



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

[www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com)

## Village of Indian Head Park Police Department

Thank you for your interest in the Village of Indian Head Park Police Department. Please read this document carefully, paying particular attention to deadlines and required documents:

### **Police Officer Minimum Requirements**

- \$35 Non-refundable Application Fee
- U.S. Citizenship
- High School Diploma or Equivalent
- Valid Driver's License
- No Felony Convictions
- Minimum of 21 years of age and maximum of 35 years of age at the time of appointment
- Demonstrate physical agility and muscular coordination
- No residency requirement
- Military Veterans are required to additionally submit a full copy of his/her Military DD-214 Form

**The Village of Indian Head Park will be establishing an eligibility list.**

Starting Salary: \$48,408  
Department Size: 18  
Union Representation  
Population: 3,685

### **Application Instructions**

- 1) Visit [www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com) to complete the online application for the position of Police Officer. The deadline to submit an online application is 12 noon on Friday, October 1, 2010. When completed, you will receive a confirmation number; save this number for your records.
- 2) Return signed Release Forms and Requested Documents (SEE CHECKLIST!) to Public Safety Recruitment, Attn: IHPPD, 1127 S. Mannheim Rd., Suite 203, Westchester, IL 60154 before 12 noon on Friday, October 1, 2010. Late documents will not be accepted. Postmarks or faxed release forms will not be accepted. Documents may be delivered by hand or by mail; traceable courier is suggested to ensure timely delivery.
- 3) **Attend Written Exam on Saturday, October 23, 2010 at the Village of Indian Head Park, 201 Acacia Drive, Indian Head Park, IL 60525.** Arrive at 8:30 AM with photo identification (valid Driver's License or State ID) to sign in. Testing will immediately follow at 9 a.m.

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.

Please visit our website to pay the application fee and complete the online application

**[www.publicsafetyrecruitment.com](http://www.publicsafetyrecruitment.com)**

**If you have any questions, please contact Public Safety Recruitment**

**1-800-343-HIRE ~ e-mail: [info@publicsafetyrecruitment.com](mailto:info@publicsafetyrecruitment.com)**

9 am – 5 pm Monday through Thursday and

9 am – 3 pm on Friday

# CHECKLIST: INDIAN HEAD PARK, IL POLICE DEPARTMENT

## **Application:**

**DEADLINE: 10/1/10 at NOON**

Confirmed online WRITE YOUR CONFIRMATION NUMBER HERE \_\_\_\_\_

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

## **Release Forms:**

**DEADLINE: 10/1/10 at NOON**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Consumer Reports*                            | <input type="checkbox"/> High School, College, University Diploma *            |
| <input type="checkbox"/> Alcohol, Drug and Substance Abuse Screening* | <input type="checkbox"/> Medical Records*                                      |
| <input type="checkbox"/> Behavior Profile*                            | <input type="checkbox"/> Personal Information Release to Municipality*         |
| <input type="checkbox"/> Credit History*                              | <input type="checkbox"/> Written Examination*                                  |
| <input type="checkbox"/> Criminal History Information/ Fingerprint*   | <input type="checkbox"/> Physical Ability Test*                                |
| <input type="checkbox"/> Driving Record*                              | <input type="checkbox"/> Physical Fitness Certificate*                         |
| <input type="checkbox"/> Employment: Past and Present*                | <input type="checkbox"/> <b>(doctor's signature required)</b>                  |
|   | <input type="checkbox"/> Police Officer Training Cost Reimbursement Agreement* |
|   | <input type="checkbox"/> Rules and Regulations Agreement*                      |
|   | <input type="checkbox"/> Agreement to Release Tests and Results*               |

## **Other required documents:**

**DEADLINE: 10/1/10 at NOON**

- COPY** High School Diploma or Equivalent (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable. College or University Transcripts/diploma NOT ACCEPTED.)
- 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:

- 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 valid US Passport  
OR
- COPY** of Naturalization Papers
- COPY** of Military DD-214 Form (If applicable)

**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 INDIAN HEAD PARK. PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:**

**PUBLIC SAFETY RECRUITMENT ATTN: IHPPD**

**1127 S. MANNHEIM RD., SUITE 203**

**WESTCHESTER, IL 60154.**

**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 Village of Indian Head 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 Indian Head 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 INDIAN HEAD 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 Indian Head 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

# **ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING**

## **CONSENT**

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

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

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## **RELEASE**

I understand that release of my medical records by this written authorization will result in disclosure of these test results. I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Village of Indian Head Park, the Village of Indian Head 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 drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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REQUIRED RELEASE DOCUMENT: 3 of 17

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.; DOCTOR SIGNATURE MUST BE OF MD or DO.

SEE CHECKLIST FOR ALL DOCUMENTS DUE 10/1/10 by 12 NOON. CALL 800.343.HIRE WITH QUESTIONS.

## BEHAVIORAL PROFILE

### **DISCLOSURE**

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

### **CONSENT FOR BEHAVIORAL PROFILE**

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

### **RELEASE**

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

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of the I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or 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 Indian Head Park, the Village of Indian Head 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 Behavioral Profile or due to the disclosure of the test and survey results as authorized herein by me.

