



City of Elmhurst

Do you think you have what it takes to be an Elmhurst Police Officer? The officers of the Elmhurst Police Department embrace a community oriented policing philosophy best summarized by our motto, "**Providing the Best**". To accomplish the hiring of the best person of character and ability, candidates will be required to successfully complete **rigorous** tests including a physical agility, written, polygraph, an intensive background investigation, interview process, psychological, and medical tests.

Our values are at the core of what we do. We begin with a person's character and continue to provide opportunities for growth through training and appropriate resources. We believe the public must have confidence, trust, and faith in the ability of every Elmhurst Police Officer to efficiently and competently perform their duties. The City of Elmhurst's character is a reflection of its employees.

The starting salary for full-time police officers is currently \$59,553 per year increasing to \$78,553 after seven years. The City of Elmhurst offers full-time police officers an outstanding benefit package including health care plans, dental, and life insurance. Additional benefits include; personal days, compensatory time, vacation days, tuition reimbursement, special duty payments, flexible spending account, deferred compensation plans, employee assistance program, sick leave, and a police pension fund.

Police Officer Minimum Requirements

- \$25.00 non-refundable application fee;
- U.S. Citizenship or Legal Alien Status;
- No Felony Convictions or Certain Misdemeanor Offenses; Exceptional Moral Character;
- High School Diploma or Equivalent (GED);
- Valid Driver's License;
- Must submit proof that you have passed the Peace Officer Wellness Evaluation Report (POWER Test), which requires a \$30.00 non-refundable fee;
- 20 to under 35 years of age at time of application (as of April 28, 2010) unless exempt by statute. Must be at least 21 years of age at time of appointment;
- 45 semester hours of college credit from an accredited college or university. Deadline for official transcripts is noon on April 28, 2010;
- No Residency Requirement.

SEE APPLICATION INSTRUCTIONS FOR FULL DETAILS.

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. If you have any questions regarding the application process, contact Public Safety Recruitment before the application deadline at 800.343.HIRE or info@publicsafetyrecruitment.com.

Application Instructions

- 1) Visit www.publicsafetyrecruitment.com to pay the non-refundable application fee and to complete the online application for the position of Police Officer. Your online application must be **confirmed** before 12 noon on April 28, 2010. Save your confirmation number for your records.

- 2) Visit www.NIPSTA.org to schedule your POWER test and to pay the testing fee. POWER Test dates fill up quickly and spots are limited; it is highly recommended that applicants schedule to take the POWER Test at NIPSTA as soon as possible to ensure this requirement is met by application deadline.

- 3) Submit proof that you have passed the ILLINOIS PEACE OFFICER WELLNESS EVALUATION REPORT (POWER Test) at the Northeastern Illinois Public Safety Training Academy (NIPSTA) by 12 noon on Wednesday, April 28, 2010 to Public Safety Recruitment. Candidates who take the POWER test at NIPSTA after the application deadline of April 28, 2010 MUST bring a photocopy of their valid POWER test card on test day (5/22/10). You will NOT be admitted into testing without it.

***NOTE: NIPSTA POWER Test cards will ONLY be accepted and considered valid if issued during the Elmhurst Police Department Application Process (cards MUST be dated between 2/18/10 and 5/21/10).*

- 4) Return signed Release Forms and Required Documents (see CHECKLIST!) to Public Safety Recruitment (Attn.: Elmhurst PD, 1127 S. Mannheim Rd., Ste. 203, Westchester, IL 60154) before 12 noon on Wednesday, April 28, 2010. Faxed release forms will not be accepted. You may deliver documents by hand during regular business hours (M-Th 9a-5p; F 9a-3p; Closed holidays and weekends) or you may send them by mail. Sending documents via traceable courier (i.e.: FedEx, UPS, etc.) is suggested to ensure timely delivery.

- 5) Attend mandatory Orientation and Written Exam on Saturday, May 22, 2010 at the Sandburg Middle School, 345 E. St. Charles Rd., Elmhurst, IL 60126. Doors open at 8 a.m. Entrance is located at Door #3 on the south side of the building. Parking is available in the side and rear parking lots. A valid Driver's License or State ID is required to sign in. Applicants arriving after 8:30 a.m. will not, under any circumstances, be allowed to participate in the testing process. The written exam will be administered immediately after orientation.

ELMHURST POLICE OFFICER APPLICANT CHECKLIST

Application Deadline: APRIL 28, 2010 AT 12 NOON

Confirmed Online WRITE YOUR CONFIRMATION NUMBER HERE: _____
(The confirmation page immediately follows the references section of the online application)

Release Forms Deadline: APRIL 28, 2010 AT 12 NOON

No photocopies or fax copies of the required release forms will be accepted.

You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include *adult* family members and friends residing in the US.

