



Public Safety Recruitment  
1127 S. Mannheim Rd., #203  
Westchester, IL 60154  
1-800-343-HIRE  
[www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com)

## **Village of Arlington Heights Police Department**

Thank you for your interest in the Village of Arlington Heights Police Department.

Please read this **25-page** document carefully, paying particular attention to deadlines and required documents.

### **Applicant Instructions:**

- 1) Visit [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com) to complete the online application for the position of Police Officer. **Your online application must be completed and confirmed by Wednesday, February 13, 2008 at 12 noon.** You will receive a confirmation number when you have completed the online portion. Save this for your records.
- 2) **Attend (Optional) Orientation on January 23, 2008** at 7 p.m. at the Village of Arlington Heights Police Department, 200 East Sigwalt, Arlington Heights, IL 60005.
- 3) **Return signed release forms and requested documents to Public Safety Recruitment by 12 noon on Wednesday, February 13, 2008.** Documents received after the deadline will not be accepted. Documents (See CHECKLIST and attached RELEASE DOCUMENTS pages 1 through 18) must be delivered to Public Safety Recruitment, ATTN: AHPD, 1127 S. Mannheim Road, Suite 203, Westchester, IL 60154. Delivering documents by hand during business hours OR sending documents via traceable courier is highly suggested to ensure timely delivery. Faxed release forms will not be accepted. **Call 1.800.343.HIRE with any questions.**
- 4) **Arrange for your official college transcripts to be sent to: The Village of Arlington Heights Human Resources Department, 33 S. Arlington Heights Road, Arlington Heights, IL 60005.** Transcripts must be received by the time of your interview. Interviews, *tentatively*, will begin the week of March 3, 2008.
- 5) **Attend Physical Agility Test and Written Exam on Saturday, February 23, 2008 at 12 noon at Forest View Educational Center, 2121 S. Goebbert, Arlington Heights, IL.** Arrive by 11:30 a.m. with: (1) a Valid Driver's License, State ID, or traffic ticket and photo identification, (2) *Physical Agility Test Release* and (3) *Physical Fitness Certificate* (see Check List and RELEASE DOCUMENTS pages 19-20) Only those candidates successfully completing the physical agility test will be eligible to take the written examination. Contact the Village of Arlington Heights' Human Resources Department 1.847.368.5161 if you require special accommodations during this process. Physical Agility Testing information is included in this packet.

### **Police Officer Minimum Requirements:**

- **\$10.00 non-refundable application fee**
- **21 years old by date of written exam; maximum age of under 35 years unless the age limit is reached after being placed on Eligibility List. Persons currently employed in the capacity of a police officer may be exempt from these limits.**
- **U.S. Citizenship**
- **Valid Driver's License**
- **Associate's Degree or 60 semester hours of credit from an accredited institution**
- **Vision correctable to 20/20 in both eyes**
- **Pass medical exam including drug screening**
- **No residency requirement**

**Salary as of May 1, 2007: \$48,207 - \$74,612**

All portions of the testing process, with exception to optional orientation, are mandatory.  
Failure to attend and complete any portion of the process will result in elimination from employment consideration.  
If you have any questions, please contact Public Safety Recruitment 1-800-343-HIRE ~ e-mail: [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com)  
Regular Business Hours: 9a-5p Mon.-Thurs.; 9a-3p Fri.

# ARLINGTON HEIGHTS, ILLINOIS POLICE DEPARTMENT: CHECK LIST

**Online APPLICATION:**

**Deadline: February 13, 2008 at 12 noon**

**Confirmed online at [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com)** (The confirmation page immediately follows the references section of the online application). WRITE YOUR CONFIRMATION NUMBER HERE: \_\_\_\_\_

