

City of Des Plaines Police Department

Thank you for your interest in the City of Des Plaines Police Department.

Please read this **23-page** document carefully, paying particular attention to deadlines and required documents.

Police Officer Minimum Requirements:

- \$20.00 non-refundable application fee;
- U.S. Citizen;
- High School Diploma or Equivalent (GED);
- Valid Driver's License (Valid Illinois driver's license by date of hire);
- 21 to under 35 years of age on September 19, 2009 unless otherwise exempt by statute;
- No Felony Convictions;
- Must possess a valid NIPSTA POWER Test card dated no more than six (6) months prior to test day (cards considered valid only if issued between 03/19/09 and 09/19/09). You MUST bring your card with you on test day (09/19/09);
- Residency in Illinois by date of hire;
- **Must have at least ONE of the following life experiences by application deadline (09/02/09):**
 - Possess 60 college credit hours from an institution accredited by the North Central Association of Colleges and Schools **OR**
 - Two (2) years Certified Law Enforcement Officer Experience **OR**
 - Two (2) years Active Military Service **OR**
 - A combination of the above mentioned life experiences (each year of certified Law Enforcement experience or active duty for the U.S. Military is equivalent to 30 college credit hours)

Application Instructions:

- 1) Visit www.publicsafetyrecruitment.com to complete the online application for the position of Police Officer. Your online application must be completed and confirmed by September 2, 2009 at 12 NOON. You will receive a confirmation number when you have completed the online portion. Save this for your records.
- 2) Return signed release forms, application addendum and requested documents to Public Safety Recruitment by 12 NOON on WEDNESDAY, SEPT. 2, 2009. Documents received after the deadline will not be accepted. **ALL DOCUMENTS MUST BE DELIVERED TO PUBLIC SAFETY RECRUITMENT, ATTN: DPPD, 1127 S. Mannheim Road, Suite 203, Westchester, IL 60154** (See CHECKLIST and attached RELEASE DOCUMENTS, pgs. 1-20). Delivering documents by hand during business hours OR sending documents via traceable courier is highly suggested to ensure timely delivery. Faxed and/or postmarked release forms will not be accepted. **Call 1.800.343.HIRE with any questions BEFORE the deadline.**
- 3) Applicants **MUST** provide proof that they have passed the Illinois Peace Officer Wellness Evaluation Report (POWER) Test at the Northeastern Illinois Public Safety Training Academy (NIPSTA) within the past six (6) months as of test day, September 19, 2009. POWER test registration MUST be completed at least one week prior to the selected POWER Test session date. For more information or to register, contact NIPSTA at (847) 998-8090 or visit www.NIPSTA.org.
- 4) Attend Orientation and Written Exam on Saturday, September 19, 2009 at Maine West High School, 1755 S. Wolf Road, Des Plaines, IL 60018. Orientation begins at 9 AM and testing will immediately follow. Arrive no later than 8:30 AM with your valid NIPSTA POWER test card AND valid driver's license or state ID to sign in. Candidates who do not have their valid POWER test card and driver's license or state ID will NOT be permitted to test. NO LATE ADMITTANCE.

Salary Information: \$56,289.00 - \$78,500.00

All portions of the testing process are mandatory. Failure to attend and successfully complete any portion of the testing process will result in elimination from employment consideration. If you have any questions, please contact Public Safety Recruitment:

1-800-343-HIRE ~ e-mail: info@publicsafetyrecruitment.com

Regular Business Hours: 9a-5p Monday-Thursday; 9a-3p Friday

CHECK LIST: DES PLAINES, ILLINOIS POLICE DEPARTMENT

Online Application:

DEADLINE: 09/02/2009 at NOON

Confirmed online

WRITE YOUR CONFIRMATION NUMBER HERE: _____

(The confirmation page immediately follows the references section of the online application)

ALL documents below are DUE by 09/02/2009 at 12 noon:

Release Documents & Application Addendum: SEE PAGES 1-20

- | | |
|---|---|
| <input type="checkbox"/> Consumer Reports* (pgs. 1-2) | <input type="checkbox"/> High School, College, University Diploma* (pg. 8) |
| <input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening* (pg. 3) | <input type="checkbox"/> Medical Records* (pg. 9) |
| <input type="checkbox"/> Credit History* (pg. 4) | <input type="checkbox"/> Personal Information Release to Municipality* (pg. 10) |
| <input type="checkbox"/> Criminal History Information/ Fingerprint* (pg. 5) | <input type="checkbox"/> Written Examination* (pg. 11) |
| <input type="checkbox"/> Driving Record* (pg. 6) | <input type="checkbox"/> Des Plaines Police Department Application Addendum* (pgs. 12-20) |
| <input type="checkbox"/> Employment Past and Present* (pg. 7) | |

***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.**

Other required documents (DUE 09/02/2009 at 12 noon):

- COPY High School Diploma or GED** (If you cannot find your High School diploma you may submit a copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead to fulfill this requirement. College transcripts/diploma will NOT fulfill this requirement.)
- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)
- 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 TO FULFILL THIS REQUIREMENT:**
- 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 **Hospital copy NOT accepted.**)
- OR**
- Copy of U.S. Passport**
- OR**
- Copy of Naturalization Papers**
- ONE of the following must be submitted by 09/02/09 at noon:**
- Official College/University Transcripts indicating at least 60 college credit hours from an institution accredited by North Central Association of Colleges and Schools.**
- OR**
- COPY of Local Governmental Law Enforcement Officers Training and Standards Board Certificate AND an original letter from your employer indicating two (2) full years as a Certified Law Enforcement Officer.**
- OR**
- COPY of your Military Discharge Form DD-214 indicating at least two (2) full years of active Military Service.**
- OR**
- A combination of the above mentioned life experiences.** (each year of certified Law Enforcement experience or active duty for the U.S. Military is equivalent to 30 college credit hours)

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.

PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

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

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE DEPARTMENT OR CITY OF DES PLAINES.

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 Des Plaines 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 Des Plaines 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 DES PLAINES 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 Des Plaines 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

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the City of Des Plaines 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 Des Plaines, 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 Des Plaines, the City of Des Plaines 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

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 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 Des Plaines 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 Des Plaines, the City of Des Plaines 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 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	

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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 Des Plaines 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 Des Plaines 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 Des Plaines, the City of Des Plaines 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

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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 Des Plaines 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 Des Plaines, the City of Des Plaines 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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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 Des Plaines 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 Des Plaines, the City of Des Plaines 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

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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 Des Plaines 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 Des Plaines 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 Des Plaines, the City of Des Plaines 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

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

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 Des Plaines' 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 Des Plaines 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 Des Plaines, the City of Des Plaines 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

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RESIDING IN THE U.S.**

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 Des Plaines 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 Des Plaines, the City of Des Plaines 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

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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 Des Plaines 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 Des Plaines, the City of Des Plaines 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 Written 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

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DES PLAINES POLICE DEPARTMENT APPLICATION ADDENDUM

Employment and Experience

- 1) Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency?
- No.
- Yes. If yes, please provide the year, agency and check off the processes which you completed and whether you were disqualified or hired.

Year	Agency	Written	Physical Agility	Oral Interview	Background	Polygraph	Psych	Medical Exam	Disqualified	Hired	Position on list

Military Service

- 2) Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves?
- No.
- Yes. If yes, please give details to include branch of service, when, where, circumstances, and so on.

Military Service continued...

3) Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone	Military Unit	Dates

Financial

4) Within the last seven years, have any of your bills ever been turned over to a collection agency?

No.

Yes. If yes, please give details to include when, firms involved, and circumstances.

5) Within the last seven years, have you ever had purchased goods repossessed?

No.

Yes. If yes, please give details to include when, firms involved, and circumstances.

6) Within the last seven years, have your wages ever been garnished, including non-payment of child support?

No.

Yes. If yes, please give details to include when, where, and why

Financial continued...

7) Have you ever been delinquent on child support, income tax, or other tax payments?

No.

Yes. If yes, please give details to include when, where, and why.

Legal

8) As an adult, have you ever been placed on probation by any court?

No.

Yes. If yes, please give details to include when, where, and why.

9) Please list any other crimes you have committed, REGARDLESS of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why.

10) Are you now or have you ever been involved as a defendant in any civil court action?

No.

Yes. If yes, please give details to include when, where, name of court, and circumstances.

Legal continued...

11) (a) Have you ever been a victim of a crime?

No.

Yes. If yes, please explain.

(b) Was this crime reported to the police? No. Yes.

Motor Vehicle Operation

12) Please list all traffic citations you have received as an adult after reaching the age of 18. Exclude parking citations.

Nature of Violation	Location (city and state)	Approximate Date	Disposition

13) If there is anything you wish to disclose about your driving record, which has not already been covered in the preceding sections, please explain here.

14) Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License Number	Vehicle ID Number (VIN)	Insurance

General Information

15) Have you ever applied for a permit to carry a concealed firearm or other weapon?

- No.
- Yes. If yes, was the permit granted? No. Yes. If yes, please supply the following information.

Name of Law Enforcement Agency: _____ Date Issued: _____

Purpose for Permit: _____ Permit Number: _____

16) Have you ever been refused an FOID card by any state?

- No.
- Yes. If yes, please explain.

17) Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned?

- No.
- Yes.

18) If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so?

- No.
- Yes.

19) Do you have anything in your background that "may" disqualify you from becoming a Peace Officer in the State of Illinois?

- No.
- Yes. If yes, please explain.

Drug Use Questionnaire

20) Have you used, tried, experimented, or in any way introduced into your body by any means any of the following?

Drug	No	Yes	If yes, provide date....		Used Once
			First Used	Last Used	
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or "Downers"					
Amphetamines: Cross-tops, Whites, Bennies, "Uppers"					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Sherm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

Questionnaire	Yes	No
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold illegal drugs?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

Additional Information

23) List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group)

Name of Group	City	State	Present Status or Position

24) What are your personal hobbies? What do you like to do during the times when you are not at work? Please include any special skills or qualifications that might be useful in the position for which you've applied.

25) List the magazines and newspapers to which you currently subscribe.

26) List any identifying marks, scars, tattoos, burns or birthmarks.
