

# POLICE OFFICER APPLICATION

(REV. 10/2022)



**GRANDVIEW POLICE DEPARTMENT**

**2377 E. RESERVOIR STREET**

**SPRINGFIELD, IL 62702**

**217-528-7624**

**[grandviewvillagepdchief@gmail.com](mailto:grandviewvillagepdchief@gmail.com)**

## **APPLICATION PACKET CHECKLIST**

Please ensure the following documents are included when completing an application:

- Complete Application, resumes are optional.
- Certification of Application Form Accuracy – properly signed and notarized.
- Release of Information – properly signed and notarized.
- Photocopy of valid driver’s license.
- Photocopy of birth certificate.
- Photocopy of high school diploma or official high school transcript, or General Equivalency Diploma (GED); and if applicable, any official transcript(s) from college or trade schools.
- Photocopy of DD-214, if served in the military.
- Photocopies of any certificates, licenses, FOID cards, etc. that you wish to share.

## **Employment Procedures**

1. Submit completed application with documents listed above.
2. Interview with the Chief of Police and the Village of Grandview Police Committee.
3. Background check including fingerprints, criminal history, financial review.
4. Drug Test (Upon initial offer of employment).
5. Medical Exam.
6. Physical agility test.
7. Psychological Exam.
8. Conditional job offer.
9. Successful completion of Illinois Law Enforcement Training and Standards Board prescribed certification courses.
10. Probationary period commencing upon employment.

## A. INSTRUCTIONS

Applications must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size of this application, and number answers to correspond with questions.

## B. POSITION APPLIED FOR

Job Title: \_\_\_\_\_

Are you applying for:

Full time  Part time  Either

What shifts are you available for?

Day  Afternoon  Night  All

What days are you available?

Mon  Tues  Wed  Thurs  Fri  Sat  Sun  All

Available start date: \_\_\_\_\_ Expected Salary per hour \_\_\_\_\_

## C. PERSONAL HISTORY

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

Phone: \_\_\_\_\_ DOB \_\_\_\_\_

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

Emergency contact name and number \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Build \_\_\_\_\_

Social Security No \_\_\_\_\_ Are you a U.S. citizen?  Yes  No

Place of Birth: \_\_\_\_\_

Marital status:  Single  Married  Divorced  Other

Mother's maiden name \_\_\_\_\_

Father's name \_\_\_\_\_

List any other names or nicknames you go by or have gone by:

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

Ethnic Background:

American Indian       Spanish American       Asian American

African American       White       Other \_\_\_\_\_

Sex:     Male     Female

**Note: Data solicited in this block will be used for Equal Employment statistical purposes only.**

**D. EDUCATION / TRAINING**

Have you successfully completed any basic law enforcement certification?     Yes     No

Have you successfully completed the 40 hour basic firearms course for police?     Yes     No

High School or GED Name and address	Dates Attended Mo. / Yr.		Years Completed	Did you graduate	Type of diploma
	From	To			

College / University Name and address	Dates Attended Mo. / Yr.		Credit hours earned		Did you graduate?	Type of degree
	From	To	Qtr.	Sem.		

Other Schools & Academies (Trade, Vocational, Business, Police, Corrections and Military)

Name/ Address	Dates Attended Mo. / Yr.		Credit hours earned		Did you graduate?	Type of degree or certificate
	From	To	Qtr.	Sem.		

- Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like for us to know about:

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- Have you ever been suspended or expelled from any school or academy?  
 Yes  No If yes, please explain

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3. List any foreign languages you can speak:

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4. Indicate any law enforcement education/training (attach additional papers if necessary):

Name / topic of training	Certificate	Date	Location of training

5. Indicate any special skills or training you possess and equipment you can properly use which may be related to law enforcement work:

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**E. TECHNOLOGY SKILLS**

Check all skills and software applications you have experience using;

- PC user  Windows  Microsoft Word  Microsoft Access  Microsoft Excel
- Microsoft Power Point  Web page design / maintenance  Email  Internet
- Scanner  Copier  Fax  Other \_\_\_\_\_

Professional licenses or certificates held

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## F. HEALTH

Rate the general condition of your health. \_\_\_\_\_

Are you now or have you ever suffered from (Check all that apply, explain the circumstances and the treating physician for all items checked):

- Heart Attack  Coronary Disease  Stroke  Hypertension (High Blood Pressure)
- Surgeries  Alcohol / Substance Abuse  Tuberculosis / Asthma / Allergies
- Neck / Spinal Injuries  Epilepsy  Chronic Shortness of Breath  Mental Disorders
- Communicable Diseases

Have you used any illegal drugs in the past five years?  Yes  No

Are you taking any prescription medication on a regular basis  Yes  No

Do you consent to taking a blood / urine test for drugs?  Yes  No

Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## G. EMPLOYMENT HISTORY

List chronologically all employment beginning with your present employment, including summer, seasonal and part-time employment. Add separate papers as needed.

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Date from: \_\_\_\_\_ To: \_\_\_\_\_ Monthly salary: Starting \_\_\_\_\_ End \_\_\_\_\_

Position Held:

Primary Duties:

Reason for Leaving:

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Date from: \_\_\_\_\_ To: \_\_\_\_\_ Monthly salary: Starting \_\_\_\_\_ End \_\_\_\_\_

Position Held:

Primary Duties:

Reason for Leaving:



Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Date from: \_\_\_\_\_ To: \_\_\_\_\_ Monthly salary: Starting \_\_\_\_\_ End \_\_\_\_\_

Position Held:

Primary Duties:

Reason for Leaving:

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Date from: \_\_\_\_\_ To: \_\_\_\_\_ Monthly salary: Starting \_\_\_\_\_ End \_\_\_\_\_

Position Held:

Primary Duties:

Reason for Leaving:

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Date from: \_\_\_\_\_ To: \_\_\_\_\_ Monthly salary: Starting \_\_\_\_\_ End \_\_\_\_\_

Position Held:
Primary Duties:
Reason for Leaving:

1. Have you ever been dismissed, asked to resign and/or retire, or had any disciplinary action taken against you from any employment or volunteer position you have held?  
 Yes  No

If yes, please give details, including dates, employer's name, and specifics:

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2. Have you ever resigned, retired, or left a job by mutual agreement following allegations of misconduct or unsatisfactory performance or while being investigated?  
 Yes  No

If yes, please give details, including dates, employer's name, and specifics:

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3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No

If yes please provide name of agency and date of application or service:

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4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No

If yes, please provide the name and address of business, corporation or organization and describe your relationship or position, and nature of business

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**H. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE ONLY**

Have you ever held any sworn position as a peace or police officer?  Yes  No

If yes, have you ever been suspended or discharged from duties as an officer?  Yes  No

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any other law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Date	Disposition

3. Identify **All** claims or lawsuits (however characterized) made against you by your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of plaintiffs	Date	Disposition

4. Identify ALL disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor taking action	Date	Basis and form of discipline

5. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline by the ILETSB (Illinois Law Enforcement Training and Standards Board), or any other state's law enforcement certification agency?  Yes  No

If yes,  
 explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I. DRIVING HISTORY**

1. Are you a licensed Illinois vehicle operator?  Yes  No

License No. \_\_\_\_\_

Date of Expiration \_\_\_\_\_ Restrictions \_\_\_\_\_

2. Do you hold or have you ever held a license in another state?  Yes  No

If yes, please provide state(s), name used and approximate dates license was held

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

3. Have you ever been denied issuance of a license, or have you ever had a license suspended, revoked or canceled?  Yes  No

4. Have you ever had automobile insurance refused, withdrawn, revoked or required to obtain special risk insurance?  Yes  No

If yes, please provide complete details.