**Documents DUE February 13, 2008 at 12 noon:**

**Release Documents: SEE PAGES 1-18**

- |  |  |
|--|--|
| <input type="checkbox"/> Consumer Reports*                             | <input type="checkbox"/> Written Examination*                          |
| <input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening*  | <input type="checkbox"/> Drug/Narcotic Use*                            |
| <input type="checkbox"/> Criminal History Information/ Fingerprint*    | <input type="checkbox"/> Military Service Questionnaire*               |
| <input type="checkbox"/> Driving Record*                               | <input type="checkbox"/> Authorization for Credit Report*              |
| <input type="checkbox"/> Employment Past and Present*                  | <input type="checkbox"/> Candidate Interest Questionnaire*             |
| <input type="checkbox"/> High School, College, University Diploma*     | <input type="checkbox"/> Background Authorization*                     |
| <input type="checkbox"/> Medical Records*                              | <input type="checkbox"/> Unsalaries Experience/Criminal Questionnaire* |
| <input type="checkbox"/> Personal Information Release to Municipality* | <input type="checkbox"/> Personal Information Questionnaire*           |

\*No photocopies or fax copies of Release Documents will be accepted. You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include adult family members and friends.

**Other Required Documents:**

- COPY of Valid Driver's License (copy of front and back if you received a renewal sticker)
- COPY of Birth Record **READ CAREFULLY:** Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document. **ONE OF THE FOLLOWING IS ACCEPTABLE AND REQUIRED:**
  - Copy of US Birth certificate: Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories (i.e.: State or County issued birth certificate). Hospital copy NOT accepted.
  - Copy of VALID US Passport
  - Copy of Naturalization Papers
- COPY of Military Discharge Certificate DD-214 (if applicable)

**ALL above listed documents must be sent to:**  
**Public Safety Recruitment, ATTN: AHPD**  
**1127 S. Mannheim Road, Suite 203**  
**Westchester, IL 60154**

**REQUIRED ON TEST DAY - SEE PAGES 19-20**

**BRING WITH YOU on February 23, 2008:**

- Physical Agility Test Release
- Physical Fitness Certificate **DOCTOR'S SIGNATURE REQUIRED**

**These two (2) items must be brought with you on test day and must have ORIGINAL signatures (no photocopies or faxes). Also bring your driver's license, state identification card, OR traffic ticket and photo identification.**

**TRANSCRIPT REQUIREMENT: READ CAREFULLY**

- OFFICIAL COLLEGE or UNIVERSITY TRANSCRIPTS confirming completion of 60 SEMESTER hours of college credit or an Associate's Degree.

**Original transcript must be sent directly from the institution to:**

**The Village of Arlington Heights HR Department, 33 S. Arlington Heights Road, Arlington Heights, IL 60005**  
**Transcripts must be received by the time of your interview. Interviews, tentatively, will begin March 3, 2008.**

Applications will be verified after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to testing and will be eliminated from employment consideration. I/O Solutions, d.b.a. Public Safety Recruitment, is not responsible for late, misdirected or incomplete application submissions. You must submit all required documents and have successfully CONFIRMED your online application by the deadline in order to be eligible to attend any portion of testing. You may drop your application documents off in person or by mail; however, all documents including your online application are due by the deadline as indicated.

Call 1.800.343.HIRE with questions or email [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com).

**SUBMIT TRANSCRIPTS ONLY TO THE VILLAGE OF ARLINGTON HEIGHTS. PLEASE SUBMIT OTHER FORMS AS LISTED TO:**

**PUBLIC SAFETY RECRUITMENT · ATTN: AHPD · 1127 S. MANNHEIM RD., SUITE 203 · WESTCHESTER, IL 60154.**

**PLEASE NOTE THAT PAGES 19 and 20 ARE TO BE BROUGHT WITH YOU ON TEST DAY.**

PLEASE PRINT:

LAST NAME .....

FIRST NAME .....

SSN.....

**IMPORTANT NOTICE TO APPLICANT:**

**PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST.**

**NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

This form, which you should read carefully, has been provided to you because I/O Solutions, Inc. (hereinafter referred to as "the Company") or the Department(s) to whom you request the Company to forward your application (hereinafter referred to as "the Department(s)") may request consumer reports or investigative consumer reports. Any requests for consumer reports or investigative consumer reports from the Company will be made on behalf of any or all of the Department(s). The consumer reports or investigative consumer reports may then be reviewed by any or all of the Department(s).