- RELEASE AND AUTHORIZATION
(**MUST BE NOTARIZED**)
- RELEASE OF LIABILITIES
- COLLEGE CREDIT VERIFICATION
- WRITTEN EXAMINATION
- CRIMINAL HISTORY/FINGERPRINT
- DRIVING RECORD
- MEDICAL RECORDS
- CREDIT HISTORY

Other required documents Deadline: APRIL 28, 2010 AT 12 NOON

- OFFICIAL CERTIFIED SEALED COLLEGE TRANSCRIPTS** (unofficial copies will **NOT** be accepted)
- COPY High School Diploma or Equivalent (GED)** (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable. College Transcripts/Diploma **NOT** a substitute.)
- COPY Valid Driver's License** (copy of front and back if you received a renewal sticker)
- COPY Valid NIPSTA POWER Test Card*** (Cards considered valid **ONLY** if issued between 2/18/10 and 5/21/10)
- 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 AS YOUR BIRTH RECORD:

- Copy of U.S. 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) **Hospital issued copy NOT accepted.**
- OR**
- Copy of VALID U.S. Passport**
- OR**
- Copy of Naturalization Papers**

***NOTE:** Applicants who take the **POWER Test at NIPSTA after the application deadline (4/28/10) MUST bring a photocopy of their Valid POWER Test card on test day (5/22/10); you will NOT be admitted into testing without it.**

**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.
Call 800.343.HIRE or email info@publicsafetyrecruitment.com

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 of 12 noon on Wednesday, April 28, 2010 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 of 12 noon on Wednesday, April 28, 2010.

ALL RELEASE FORMS AND OTHER REQUIRED DOCUMENTS MUST BE SUBMITTED TO:

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

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE CITY OF ELMHURST OR POLICE DEPARTMENT.

RELEASE AND AUTHORIZATION

I HEREBY REQUEST THAT ANY INFORMATION RELATED TO, PERTAINING TO, OR CONCERNING THE MATTERS LISTED HEREIN BELOW BE PROVIDED TO THE CITY OF ELMHURST, OR ITS DESIGNATED REPRESENTATIVE, PURSUANT TO MY APPLICATION FOR EMPLOYMENT UPON THE PRESENTATION OF THIS RELEASE, OR A COPY THEREOF:

1. TRANSCRIPT OF SCHOLASTIC RECORD, INCLUDING ANY RECORD OF DISCIPLINARY ACTION, WHILE ATTENDING ANY SCHOOL, COLLEGE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION;
2. RECORDS PERTAINING TO ANY AND ALL EMPLOYMENT, INCLUDING PERSONNEL RECORDS, DISCIPLINARY ACTIONS, ABSENTEEISM AND TARDINESS RECORDS, TRAINING RECORDS;
3. RECORDS PERTAINING TO SERVICE IN THE ARMED FORCES OF THE UNITED STATES OF AMERICA, AND RECORDS OF ANY DISCIPLINARY ACTION, COURT MARTIAL, OR OFFICIAL REPRIMAND WHILE IN SERVICE;
4. INFORMATION AND/OR TEST RESULTS GATHERED BY ANY OTHER LAW ENFORCEMENT AGENCY, CIVIL SERVICE COMMISSION, BOARD OF FIRE AND POLICE COMMISSIONERS, OR ANY SIMILAR AGENCY, AS A RESULT OF ANY PREVIOUS JOB APPLICATION;
5. RECORDS OF ANY INFORMATION THAT WOULD NEGATIVELY AFFECT MY ABILITY TO HANDLE CLASSIFIED OR CONFIDENTIAL INFORMATION;
6. RECORDS OF ANY CREDIT HISTORY; AND
7. GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

I HEREBY AUTHORIZE THE RELEASE OF SAID INFORMATION, WHETHER IT BE THROUGH PERSONAL DELIVERY, CORRESPONDENCE, PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS, ASSOCIATES, CO-WORKERS, OR OTHERS WITH WHOM I AM ACQUAINTED, OR WHO MAY HAVE KNOWLEDGE OF ANY OF THE MATTERS LISTED HEREIN, OR ANY OTHER REASONABLE FORM OF TRANSMITTING THE INFORMATION THAT MAY BE REQUIRED BY THE CITY OF ELMHURST OR ITS DESIGNATED REPRESENTATIVE.

I FURTHER REQUEST THAT IN EACH INSTANCE, THE CUSTODIAN OF RECORDS, OR ANY INDIVIDUAL EMPLOYED IN A SIMILARLY SITUATED POSITION, PERMIT THE REQUESTED RECORDS TO BE EXAMINED, COPIED, OR OTHERWISE REVIEWED, AND I HEREBY RELEASE ANY SUCH INSTITUTIONS, AGENCY, OR ORGANIZATION, BUSINESS, OR COMPANY, INCLUDING ITS OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY, OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH SAME.

