



PLEASE PRINT THIS ENTIRE PACKET (23 pages); TAKE NOTE OF REQUIREMENTS & DEADLINES

Thank you for your interest in the City of Plano, Illinois, Police Department. You may complete the paper Public Safety Employment Application OR you may complete it at our website, www.publicsafetyrecruitment.com. AN APPLICATION MUST BE SUBMITTED.

MINIMUM REQUIREMENTS

- High School Diploma or Equivalent (GED)
 - Valid Illinois Driver's License
 - All applicants must be 20 years of age and not yet reached their 36th birthday as of October 17, 2007, or as otherwise exempt from age limitation by Statute. Must be at least 21 years of age at time of hire.
- No residency required
 - No Felony Convictions
 - U.S. Citizenship

APPLICATION AND OTHER REQUIRED DOCUMENTS

Please submit your application, your signed release forms and other requested documents (SEE CHECK LIST!) for delivery to Public Safety Recruitment before 12 noon on October 17, 2007. Incomplete applications or applications received after 12 NOON on October 17, 2007 will not be accepted.

ORIENTATION AND TESTING

The Mandatory Orientation will start promptly at 9:00 A.M. on Saturday, October 27, 2007 at Plano High School, 704 West Abe, Plano, Illinois. Please arrive at 8:30 A.M. and bring your valid Driver's License or State ID to sign in. The written exam will immediately follow the orientation. The written exam will be the National Criminal Justice Officer Selection Inventory (NCJOSI). Information on preparing for the (NCJOSI) is included in this application packet. The physical ability test will immediately follow the written examination. The physical ability test will consist of the Illinois Standard Power Test. Additional information regarding the Illinois Standard Power Test is included in this application packet. Although all candidates are required to complete the Illinois Standard Power Test, it will not be given on a pass or fail basis. Your performance during the test will not positively or adversely affect your employment eligibility. **However, you must pass the Illinois Standard Power Test upon entrance to the police academy.** If you do not pass the Illinois Standard Power Test upon entrance to the police academy, you will not be eligible for employment with the City of Plano. Please dress appropriately for the test (sweat pants, t-shirt, running, shoes, etc.). You may also want to bring a snack and beverage. Testing is expected to take place over several hours and no breaks will be given in-between testing phases. Those successfully completing the written examination will participate in oral interviews. The oral interview dates and times will be announced at a later date.

If you do not attend or do not complete the orientation, physical ability test, written exam, or any other portion of the testing process, then you will not be eligible for employment.

CHECK LIST: PLANO, ILLINOIS POLICE DEPARTMENT

Application: Due by noon, Oct. 17, 2007

- Confirmed online at www.publicsafetyrecruitment.com (The confirmation page immediately follows the references section of the application) WRITE YOUR CONFIRMATION NUMBER HERE: _____

OR

- Public Safety Employment Application (Paper version includes 10 pages)

**Release Forms: Due by noon, Oct. 17, 2007
(15 PAGES)**

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

- | | |
|--|--|
| <input type="checkbox"/> Consumer Reports* (Pages 1-3) | <input type="checkbox"/> High School, College, University Diploma (Page 10) |
| <input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening* (Page 4) | <input type="checkbox"/> Medical Records* (Page 11) |
| <input type="checkbox"/> Behavior Profile* (Page 5) | <input type="checkbox"/> Personal Information Release to Municipality* (Page 12) |
| <input type="checkbox"/> Credit History* (Page 6) | <input type="checkbox"/> Written Examination* (Page 13) |
| <input type="checkbox"/> Criminal History Information/ Fingerprint* (Page 7) | <input type="checkbox"/> Physical Ability Test* (Page 14) |
| <input type="checkbox"/> Driving Record* (Page 8) | <input type="checkbox"/> Physical Fitness Certificate* (page 15)
<u>DOCTOR'S SIGNATURE REQUIRED</u> |
| <input type="checkbox"/> Employment Past and Present* (Page 9) | |

Other required documents: Due by noon, Oct. 17, 2007

- COPY High School Diploma or equivalent (College Transcripts NOT a substitute) (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable.)
- COPY Valid Driver's License (copy of front and back if you received a renewal sticker)
- COPY County issued Birth Certificate (HOSPITAL COPY WILL NOT BE ACCEPTED)

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and you will be eliminated from employment consideration. I/O Solutions 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. **DO NOT SUBMIT REQUIRED DOCUMENTS TO THE CITY OF PLANO. PLEASE SUBMIT RELEASE FORMS AND OTHER REQUIRED DOCUMENTS TO:**

PUBLIC SAFETY RECRUITMENT ATTN.: PPD

1127 S. MANNHEIM ROAD, SUITE 203

WESTCHESTER, IL 60154

Call 1.800.343.HIRE or email info@publicsafetyrecruitment.com with any questions

PHYSICAL ABILITY ASSESSMENT 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 four areas:

Aerobic capacity and cardiovascular endurance pertaining to the heart and vascular system's capacity to transfer 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 FIRE AND LAW ENFORCEMENT SERVICES?