For the benefit of the Department(s), the Company may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Company, in whole or in part, at the Company's discretion. The Department(s) may also perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Department(s), in whole or in part, at the discretion of the Department(s).

The Company's and Department(s)' background checks may also include the use of consumer reporting agencies to gather and report information in the form of consumer or investigative consumer reports regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. Federal law defines a "consumer reporting agency" as any person (or entity) which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing reports to third parties. The Company is not a consumer reporting agency nor are the Department(s).

The types of reports that may be requested from consumer reporting agencies under this policy, include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration by the Department(s) in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Any information contained in such reports may be used for other purposes required by law or ethical business practices.

If the Company or Department(s) request(s) an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive such a notice if the investigation is performed by the Company or a person or entity other than a consumer reporting agency.

If any adverse decision is made with regard to your application for employment or subsequent employment by a Department(s), based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, the Department(s) are required to notify you and give you a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, the Department(s) may not base an employment decision solely on this information.

Your consent is required by law before the Company or the Department(s) may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your submission of an application for employment with a Department. Your signature below indicates that you have carefully read and understand that the Company and the Department(s) may request and review a consumer report or investigative consumer report regarding you, consistent with this policy, in connection with your application for employment and that you consent to the release of such consumer reports or investigative consumer reports to the Company and the Department(s) for employment purposes, including any future decisions concerning your employment, promotion, reassignment or retention. You also consent to release of this information to the Company and the Department(s) for other purposes required by law or ethical business practices. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing, as described below.

Refusal to consent to a consumer report or investigative consumer report as required by this notice may result in rejection of an application, or withdrawal of an offer of employment.

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**REQUIRED RELEASE DOCUMENT: PAGE 1 of 20**

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. ALL DOCUMENTS DO NOT HAVE THE SAME DUE DATES. **THIS IS DUE 2/13/2008 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com) WITH QUESTIONS.

**CONSENT STATEMENT**

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or I/O Solutions, Inc. (hereinafter referred to as "the Company") (and thereby to the departments to whom I have requested the Company to forward my application (hereinafter referred to as "the Department(s)"). I further understand that this consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so by either signing the Refusal or Revocation of Consent Statement below and returning it to the Company, at 1127 S Mannheim Rd, Suite 203, Westchester, IL 60154, or sending a signed letter or statement to the Company at the same address, indicating that I revoke my consent to the Company's obtaining consumer reports or investigative reports about me for employment purposes. I further understand that any and all information contained in my job application or otherwise disclosed to the Village of Arlington Heights or to the Company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company and confirm that all such information is true and correct.

\_\_\_\_\_  
Name of applicant (Printed)

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date

**REFUSAL OR REVOCATION OF CONSENT STATEMENT DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT TO THE VILLAGE OF ARLINGTON HEIGHTS OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES.**

I do not consent to the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or I/O Solutions, Inc. (hereinafter referred to as "the Company") obtaining consumer reports or investigative reports about me in connection with my employment or any other purposes. If I have previously granted my consent, I hereby revoke it and understand that such revocation will take effect immediately after the Company receives this written revocation and has actual knowledge of it sufficient to communicate the revocation to those employees or agents of the Company who typically request consumer reports for the Company.

\_\_\_\_\_  
Name of Applicant (printed)

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

\_\_\_\_\_  
Date

**DO NOT SIGN ABOVE UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT**

# ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

## CONSENT

I hereby consent for the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or I/O Solutions, Inc., or either of its authorized representatives to collect blood, urine or saliva samples from me and to conduct other necessary medical tests to determine the presence in my body or use by me of alcohol, drugs or controlled substances.

I understand that the presence of certain medications in my blood and/or urine may affect test results. To aid in the analysis of the test results I would like to inform the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners, I/O Solutions, Inc., and either of its authorized representatives that I have taken the following medications in the last seven (7) days:

\_\_\_\_\_

\_\_\_\_\_.

## RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of these test results.

I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to: \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name, printed

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Witness Name, printed

\_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature

# CRIMINAL HISTORY INFORMATION / FINGERPRINT

## DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from State and local law enforcement agencies for any reportable criminal history information concerning you using your fingerprints. This information can include a record of any convictions, which are required by statute to be collected and maintained by government agencies.

## RELEASE

I agree to be fingerprinted by the Village of Arlington Heights and acknowledge that these fingerprints will be used to investigate my criminal history and conviction record. I agree to and understand the release of the results of the investigation, to determine my criminal history information, will result in the disclosure of information concerning whatever criminal history exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history will be released to authorized representatives of the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and the disclosure of any of that information.

Agreed to:	_____	Date _____
	Applicant Name, printed	
	_____	Date _____
	Applicant Signature	
	_____	Date _____
	Witness Name, printed	
	_____	Date _____
	Witness Signature	

## DRIVING RECORD

### DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from the Secretary of State regarding your driving record. This information can include a record of your current driver's license issuance information (exclusive of information on judicial driving permits); convictions and orders entered revoking, suspending, or canceling your driver's license or privilege.

### RELEASE

I hereby acknowledge the results of the investigation of my driving record will be released to authorized representatives of the Village of Arlington Heights or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners and I/O Solutions, Inc. its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into and the disclosure of my driving record.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

## EMPLOYMENT: PAST AND PRESENT

### CONSENT

I hereby consent to a thorough investigation of my past and present employment activities and agree to cooperate in such investigation. I hereby authorize my past and present employers to release the requested information and to comment on my work record.

### RELEASE

I understand that by this written authorization my past and present employment records will be disclosed to third parties.

I hereby consent to the release of the results of the investigation into my past and present employment and other relevant information to authorized representatives of the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____	Date _____
Applicant Name, printed	
_____	Date _____
Applicant Signature	
_____	Date _____
Witness Name, printed	
_____	Date _____
Witness Signature	

# HIGH SCHOOL, COLLEGE, UNIVERSITY DIPLOMA

## CONSENT

I hereby consent to an investigation to determine the authenticity my high school or General Education Diploma, college, or University diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity my high school (or its equivalent), college, or university diploma to representatives of the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or I/O Solutions, Inc.

## RELEASE

I understand that by this written authorization that information gathered regarding the authenticity my diploma or its equivalent will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity my diploma or its equivalent to authorized representatives of the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), college, or university diploma and the disclosure of the results of that investigation as authorized herein by me.

Agreed to:	_____	Date _____
	Applicant Name, printed	
	_____	Date _____
	Applicant Signature	
	_____	Date _____
	Witness Name, printed	
	_____	Date _____
	Witness Signature	

## MEDICAL RECORDS

### CONSENT

I hereby consent for I/O Solutions, Inc., or its authorized representative to obtain my medical records from my primary physician for the period of time that my name appears on the Village of Arlington Heights's Final Eligibility List.

### RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records.

I hereby consent to the release of my medical records to authorized representatives of the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Police/Fire departments to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

Agreed to:		Date	
	Applicant Name, printed		
		Date	
	Applicant Signature		
		Date	
	Witness Name, printed		
		Date	
	Witness Signature		

## PERSONAL INFORMATION RELEASE TO MUNICIPALITY

### DISCLOSURE

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

### RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

## WRITTEN EXAMINATION

### RELEASE

By this written authorization I understand that release of the results of my Written Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Written Examination for dissemination to the Village of Arlington Heights, Village of Arlington Heights Board of Fire and Police Commissioners and to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Fire Officer Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		



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

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

Do you have relatives working for the Village of Arlington Heights?  Yes  No

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

**MILITARY SERVICE QUESTIONNAIRE**

**Veteran's Status:**  Veteran (DD214 attached)  Non-Veteran

**(Applications that do NOT have the required forms or materials attached at the time of filing will be considered incomplete and will NOT be eligible to receive Military Preference Points. DD214 MUST indicate honorable discharge and no less than 12 months of Net Active Service)**

