

VILLAGE OF SENECA POLICE OFFICER APPLICATION

340 N. CASH STREET
SENECA, ILLINOIS 61360

General Instructions: Type or print clearly and distinctly an answer to every question. If a question does not apply to you, reply with N/A. If the space provided is insufficient, attach a separate sheet of paper with the requested information. Do not omit or misstate any material fact. All of the information contained in this application is subject to verification. Incomplete or inaccurate applications shall be disqualified. False or deliberately misleading statements will serve as a basis for removal from further consideration. Applicants are not required to disclose expunged juvenile records. Please attach copies any relevant supporting documentation or certifications.

Application Type:

Full-Time _____ Part-Time _____

Personal Information:

Name: _____ Sex: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ E-mail: _____

Any other names used: _____

Foreign Language Skills:

Language	(Reading)			(Speaking)			(Writing)		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

Residences:

List all residences for the past ten years beginning with your present address:

FROM	TO	ADDRESS OF RESIDENCE	CITY, STATE, ZIP-CODE

Education

Please indicate your highest level of education.

- High School or GED
- College- 30-59 credit hours
- College- 60-89 credit hours
- College- 90-119 credit hours
- College- more than 120 credit hours but no degree
- Specialized Trade School
- Associates Degree
- Bachelors Degree
- Post Bachelor Studies
- Masters Degree
- Post Masters Degree
- Doctorate (PhD, MD, JD, etc.)

List high school(s) attended.

Name	Location	Dates Attended	Years Completed	Graduate/GED YES / NO

List information below for all colleges or universities attended.

Name & Location of University	Dates Attended		Degree Received	Year Received	Area of Concentration
	From	To			

Other schools, trade schools or training.

School	Dates Attended		Degree Received	Year Received	Area of Concentration
	From	To			

Work Experience:

List your entire and complete work history for the past ten years. Include all part-time, temporary, military and seasonal work as well as periods of unemployment. In addition, list all law enforcement agencies where you have been employed in any capacity during your entire LIFETIME (including but not limited to: auxiliary positions, civilian positions i.e... dispatcher or records clerk, part-time positions and full-time positions. (Indicate this in Work Performed)). Begin with your current or most recent job.

Employer's Name _____

Address _____

From (date) _____ to (date) _____

Immediate Supervisor _____

Work performed _____

Reason for leaving _____

Employer's Name _____

Address _____

From (date) _____ to (date) _____

Immediate Supervisor _____

Work performed _____

Reason for leaving _____

Employer's Name _____

Address _____

From (date) _____ to (date) _____

Immediate Supervisor _____

Work performed _____

Reason for leaving _____

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Address _____

From (date) _____ to (date) _____

Immediate Supervisor _____

Work performed _____

Reason for leaving _____

Employer's Name: _____

Address: _____

From (date) _____ to (date) _____

Immediate Supervisor: _____

Work performed: _____

Reason for leaving: _____

Employer's Name: _____

Address: _____

From (date) _____ to (date) _____

Immediate Supervisor: _____

Work performed: _____

Reason for leaving: _____

Have you ever been discharged, asked to resign, furloughed or put on inactive status for cause?

Have you ever resigned or quit after being informed your employer intended to or would likely discharge or fire you for any reason?

References:

List only persons who have definite knowledge of your qualifications and fitness for the position of Police Officer. Do not repeat names of supervisors. Do not include relatives, former employers or persons living outside of the United States.

Name _____

Address _____

City, State, Zip _____

Phone number (with area code) _____

Best time to contact _____

Name _____

Address _____

City, State, Zip _____

Phone number (with area code) _____

Best time to contact _____

Name _____

Address _____

City, State, Zip _____

Phone number (with area code) _____

Best time to contact _____

Military Service

If so required by Law, are you registered with the U.S. Selective Service?

Yes No (Check one)

Have you ever served in any military organization of the U.S.? If so, what branch

While in the military, have you ever been convicted for an offense which was the result of a trial by summary, special, or general court martial?

Yes No (Check one)

Are you presently a member of the Reserve Component or the National Guard?