AUTHORIZED SIGNATURE

DATE

THE INFORMATION COLLECTED BY THE CITY OF ELMHURST OR ITS DESIGNATED REPRESENTATIVE WILL BE HELD CONFIDENTIAL, AND IS FOR THE SOLE USE OF THE BOARD OF FIRE AND POLICE COMMISSIONERS OF THE CITY OF ELMHURST IN SELECTION OF EMPLOYEES. I HEREBY RELEASE THE CITY OF ELMHURST, THE BOARD OF FIRE AND POLICE COMMISSIONERS, AND THE OFFICERS, SERVANTS, AGENTS, INDEPENDENT CONTRACTORS, AND EMPLOYEES OF EACH OF THEM FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY INCURRED BY ME, MY HEIRS, FAMILY, OR ASSOCIATES AS A RESULT OF THE COLLECTION, USE OR RELEASE OF THE INFORMATION REFERRED TO HEREIN.

THIS AUTHORIZATION IS BEING FREELY GIVEN WITH FULL KNOWLEDGE OF MY RIGHT TO REFUSE SAID AUTHORIZATION.

I AFFIRM THAT I AM AT LEAST TWENTY (20) YEARS OF AGE AND NO MORE THAN THIRTY-FIVE (35) YEARS OF AGE AT THE TIME APPLICATION UNLESS EXEMPT BY STATUTE, AND HAVE AT LEAST FORTY-FIVE (45) HOURS OF COLLEGE CREDIT.

I FURTHER AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE, INCORRECT AND INCOMPLETE STATEMENTS, DECEPTION, OR FRAUD WILL RESULT IN MY DISQUALIFICATION, OR SUBSEQUENT TERMINATION

CANDIDATE'S FULL NAME (PRINTED)

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

SUSCRIBED AND SWORN BEFORE ME

THIS ____ DAY OF _____ 2010

NOTARY PUBLIC

NOTARY SEAL

2010 Elmhurst Police Recruitment

REQUIRED RELEASE DOCUMENTS PAGE 1 of 8

DO NOT SUBMIT WITHOUT ORIGINAL DATED SIGNATURES WHERE REQUIRED. LEAVE NO FIELDS BLANK. WITNESSES MAY BE ADULT FAMILY MEMBERS OR FRIENDS LIVING WITHIN THE U.S.; PAGE 1 OF REQUIRED RELEASE DOCUMENTS NEEDS NOTARIZATION. SEE CHECKLIST FOR ALL DOCUMENTS DUE 4/28/10 by 12 NOON. CALL 800.343.HIRE WITH QUESTIONS.

RELEASE OF ALL LIABILITIES

The undersigned, for and in consideration of the opportunity to take any/all examinations for the position of police officer, in the Elmhurst Police Department and other good and valuable consideration, for myself, my heirs, successors and assigns, hereby releases and discharges the City of Elmhurst, its officers, servants, agents and employees, School District 205, its officers, servants, agents and employees of and from all injuries, losses and damages, to my person that shall have been caused, or may at any time arise as a result of certain examinations conducted by the Board of Fire and Police Commissioners of the City of Elmhurst, the intention hereof being to completely, absolutely, and finally release said City and School District and the aforesaid persons from an and all liability wholly or partially from the cause aforesaid.

The undersigned states and certifies that he/she is in good physical condition and physically and emotionally capable of taking the testing procedures which will be employed in the examination to be conducted by or under the auspices of the Board of Fire and Police Commissioners. The undersigned is specifically aware of the strenuous nature of the examinations and that there is a risk of injury. The undersigned is specifically aware of the nature and extent of the any/all examinations and possesses no knowledge which upon being transmitted to the City of Elmhurst, its officers, servants, agents and employees would cause them to refuse to allow the undersigned to take any/all examinations required by the Board of Fire and Police Commissioners.

Agreed to: Print or Type Name: _____

Signature: _____ Date: _____

Witness: Print or Type Name: _____

Address: _____

Signature: _____

Date: _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

COLLEGE CREDIT HOURS VERIFICATION

I affirm that I have **45 semester hours of college credit** from an accredited college or university by the date of the Police Officer examination. I further affirm that these hours can be verified through the **official certified** college or university transcript I have submitted with my application. **I understand that no transcripts will be accepted after 12 noon on Wednesday, April 28, 2010.**

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

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*** College Credit:**

57 Quarter Hours = 45 Semester Hours
68 Trimester Hours = 45 Semester Hours

****Conversions:**

Quarter Hours x 4 = Answer/5 = Semester Hours
Trimester Hours x 2 = Answer/3 = Semester Hours

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 Elmhurst 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 Elmhurst, the City of Elmhurst. Board of Fire and Police Commissioners, 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 City of Elmhurst prior to the administration of the examinations so that a reasonable accommodation can be made. The City of Elmhurst 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	

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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 Elmhurst 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 Elmhurst 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 Elmhurst, the City of Elmhurst 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		

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

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 Elmhurst 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 Elmhurst, the City of Elmhurst 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		

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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 Elmhurst'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 Elmhurst or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or fire/police 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 Elmhurst, the City of Elmhurst 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		

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from *TransUnion* or any other source reporting financial information both by public or private means 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 Elmhurst 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 Elmhurst, the City of Elmhurst 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		

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.