Have you ever served in any military organization of the U.S.?  Yes  No

If "Yes" what branch? \_\_\_\_\_

What is your Serial Number	Highest Rank	Rank at Discharge
Give date and location of entrance to active duty (City & State)		List Periods of Active Duty From (Date) To (Date)
Give date and location of discharge (City & State)		
Type of discharge received (circle one) Honorable / Medical / Dishonorable / Honorable Conditions		
Were you ever convicted at a Court Marshall? Yes No If "Yes" please explain:		
List any disciplinary action taken against you in any military organization:		
Are you now or were you ever a member of the U.S. Air/Army Reserve Forces? Yes No If "Yes": Active Inactive		
Branch	Unit	Unit
Address	From	To
Are you now or were you ever a member of the U.S. Air/Army National Guard? Yes No		
If "Yes", what state	Regiment/Squadron	Unit
Rank	Type of Discharge	From _____ To _____
List any disciplinary action taken against you in the military:		



## AUTHORIZATION FOR CREDIT REPORT

\_\_\_\_\_  
("Applicant") hereby authorizes the Village of Arlington Heights to obtain a consumer credit report as part of its pre-employment background investigation from the following credit reporting agency:

Western Cook

\_\_\_\_\_  
(Name of agency)

5481 N. Milwaukee Avenue

\_\_\_\_\_  
(Address)

Chicago, IL 60630

\_\_\_\_\_  
(312) 792-0023

\_\_\_\_\_  
(Telephone Number)

The Applicant has the right under federal law, on request and after providing proper identification, to obtain from the above-named consumer reporting agency the following information:

1. The nature and substance of all the Applicant's information in its files (except medical information) 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, and the Applicant may be accompanied by one other person when visiting the agency. If the Applicant is accompanied by another person, he or she must furnish reasonable identification, and the agency may require the Applicant to furnish a written statement granting permission to the agency's personnel to discuss the Applicant's file in the other person's presence.

The Applicant can obtain information from the consumer reporting agency by the following methods:

1. The Applicant can appear in person at the agency during normal business hours, with reasonable notice to the agency, and with reasonable identification.
2. The Applicant can receive the information by telephone provided the Applicant has first made written request of the agency to obtain disclosures by this means. The Applicant must pay any toll charges involved, and may be required to provide proper identification.

The Village will not use the information from the credit report in violation of any applicable Federal or State Equal Opportunity law or regulation. Before the Village takes any adverse action, based in whole or in part upon information contained within the credit report, the Village will provide a copy of the credit report to the Applicant along with a description of the Applicant's rights under the Federal Credit Reporting Act, 15 USCS 1681(g)(3).

The undersigned consents to the release of this information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

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**REQUIRED RELEASE DOCUMENT: PAGE 13 of 20**

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. ALL DOCUMENTS DO NOT HAVE THE SAME DUE DATES. **THIS IS DUE 2/13/2008 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com) WITH QUESTIONS.

# Village of Arlington Heights Candidate Interest Questionnaire

**ANSWERS MUST BE IN YOUR OWN HANDWRITING, NOT TYPEWRITTEN**

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**#1 Describe some of your significant life experiences and how these experiences influenced your decision to become a Police Officer.**


**#2 Discuss your interest in and qualifications for becoming a Police Officer with the Village of Arlington Heights.**






## BACKGROUND AUTHORIZATION

I authorize and empower; the Village of Arlington Heights and it's representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends, or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I certify that I have read this authorization form and understand its meaning and purpose.

---

Name

---

Street Address

City

State

Zip

---

Social Security Number

---

Maiden name, if applicable

---

Driver's License Number

---

Date of birth

---

Date

---

Signature

**UNSALARIED EXPERIENCE, VOLUNTEER, WORK INTERNSHIPS**

Organization: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ # of hours worked weekly: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted?  Yes  No

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

Job applicants are obligated to disclose sealed or expunged records of convictions or arrest.