Yes No (Check one)

Rank and Grade in Service

Service and Component

Organization Station or Unit Location

Record of Arrest and Driving Convictions

Driver's License Number _____ State _____

List below any driving or moving violations convictions, including speeding that you have received in the past five years:

List any outstanding tickets below:

Have you ever been convicted of any ordinance, misdemeanor or felony offense which was not annulled, expunged or sealed by a court? If yes, please explain:

Have you ever been the respondent or named in an order of protection in any state? If yes, explain:

FIREARMS QUESTIONNAIRE

Do you possess an Illinois Firearm Owner's Identification Card? _____

If "YES", what is your Firearm Owner's Identification Number: _____

Have you ever had a Firearm Owner's Identification Card Application rejected for any reason?

If Yes explain _____

Have you ever had a Firearm Owner's Identification Card revoked for any reason? _____

If YES"explain _____

Do you possess an Illinois Retired Officers' Concealed Carry Permit? _____

If "YES", what is your Permit Identification Number: _____

Experienced Law Enforcement Officer Questionnaire

(This section is mandatory if you ever worked for any law enforcement agency in any capacity.)

1. Please indicate the type of law enforcement activities in which you have experience. Select all that apply.

- Municipal
- Sheriff/County
- State Patrol
- Railroad
- Park District
- School District
- College/University
- Conservation
- Military
- Federal
- Transit/Housing
- Drug Taskforce
- Other

2. If you indicated 'Other' in the previous question, please provide details.

3. Was this experience:

- Full-Time
- Part-Time
- Reserves

4. Please provide details of your current or most recent law enforcement experiences and duties.
Please be thorough and include common daily activities.

5. Are you a sworn law enforcement officer?

Yes No

6. Are you a full-time officer with your current agency?

Yes No

7. Are you considered probationary status with your current agency?

Yes No

8. How long was your current or most recent agency's probationary period?

9. Indicate your current or most recent department size.

- 10 or less sworn officers
- 11-25 sworn officers
- 25-50 sworn officers
- 51-100 sworn officers
- 101-200 sworn officers
- 201+ sworn officers

10. Please detail the level of your law enforcement training. Include length of basic academy training, length of field training and any specialized training that should be considered.

11. What is the name and address of the police academy you attended?

12. How many hours was the police academy you attended?

13. Did you attend a part-time police academy or a full-time police academy?

- Part-time
- Full-time

14. In your law enforcement career, please indicate the amount of time spent in solo patrol or with a partner in a non-training environment.

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 2 years
- 2+ years

15. Are you in good standing with your current or most recent agency? If you are no longer employed as a law enforcement officer, did you leave your previous agency in good standing?

- Yes
- No

16. If you responded "No" to the previous question, please explain.

17. Have you ever left any law enforcement agency not in good standing?

- Yes
- No

18. If you responded "Yes" to the previous question, please explain.

19. Have you ever been terminated or asked to resign, whether on probation or not?

- Yes
- No

20. If yes to the previous question, please provide details below.

STATEMENT:

I hereby certify that the information provided herein is true and complete to the best of my knowledge. It is also understood that I may be required to submit to an individual assessment. I understand that if employed, any false statement, incomplete information or omissions on this application may result in my dismissal.

I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. It is understood that my birth date or driver's license number may be used to run a criminal check on me, and that it may be run prior to my being interviewed.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I further authorize the Village of Seneca to contact any references listed herein. I hereby release all parties providing information from any and all liability and/or claims for damages which may result from the release, disclosure, maintenance or use of the information.

Signature

Date

Seneca Police Department

Chief George F. Lamboley Jr.
815-357-1616

340 N. Cash Street
Seneca, Illinois 61360
815-357-1292 (Fax)

I hereby authorize and empower the Village of Seneca Police Department and it's representatives, any consumer reporting agency or other outside service company engaged by said officials, to obtain, prepare use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living.

I respectfully request that you furnish to the Seneca Police Department any and all information that you have concerning my work record, medical condition, personality, my reputation, or me. This information is to be used to determine my qualifications and fitness for a position with the Village of Seneca.

A duplicate of this form shall be deemed an original. All persons receiving a copy of this Authorization are requested to provide that which is requested. All persons providing what is requested are released from any liability or claim for damages on account of furnishing the same.

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

Applicant Signature

Date

Applicant Name Printed

Witness Signature

Date

Witness Name Printed