

APPLICATION FOR EMPLOYMENT

OGLESBY POLICE DEPARTMENT
128 W. Walnut St.
Oglesby, Illinois 61348
815-883-8404

LATERAL POLICE
OFFICER ()

FULL-TIME POLICE
OFFICER ()

PART-TIME POLICE
OFFICER ()

Last Name | First | Middle | Maiden

Home Address | Street | City | State | Zip

| Phone Number |

Birth Date | Month | Day | Year
(Attach Copy of Birth Certificate)

Valid Driver's License? YES () No ()

License Number: _____ State _____

Expires: _____

Has Driver's License Ever Been Revoked or
Suspended? YES() NO()

INSTRUCTIONS:

Please Print Neatly or Type
An Incomplete Application
May Result In A Lost
Employment Opportunity

Warning: Be Honest and
Truthful In Responding To All
Items and Questions

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of Oglesby to provide employment, compensation, promotion and other conditions of employment without regard to race, color, religion, sex, marital status, ancestry, national origin, age, disability, or matriculation, in accordance with law. **Anyone needing an ADA accommodation must contact the City of Oglesby in a timely manner prior to the start of the selection process.**

Employment History

List your last four (4) employers or go back at least ten (10) years of employment history whichever is greater. Start with your current or most recent employer. Attach a copy of your DD-214 if you have been in the military. Attach extra sheets if necessary.

Name of Employer:		
Dates of Employment:	From:	To:
Position:		
Reason for Leaving or Wanting to:		
Key Duties:	<ul style="list-style-type: none"> • • • 	

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Are you related to any employee of the City of Oglesby? YES() NO()

If YES, state their name and relationship to you: _____

Education/Training

(Attach Copy of All Degrees or Certificates Obtained)

Are you a High School Graduate?	
If not; did you obtain a G.E.D.?	
What is your HIGHEST Grade Completed?	
Name & Mailing Address of Last High School Attended:	

Name and Admissions Telephone # of College/Technical Schools Attended:

School:	Major:	Degree/Certificate Earned? YES () NO ()
School:	Major:	Degree/Certificate Earned? YES () NO ()
School:	Major:	Degree/Certificate Earned? YES () NO ()

ADDITIONAL RELEVANT INFO

Describe other skills or qualifications you feel are job-related assets:

Answer these Questions:

Are you a U.S. Citizen?	YES () NO ()
Have you EVER been convicted of an offense against the law, either a misdemeanor or felony?	YES () NO ()
Have you EVER been placed under court supervision? NOTE: For both questions, OMIT traffic violations where you paid a fine of \$75 or less.	YES () NO ()
Have you EVER used controlled substances as defined under Illinois law?	YES () NO ()
Have you EVER illegally used Marijuana?	YES () NO ()
Explain any YES answer:	

NOTE: A criminal record will be considered as it relates to the job in question based on current federal and state law.

PERSONAL REFERENCES

Exclude Former Employers and Relatives

Name	Complete Mailing Address	Day Telephone Number
1.)		
2.)		
3.)		
4.)		

FORMER RESIDENCES

List all Residences for the Past 10 years

Attach Additional Sheet if Necessary

Street Address	City	State & Zip Code	Dates Lived There

City of Oglesby
Authorization For Release of Information

I hereby empower an employee of the City of Oglesby Police Department or other authorized representative thereof bearing this release to obtain information and records within one-year from the date listed on this release form pertaining to me from any, or all, of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

I hereby certify that all answers to the above questions are true and I agree and understand that any false statement contained in this application may cause rejection of this application or termination of employment, and shall constitute gross misconduct for benefit eligibility. I understand that an incomplete application may result in a lost job opportunity.

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per American with Disabilities Act).
2. _____
3. _____

This release is executed to authorize the City of Oglesby, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date **Signature**

Address – Street and Number **City** **State** **Zip Code**

Witness: _____

City Of Oglesby

Authorization for Release of Information

For official use only, not to be released to unauthorized persons.

Read the authorization for release of information listed below. Your completion of this document allows the City of Oglesby to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form, you **must print** your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide to the City of Oglesby and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all disciplinary records, Performance evaluations, sick leave records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Records maintained by any law enforcement agency, including but not limited to records of arrest and /or conviction, juvenile records, or those relating to traffic violations.
4. Financial Records

This information is to be used to assist the City of Oglesby, in determining my qualifications for the position I am seeking with the City of Oglesby. Please provide the City of Oglesby and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the City of Oglesby to make copies of that information if it so desires.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your response to this request for information. Further, I covenant not to sue you or your employer or organization for any information, which is released in response to this request. In making these statements, I understand that information, which you give, may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

Date

Signature

Full Name

Address, City, State, Zip Code

Date of Birth

Driver's License Number