Have you ever been placed on probation?  Yes  No

\_\_\_\_\_

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

Have you ever been fingerprinted by a police agency other than for an arrest?  Yes  No

\_\_\_\_\_

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

\_\_\_\_\_

Agency	Date	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PERSONAL INFORMATION QUESTIONNAIRE

Any other or Previous Names:			
US Citizen:  <input type="checkbox"/> Yes <input type="checkbox"/> No	City and State of Birth:	Age:	Date of Birth:
<u>Driver's License Number:</u>	<u>State</u>	<u>Expiration Date</u>	<u>Is your license currently valid?</u>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have any relatives employed by the Village of Arlington Heights? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give Name, Department, and Position:			
<b>If you have a relative working within the Police Department, you may be disqualified.</b>			

## PHYSICAL AGILITY TEST RELEASE

### RELEASE

I understand that as part of the examination process I must submit to a Physical Agility Test. I acknowledge that the Physical Agility Test is strenuous and there are risks of injury or death associated with participation in the Physical Agility Test and I voluntarily assume these risks.

I certify that I am now in good health and know of no limitations that I have which would prevent me from performing the Physical Agility Test or which if communicated to the officers, servants, agents, and employees of I/O Solutions, Inc. would cause them to refuse to permit me to take the Physical Agility Test.

I understand that by this written authorization I am consenting to the release of the results of my Physical Agility Test and that release will result in disclosure of those test results to third parties.

I hereby consent to the release of my Physical Agility Test results and other relevant information to authorized representatives of the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, and to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment. By executing this form I release, discharge and hold harmless the Village of Arlington Heights, the Village of Arlington Heights Board of Fire and Police Commissioners, the Forest View Educational Center, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of my participation in the Physical Agility Tests (including but expressly not limited to: any and all injuries, losses, damage to my person or my death, which shall have been caused by, or contributed to by or resulted from my physical and/or medical condition) and/or by reason of the disclosure of the results of those tests as authorized herein by me. I further agree that I will not assign any right to which I may have to a cause of action against any of the foregoing persons or entities, to any person or legal entity.

In the event that I have a disability which will affect my ability to take any examination, I will so inform I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation. This release is binding on myself, my heirs, assigns, executors and administrators.

Agreed to:

Applicant Name, printed \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name, printed \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**This certificate must be returned ON THE DAY OF TESTING**

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# PHYSICAL FITNESS CERTIFICATE

\*\*\* COMPLETE ALL BLANK FIELDS ON THIS FORM \*\*\*

THIS CERTIFICATE SIGNED BY A PA, RN or LPN WILL NOT BE ACCEPTED AND WILL RENDER YOU INELIGIBLE TO TEST. THIS MUST BE SIGNED BY AN M.D. or D.O.

I, the undersigned doctor, certify that I am a medical physician, licensed to practice in the state of \_\_\_\_\_, and that I have examined

\_\_\_\_\_ ("Applicant") and have found that s/he is physically capable of participating in the Illinois Standard POWER test consisting of strenuous exercises including a 1.5 mile run, a sit and reach exercise, a bench press, and sit-ups.

\*ATTACH DOCTOR'S BUSINESS CARD HERE\*

\*ADDRESS STAMP ACCEPTABLE IF CARD NOT AVAILABLE\*

## DOCTOR'S CERTIFICATION:

Signed this \_\_\_\_ day of \_\_\_\_\_, 2008.

### DOCTOR'S SIGNATURE (M.D. OR D.O.)

INK signature required; STAMP signature NOT accepted; PA, LPN, RN, etc. NOT accepted

\_\_\_\_\_  
Doctor's Name, printed SPECIFY M.D. or D.O.