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

Agreed to:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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REQUIRED RELEASE DOCUMENT: 4 of 17

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SEE CHECKLIST FOR ALL DOCUMENTS DUE 10/1/10 by 12 NOON. CALL 800.343.HIRE WITH QUESTIONS.

## 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 Indian Head 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 Indian Head Park, the Village of Indian Head 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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REQUIRED RELEASE DOCUMENT: 5 of 17

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.; DOCTOR SIGNATURE MUST BE OF MD or DO.

SEE CHECKLIST FOR ALL DOCUMENTS DUE 10/1/10 by 12 NOON. CALL 800.343.HIRE WITH QUESTIONS.

## 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 Indian Head 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 Indian Head 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 Indian Head Park, the Village of Indian Head 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**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 Village of Indian Head 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 Indian Head Park, the Village of Indian Head 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 and the disclosure of my driving record.

Agreed to:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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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 Village of Indian Head 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 Indian Head Park, the Village of Indian Head 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

# 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 Indian Head 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 Indian Head 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 Indian Head Park, the Village of Indian Head 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**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 Village of Indian Head Park's Final Eligibility List.

### **RELEASE**

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

I hereby consent to the release of my medical records to authorized representatives of the Village of Indian Head Park 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 Village of Indian Head Park, the Village of Indian Head 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 disclosure of my medical records as authorized herein by me.

Agreed to:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND 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 Village of Indian Head 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 Indian Head Park, the Village of Indian Head 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

# 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 Indian Head 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 Indian Head Park, the Village of Indian Head 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 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

## 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 Indian Head 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 Indian Head Park, the Village of Indian Head 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 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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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REQUIRED RELEASE DOCUMENT: 13 of 17

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.; DOCTOR SIGNATURE MUST BE OF MD or DO.

SEE CHECKLIST FOR ALL DOCUMENTS DUE 10/1/10 by 12 NOON. CALL 800.343.HIRE WITH QUESTIONS.

**PHYSICAL FITNESS CERTIFICATE**

**THIS CERTIFICATE SIGNED BY A PA, RN, LPN, etc. WILL NOT BE ACCEPTED AND WILL RENDER YOU INELIGIBLE TO TEST.**

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

\_\_\_\_\_  
("Applicant") and have found that s/he is physically capable of participating in the Physical Ability Examination consisting of various strenuous exercises.

\*ATTACH DOCTOR'S BUSINESS CARD HERE\*

\*STAMP ACCEPTABLE IF CARD NOT AVAILABLE\*

**DOCTOR'S CERTIFICATION**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
**DOCTOR'S SIGNATURE (M.D. OR D.O.)**

INK signature required; PA, LPN, RN, etc. **not** accepted

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

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

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

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

\_\_\_\_\_  
Fax Number

**APPLICANT'S VERIFICATION**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
**Applicant Signature** INK signature required

\_\_\_\_\_  
**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 October 1, 2010. 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 Indian Head 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: 14 of 17

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.; DOCTOR SIGNATURE MUST BE OF MD or DO.

SEE CHECKLIST FOR ALL DOCUMENTS DUE 10/1/10 by 12 NOON. CALL 800.343.HIRE WITH QUESTIONS.



## Village of Indian Head Park Police Department Police Officer Training Cost Reimbursement Agreement

I, \_\_\_\_\_, a candidate for employment as a Police Officer with the Village of Indian Head Park, Illinois, Police Department, ("Village"), in express consideration for the costs and expenses incurred by and on behalf of the Village in the course of my recruitment and training, hereby acknowledge and agree to reimburse the Village for all said costs, in the event I separate and/or terminate my employment relationship with the Village within thirty-six (36) months after being sworn as a Police Officer for and by the Village.

The costs and expenses for which I agree to pay the Village in such case shall include, but not be limited to: (1) test administration cost(s); (2) uniform allowance expenses; (3) salaries paid to me by the Village; (4) any and all overtime compensation received by me; (5) any and all fringe benefit cost(s) including but not limited to medical/health insurance premiums, life insurance premiums or any health related costs; and (6) training cost(s).

I further acknowledge receipt of a copy of this *Police Officer Training Cost Reimbursement Agreement* and state that I fully understand its contents and the consequences thereof should I choose to terminate my employment with the Village.

Agreed to:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

FOR USE BY THE VILLAGE OF INDIAN HEAD PARK, ILLINOIS  
BOARD OF FIRE & POLICE COMMISSIONERS

By: \_\_\_\_\_  
Frank Alonzo, Chief of Police



## Village of Indian Head Park Police Department Rules and Regulations Agreement

I hereby agree to abide by all Rules and Regulations of the Board of Fire and Police Commissioners of the Village of Indian Head Park, during the giving of any examination and after the examination. Also, during any probation period, I might be appointed to, or as a regular member of the Police Department.

These rules were available for me to read at the Police Department.

Agreed to:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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# Village of Indian Head Park

**BOARD OF FIRE AND POLICE**

**COMMISSIONERS**

201 ACACIA DRIVE

INDIAN HEAD PARK, ILLINOIS 60525

PHONE 708-246-3080 FAX 708-246-7094

www.indianheadpark-il.gov

## **AGREEMENT TO RELEASE TESTS AND RESULTS**

I, the undersigned, acknowledge that all tests and results thereof become the property of the Indian Head Park Board of Fire and Police Commissioners and are not subject to review.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

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