



Public Safety Recruitment
1127 S. Mannheim Rd., #203
Westchester, IL 60154
1-800-343-HIRE

www.publicsafetyrecruitment.com

Village of Evergreen Park Police Department

MINIMUM REQUIREMENTS:

Age	● At least 21 years of age on May 7, 2008
Health	● Physically and psychologically qualified to sustain the labors and exposures of a Police Patrol Officer
Vision	● Minimum of 20/70 uncorrected vision, corrected to 20/20 in each eye, with normal color and depth perception
Character	● No criminal convictions for felonies or certain misdemeanor offenses; good moral character
Residence	● Candidates must establish domicile within a 15-mile radius of the Village no later than 24 months following their initial date of hire ● Legal Resident status
Education	● High School Diploma or equivalent ● Successfully completed at least 30 semester hours from an accredited college or university as of May 7, 2008
Language	● Speak, read and write the English language fluently
Driver Qualification	● Possess a Valid Driver's License from state of residency
Fee	● \$35.00 non-refundable application fee

APPLICATION INSTRUCTIONS:

- 1) Visit www.publicsafetyrecruitment.com to complete the online application for the position of Police Officer. Applications must be completed and **confirmed by 12 noon on Wednesday, May 7, 2008.**
- 2) Return **signed release forms and requested documents** (see CHECK LIST!!) to Public Safety Recruitment (1127 S. Mannheim Road, Suite 203, Westchester, IL, 60154 Attn: EPPD) before 12 noon on Wednesday, May 7, 2008. **Application documents received after 12 noon on Wednesday, May 7, 2008 will not be accepted.** Faxed release forms will not be accepted. Documents may be delivered by hand during business hours or sent via traceable carrier to ensure delivery before the deadline. Call 800.343.HIRE or email info@publicsafetyrecruitment.com with questions.
- 3) Attend **Orientation, Physical Ability Test and Written Exam** on **Saturday, May 17, 2008** at Evergreen Park High School, 9901 S. Kedzie Avenue, Evergreen Park, IL 60805. Orientation begins at 9 AM and Physical Ability Testing will immediately follow. **Arrive by 8:30 AM with a Valid Driver's License or State ID to sign in. Testing is estimated to take about 4 hours with no break provided; we strongly suggest bringing a beverage and snack.**
- 4) Successful candidates will be contacted to participate in Oral Interviews.

SALARY AND BENEFITS

Starting salary of \$46,583 the first year with an increase to \$58,871 after one year to \$72,864 after five years. Extraordinary benefits include hospitalization, dental, optical, life insurance, pension plan, deferred compensation plan, vacation and sick day benefit package, credit union and uniforms are included.

All portions of the testing process are mandatory. Failure to attend and complete any portion of the process will result in elimination from employment consideration.

EVERGREEN PARK, ILLINOIS POLICE DEPARTMENT

CHECK LIST

Online Application Deadline: Noon on May 7, 2008	
<input type="checkbox"/> CONFIRMED at www.publicsafetyrecruitment.com . WRITE YOUR CONFIRMATION NUMBER HERE: _____ (The confirmation page immediately follows the references section of the online application)	
Release Forms: Deadline: NOON May 7, 2008	
<p><small>*No photocopies or fax copies will be accepted. You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include <i>adult</i> family members and friends.</small></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Consumer Reports* <input type="checkbox"/> Credit History* <input type="checkbox"/> Criminal History Information/ Fingerprint* <input type="checkbox"/> Driving Record* <input type="checkbox"/> Employment Past and Present* </div> <div style="width: 48%;"> <input type="checkbox"/> High School, College, University* Diploma <input type="checkbox"/> Personal Information Release to Municipality* <input type="checkbox"/> Written Examination* <input type="checkbox"/> Physical Ability Test* <input type="checkbox"/> Physical Fitness Certificate* </div> </div> <p style="text-align: right;">DOCTOR'S SIGNATURE REQUIRED!</p>	
Other required documents: Deadline: NOON May 7, 2008	
<input type="checkbox"/> COPY High School Diploma or GED (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable, <u>COLLEGE DIPLOMA/TRANSCRIPTS NOT ACCEPTABLE</u>) <input type="checkbox"/> COPY valid Driver's License (copy of front and back if you received a renewal sticker) <input type="checkbox"/> COPY 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: <input type="checkbox"/> 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). <u>Hospital copy NOT accepted.</u> <input type="checkbox"/> Copy of VALID US Passport <input type="checkbox"/> Copy of Naturalization Papers <input type="checkbox"/> ORIGINAL OFFICIAL TRANSCRIPTS from an accredited college or university verifying 30 semester hours have been successfully completed (Photocopies <u>NOT</u> accepted)	
<p>If you have any questions regarding the application process or requirements, or if you are a Legal Alien, contact Public Safety Recruitment before the application deadline.</p> <p>800.343.HIRE info@publicsafetyrecruitment.com</p>	

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 VILLAGE OF EVERGREEN PARK. PLEASE SUBMIT RELEASE FORMS AND OTHER REQUIRED DOCUMENTS TO:

<p>PUBLIC SAFETY RECRUITMENT</p> <p>ATTN: EPPD</p> <p>1127 S. MANNHEIM ROAD, SUITE 203</p> <p>WESTCHESTER, IL 60154</p>

Call 1.800.343.HIRE with any questions BEFORE the deadline of May 7, 2008 at 12 noon.

**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: 1 of 11

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 5/7/2008 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 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 Evergreen Park 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 Evergreen Park 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 Evergreen Park 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 Evergreen Park 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)

Social Security Number

Applicant Signature

Date

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

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 Village of Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park 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 Village of Evergreen Park 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 Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park 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 Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park, 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 Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park 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 Village of Evergreen Park 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 Village of Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park 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

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 Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park 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 Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park 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 Village of Evergreen Park 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 Village of Evergreen Park, the Village of Evergreen Park Board of Fire and Police Commissioners, the Evergreen Park High School 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.

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

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; LRN, PA, LPN or RN, etc. **not** accepted
STAMP NOT ACCEPTABLE

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

Street Address, printed

City, State Zip Code, printed

Telephone Number

APPLICANT'S VERIFICATION

Signed this _____ day of _____, 2008.

Applicant Signature

Applicant Name, printed

Street Address, printed

City, State Zip Code, printed

Telephone Number

This certificate must be completed and returned with your application by noon on May 7, 2008. 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 Village of Evergreen Park 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 ORIGINAL SIGNATURES WILL BE ACCEPTED; NO FAXES OR COPIES.**

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REQUIRED RELEASE DOCUMENT: 11 of 11

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 5/7/2008 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 WITH QUESTIONS.