\_\_\_\_\_  
Street Address, printed

\_\_\_\_\_  
City, State Zip Code, printed

\_\_\_\_\_  
Telephone Number (for Verification)

\_\_\_\_\_  
FAX Number (for Verification)

## APPLICANT'S VERIFICATION:

Signed this \_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
APPLICANT SIGNATURE INK signature required

\_\_\_\_\_  
Applicant Name, printed

\_\_\_\_\_  
Street Address, printed

\_\_\_\_\_  
City, State Zip Code, printed

\_\_\_\_\_  
Telephone Number

**This certificate must be TURNED IN ON TEST DATE and dated within no more than one year prior to test date (February 23, 2008).** No applicant will be permitted to participate in the testing process unless this signed certificate, along with all other required documents, is completed and on file with the Village of Arlington Heights Board of Fire and Police Commissioners. **Only documents with ORIGINAL SIGNATURES will be accepted.**

**NO COPIES OR FAXES. COMPLETE ALL BLANK FIELDS ON THIS FORM.**

**This form must be signed AS IS without modifications to wording or crossed out wording.**

**This certificate must be returned ON THE DAY OF TESTING**

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## **Physical Agility Testing Requirements**

### **What is Physical Fitness?**

Physical fitness is a health status pertaining to the individual having the physiological readiness to perform maximum physical effort when required. Physical fitness consists of three areas:

*Aerobic capacity or cardiovascular endurance* pertaining to the heart and vascular system's capacity to transport oxygen. It is also a key area for heart disease in that low aerobic capacity is a risk factor.

*Strength* pertains to the ability of muscles to generate force. Upper body strength and abdominal strength are important areas in that low strength levels have a bearing on upper torso and lower back disorders.

*Flexibility* pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.

### **Why is physical fitness important as a job related element for Law Enforcement Officers?**

It has been well documented that law enforcement personnel (as an occupational class) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity. Law enforcement agencies have the responsibility of minimizing known risks. Physical fitness is a health domain, which can minimize the "known" health risks for law enforcement officers.

Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analyses that account for physical fitness have demonstrated that the fitness areas are underlying factors determining the physiological readiness to perform a variety of critical physical tasks. These three fitness areas have also been shown to be predictive of job performance ratings, sick time and number of commendations of police officers. Data has also shown that fitness level is predictive of trainability and academy performance.

Physical fitness can be an important area for minimizing liability. An unfit employee is less able to respond fully to strenuous physical activity. Consequently, the risk of not performing physical duties is increased.

### **Importance of Warm Up and Cool Down**

The warm-up should consist of low-level exercises that involve the use of large muscle groups, and is designed to increase the internal body temperature. In addition, the warm-up slowly and gradually accelerates the heart rate and blood pressure. The body is now physiologically ready for activity because the respiratory and circulatory systems are functioning above resting levels and prepared for more strenuous effort.

The warm-up should be composed of general low-level exercise. Stretching the muscles before exercise is advised to avoid strained or pulled muscles. However, stretching exercises alone, although beneficial, are not adequate to increase heart rate and circulation. General low-level activity must be used, like pedaling a bicycle at a lower workload or jogging at a slower pace and gradually increasing the intensity. Difficult exercises like pull-ups or push-ups should be avoided because they can lead to early fatigue before you begin exercising. Without the warm-up, strenuous exercise is associated with inadequate blood flow to the heart and may cause abnormal heart rhythms as detected by the electrocardiogram (ECG). Research shows that even a two-minute warm-up of jogging in place eliminates these abnormal ECG changes. So, if you're serious about your exercise program, before accepting the challenge – be prepared!

Under normal conditions during exercise, heart rate and blood pressure increase along with vasodilation (blood vessel dilation) to increase blood flow (oxygen) to the working muscles. In most exercise programs, the legs receive a large portion of the oxygen since they contain the largest group of working muscles. When activity ceases, heart rate and blood pressure return towards normal resting values but blood vessels are still somewhat dilated. The combination of reduced blood pressure and increased flow towards the lower body can cause a hypotensive state in the upper body. This hypotensive state can lead to dizziness, lightheadedness, and even unconsciousness.

To avoid these uncomfortable symptoms, it is advised to complete your exercise routine with an active recovery (gradually taxi to the gate). The cool-down can be performed by simply walking, pedaling, or jogging at a slower pace (spread your wings). The cool-down allows the heart rate and blood pressure to safely and gradually return towards pre-exercise levels (slowly apply your brakes). It is important to keep moving after exercise because motion helps the muscles pump blood back towards the heart. If the cool-down is neglected, blood may pool in the lower extremities. So continue your dedication, but avoid the consequences of abrupt termination and not knowing why.

