants are not obligated to disclose sealed or expunged juvenile records of convictions or arrest.**

Have you ever been convicted of a felony?  Yes  No

If yes explain: \_\_\_\_\_

Have you ever been placed on probation?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been the respondent or named in an order of protection in any state?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever had a professional license or certification suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had an operator's or driver's license in another state?  Yes  No

If yes, which state? \_\_\_\_\_

Have you ever been refused an operator's or driver's license in another state?  Yes  No

If yes, which state? \_\_\_\_\_

Please list any and all traffic convictions, accidents and citations in the last five years; (include; location, time, constraints)

\_\_\_\_\_  
\_\_\_\_\_

**WORK DISCIPLINE HISTORY**

Describe any discipline you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a Police Officer license or certification in ANY state suspended or revoked?

If Yes, where?  Yes  No

**Applicants must sign a waiver allowing the City to review their personnel file at their current place of employment as a police officer.**

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**CRIMINAL HISTORY CONT.**

Have you ever been convicted of an offense other than a traffic violation?  Yes  No  
 If yes, please complete the section below:

**Job applicants are not obligated to disclose sealed or expunged juvenile records of convictions or arrest.**

Date	Agency	Crime Charged	Disposition of Case

Have you ever been fingerprinted by a police agency other than for an arrest?  Yes  No  
 If yes, please complete the section below:

**Job applicants are not obligated to disclose sealed or expunged juvenile records of convictions or arrest.**

Agency	Date	Purpose

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**DRUG/NARCOTIC USE**

Have you ever used or experimented with any illegal or non-prescribed drug, narcotic, or substance (illegal means any drug that, if used or possessed in the State of Illinois, would be against the law)?

Yes      No   

Name of Drug/Narcotic	Date First Used	Date Last Used

**(Optional)**

If you wish to clarify any of the above responses, please provide complete details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Fill in below the names of three adults not related to you and not former employers, who have known you for a period , preferably, more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities

1. Name	Address	Home Phone	
_____	_____	_____	
Business Address	Occupation / Profession	Business Phone	Years Known
_____	_____	_____	_____
2. Name	Address	Home Phone	
_____	_____	_____	
Business Address	Occupation / Profession	Business Phone	Years Known
_____	_____	_____	_____
3. Name	Address	Home Phone	
_____	_____	_____	
Business Address	Occupation / Profession	Business Phone	Years Known
_____	_____	_____	_____

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**PERSONAL HISTORY**

Do you have full-time police experience in a city, county, or state agency and have you completed one year of service in addition to the probationary period?  Yes  No

If Yes, please indicate where and dates of service:

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Were you given a psychological examination for any police officer position?  Yes  No

If Yes, please indicate for which department(s):

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Were you given a polygraph for any police officer position?  Yes  No

If Yes, please indicate for which department(s):

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Have you had a break of service in your law enforcement career?  Yes  No

If Yes, list dates not in active service, duration of break, and reason for break in service:

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Have you ever been certified as a police officer in any other state?  Yes  No

If Yes, where and dates of employment: \_\_\_\_\_

Have you ever held part time Police Officer employment?  Yes  No

If Yes, where and dates of employment: \_\_\_\_\_

Have you ever held any other professional licenses or certifications?  Yes  No

If Yes, please list: \_\_\_\_\_

Where did you attend the basic police academy? Please list dates.

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**AREAS OF POLICE EXPERIENCE**

Describe all duty and specialty assignments in your police career, such as traffic, investigations, narcotics, community relations/crime prevention, training of officers, patrol, administration, public education, etc. Note the duration of each assignment and where held. Please give reasons for transfers or reassignments.

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**WORK ACTIVITIES**

Describe any information regarding the following areas:

Innovative programs you implemented or recommended:

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Commendations and/or special achievements:

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Experience using computer software:

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**PLEASE READ THE FOLLOWING BEFORE SIGNING**

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment. I authorize investigation of all statements contained herein and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from liability for any damage that may result from furnishing information to the City of Park Ridge.

In consideration of my employment I agree to conform to the rules and regulations of the City of Park Ridge.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date

The information listed below is NOT part of this application process, but it is used to improve advertising and recruiting efforts.

Please tell us how you learned about our current hiring process. Please be specific; e.g., friend, Internet (please indicate specific website), newspaper ( which one), school, recruiting officer etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ALL DOCUMENTS TO THE LAST PAGE OF THIS APPLICATION. PLEASE STAPLE.**