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

Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analysis 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 four fitness areas have also been shown to be predictive of job performance ratings, sick time and number of commendations. 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 THE PHYSICAL ABILITY BE MEASURED?

The physical ability consists of four pass-required steps and four assessment tools. Each event is a scientific and valid test. The test will be given in sequence with a rest period between each event.

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

TEST	MALE					FEMALE			
	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"
Minute Sit-Up	37	34	28	23		31	24	19	13
Bench Press	0.98	0.87	0.79	0.7		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 fire and 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.

Preparing for the 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 fire and 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 yard stick 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 ten 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.

C.

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 fire and police tasks requiring upper body strength. The source 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-ups 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.

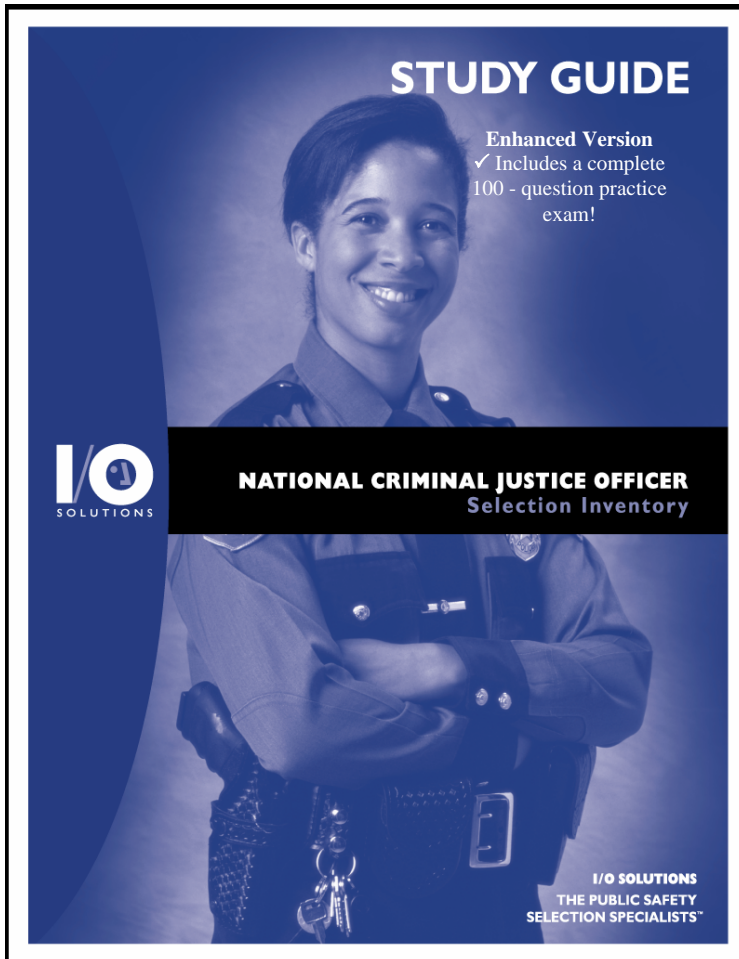
IV ONE AND ONE HALF (1.5) MILE RUN

This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing fire and police tasks involving stamina and endurance minimizing the risk of cardiovascular problems. The score is in minutes and seconds. This run is measured using a treadmill within a controlled atmosphere (we hold the option of testing on treadmill or an indoor or outdoor track).

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

PREPARE FOR THE CITY OF PLANO POLICE DEPARTMENT ENTRANCE EXAM!



Not only does this study guide provide you with a better understanding of the nature and format of questions that will appear on the National Criminal Justice Officer Selection Inventory (NCJOSI), but it contains a **COMPLETE 100 question practice examination** to help you prepare for taking the test!

As in the previous version of the NCJOSI study guide, a definition of each of the ability areas tested and an explanation of how they apply to the job of an entry-level criminal justice officer will be given in this guide. In addition, this NCJOSI study guide will inform you of rules, general test-taking strategies and instructions for completing the exam answer sheet.

Now available for immediate download! Save today with the discount code below:

Also available:

PRACTICE VERSION of the National Criminal Justice Officer Selection Inventory

Use discount code: **Plano2007** to save **\$5.00** on the online practice exam or the DOWNLOADABLE NCJOSI study guide.