### How will physical agility be measured?

The physical agility test consists of four scientific and valid tests. The 1.5 mile run will be administered first with the remaining three tests taken in the order of each candidates choosing.

The required performance to pass each test is based upon gender and age. While the absolute performance is different for categories, the relative level of effort is identical for each age and gender group. All candidates are required to meet the same percentile rank in terms of their respective age and gender groups. The performance requirement is that level of physical performance that approximates the 40<sup>th</sup> percentile for each age and gender group.

TEST	MALE				FEMALE			
	age: 20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit & Reach	16.0"	15.0"	13.8"	12.8"	18.8"	17.8"	16.8"	16.3"
1 Minute Sit-Up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	0.98	0.87	0.79	0.70	0.58	0.52	0.49	0.43
1.5 Mile Run	13.46 min	14.31 min	15.24 min	16.21 min	16.21 min	16.52 min	17.53 min	18.44 min

#### I. ONE MINUTE SIT-UP TEST

This is a measure of the muscular endurance of the abdominal muscles.

It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is the number of bent leg sit-ups performed in one minute.



Preparation for sit-up test: The progressive routine is to do as many bent leg sit-ups (hands behind the head) as possible in one minute. At least three times a week do three (3) sets (3 groups of the number repetitions done in one minute).

#### II. SIT AND REACH TEST

This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion, and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. The score is in the inches reached on a yardstick with 15 inches representing the toes.



Preparation for the sit and reach test: performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises:

- A. Sit and reach: Do five repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes, keeping legs straight. Hold for 10 seconds.
- B. Towel stretch: Sit on the ground with the legs straight. Wrap a towel around the feet holding each end with each hand. Lean forward and pull gently on the towel, extending the torso toward the toes.



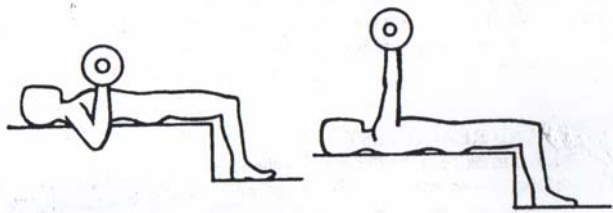
### III. MAXIMUM BENCH PRESS (One Repetition)

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength.

The score is a ratio of weight pushed divided by body weight.

Preparation for the maximum bench press:

- A. If one has access to weights, determine the maximum weight one can bench press one time. Take 60% of that poundage. This will be the training weight. One should be able to complete 8 – 10 repetitions of that weight. Do three sets of 8 – 10 repetitions adding 2.5 to 5 pounds every week.
- B. If one does not have weight equipment, then the push-up exercise can be utilized. Determine how many push-ups one can do in one minute. At least three times a week, do three sets of the amount one can do in one minute.



### IV. ONE and ONE HALF (1.5) MILE RUN

This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance minimizing the risk of cardiovascular problems. The score is in minutes and seconds.

Preparation for the 1.5 mile run: Below is a gradual schedule that would enable one to perform a maximum effort for the 1.5-mile run. If one can advance on the schedule on a weekly basis, then proceed to the next level. If one can do the distance in less time, then that should be encouraged.

Week	Activity	Distance	Time	Frequency
1	Walk	1 Mile	20 – 17	5/Week
2	Walk	1.5 Miles	29 – 25	5/Week
3	Walk	2 Miles	35 – 32	5/Week
4	Walk	2 Miles	30 – 28	5/Week
5	Walk/Jog	2 Miles	27	5/Week
6	Walk/Jog	2 Miles	26	5/Week
7	Walk/Jog	2 Miles	25	5/Week
8	Walk/Jog	2 Miles	24	4/Week
9	Jog	2 Miles	23	4/Week
10	Jog	2 Miles	22	4/Week
11	Jog	2 Miles	21	4/Week
12	Jog	2 Miles	20	4/Week