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

#### J. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States?  
 Yes  No

Branch of Service \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial # \_\_\_\_\_ Duty Dates From: \_\_\_\_\_ To \_\_\_\_\_

2. Date and type of discharge \_\_\_\_\_

3. Are you now or ever been a member of a reserve unit or the National Guard?  
 Yes  No

4. Was any type of disciplinary action taken against you in the service?  Yes  No

If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**K. CRIMINAL & FINANCIAL HISTORY**

1. Have you ever been arrested or cited for anything other than a minor traffic violation?  Yes  No
2. Have you ever been convicted of a misdemeanor?  Yes  No
3. Have you ever been convicted of a felony?  Yes  No
4. Have you ever failed to appear in court?  Yes  No
5. Have you ever been the respondent of an Order of Protection?  Yes  No
6. Have you ever defaulted on a loan or declared bankruptcy?  Yes  No
7. Are you currently involved in any civil litigation?  Yes  No

Provide an explanation for all "Yes"

Answers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**L. PERSONAL AND PROFESSIONAL REFERENCES**

**Personal References:** Please list the names of three (3) persons, not related to you by blood or marriage:

Complete Name	Home Address _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Last</td> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">M</td> </tr> </table>	Last	First	M	City, State, Zip _____
Last	First	M		
Years Known: _____	Home Phone _____			
Occupation _____				

Complete Name	Home Address _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Last</td> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">M</td> </tr> </table>	Last	First	M	City, State, Zip _____
Last	First	M		
Years Known: _____	Home Phone _____			
Occupation _____				

Complete Name	Home Address _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Last</td> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">M</td> </tr> </table>	Last	First	M	City, State, Zip _____
Last	First	M		
Years Known: _____	Home Phone _____			
Occupation _____				

**Professional References:** List names of three (3) professional references who have known you well for at least 5 years and who are not related to you.

Complete Name	Business Address _____  City, State, Zip _____  Business Phone _____
Last                      First                      M	
Years Known: _____  Occupation _____	

Complete Name	Business Address _____  City, State, Zip _____  Business Phone _____
Last                      First                      M	
Years Known: _____  Occupation _____	

Complete Name	Business Address _____  City, State, Zip _____  Business Phone _____
Last                      First                      M	
Years Known: _____  Occupation _____	



**M. PREVIOUS RESIDENCES – LAST 10 YEARS**

Complete address	Date From	Date To	Rent or Own

**N. CERTIFICATION OF APPLICATION FORM ACCURACY & RELEASE OF INFORMATION –  
SIGNED & NOTARIZED**

I, \_\_\_\_\_, hereby certify under written oath or affirmation that each and every statement made on this application form is true and complete to the best of my knowledge. I also understand that any misstatement or omissions of information will subject me to disqualification, dismissal, termination, and criminal prosecution at anytime. I also acknowledge that I have a continuing responsibility to update all my information contained in this document and, if employed by the Grandview Police Department, I acknowledge my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with the Grandview Police Department, and if employed, my termination from employment.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

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

**NOTARY**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same. **IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_  
Notary Public in and for the State of

Residing in \_\_\_\_\_

(Official Seal)

My Commission Expires; \_\_\_\_\_, 20\_\_\_\_

**RELEASE OF INFORMATION – SIGNED & NOTARIZED**

APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOC SEC \_\_\_\_\_

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, and educational records. I specifically authorize all of my prior employers to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the **Grandview, Illinois Police Department**.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the **Grandview, Illinois Police Department**. Consent is granted for all agencies to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, custodian of records, and your employer, 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. A photocopy of this form will be as effective as the original.

I further hereby release the National Records Center, St. Louis, Missouri, or any other custodian of my military records to release information or photocopies from my military personnel, including a photocopy of my DD214, Report of Separation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

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

**Notary**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same. **IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_  
**Notary Public in and for the State of**

Residing in \_\_\_\_\_

(Official Seal)

My Commission Expires; \_\_\_\_\_, 20\_\_\_\_\_