ARCO Police Officer study guide ~ includes five sample written exams, sample physical tests, latest career information and a review of all test subjects.

CALL 708-410-0100 OR VISIT www.publicsafetyrecruitment.com for more information

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.

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 City of Plano 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 City of Plano 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 City of Plano OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES.

I do not consent to the City of Plano 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.

Signature: _____

Date: _____

DO NOT SIGN ABOVE UNLESS YOU DO NOT CONSENT

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the City of Plano, City of Plano 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 City of Plano, City of Plano 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 City of Plano, the City of Plano 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

BEHAVIORAL PROFILE

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from you which will be used for a Behavioral Profile. The tests, survey and interviews are designed to: measure your attitudes regarding drugs and alcohol, trustworthiness, and work; to predict your interpersonal skills, personality traits and motivations; and to predict your on the job mental abilities.

CONSENT FOR BEHAVIORAL PROFILE

I hereby grant my consent for the I/O Solutions, Inc., or its authorized representative to conduct the necessary interviews and administer the necessary examinations to determine my Behavioral Profile.

RELEASE

I understand that release of the results of my Behavioral Profile by this written authorization will result in disclosure of those test and survey results.

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of the 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 City of Plano, the City of Plano Board of Police and Fire 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 Behavioral Profile 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

CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from private credit reporting agencies as to your credit history. This investigative consumer report includes, if applicable, information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

CONSENT AND AUTHORIZATION TO INVESTIGATE CREDIT HISTORY

I hereby authorize and consent to a thorough investigation of my past and present credit history and disclosure of the results of that investigation to third parties. I understand that release of my past and present credit records by this written authorization will result in the disclosure of those records. I understand that this investigative consumer report can include, if applicable, information as to my character, general reputation, personal characteristics, and mode of living.

RELEASE

I hereby consent to the release of the results of the investigation of my credit history and other relevant information to authorized representatives of the City of Plano or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or fire/police 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 City of Plano, the City of Plano Board of Fire and Police Commissioners and the 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 credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

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 City of Plano 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 City of Plano or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or fire/police 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 City of Plano, the City of Plano 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 City of Plano or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or fire/police 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 City of Plano, the City of Plano, 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 City of Plano and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or fire/police 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 City of Plano, the City of Plano 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 of 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 of my high school (or its equivalent), college, or university diploma to representatives of the City of Plano or I/O Solutions, Inc.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of 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 of my diploma or its equivalent to authorized representatives of the City of Plano or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or fire/police 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 City of Plano, the City of Plano 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 City of Plano'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 City of Plano, City of Plano 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 City of Plano, the City of Plano 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 City of Plano or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or fire/police 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 City of Plano, the City of Plano 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 City of Plano and to those municipalities and/or fire/police 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 City of Plano, the City of Plano 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 Police 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

PHYSICAL ABILITY TEST

RELEASE

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

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

I hereby consent to the release of my Physical Ability Test results and other relevant information to authorized representatives of the City of Plano and to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or fire/police 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 City of Plano, the City of Plano 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 my participation in the Physical Ability 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: _____	Date _____
Applicant Name, printed	
_____	Date _____
Applicant Signature	
_____	Date _____
Witness Name, printed	
_____	Date _____
Witness Signature	

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

PHYSICAL FITNESS CERTIFICATE

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 Physical Ability Examination consisting of various strenuous exercises.

ATTACH DOCTOR’S BUSINESS CARD HERE

STAMP ACCEPTABLE IF CARD NOT AVAILABLE

DOCTOR’S CERTIFICATION

Signed this ____ day of _____, 2007.

DOCTOR’S SIGNATURE (M.D. OR D.O.)

INK signature required; PA, LPN or RN not accepted

Doctor’s Name, printed SPECIFY M.D. or D.O.

Street Address, printed

City, State Zip Code, printed

Telephone

Fax

APPLICANT’S VERIFICATION

Signed this ____ day of _____, 2007.

Applicant Signature

Applicant Name, printed

Street Address, printed

City, State Zip Code, printed

Telephone

This certificate must be completed and returned with your application by noon on Oct. 17, 2007. No applicant will be permitted to take the physical ability test or to continue with the written testing process unless this signed certificate is on file with the City of Plano Board of Fire and Police Commissioners and dated by a physician within no more than one year prior to physical ability test. **ONLY ORIGINAL CERTIFICATES WITH INK SIGNATURES WILL BE ACCEPTED; NO FAXES OR COPIES. COMPLETE ALL FIELDS – LEAVE NO BLANKS!**