

Village of Lincolnwood Police Department

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

Police Officer Minimum Requirements:

- \$20 non-refundable application fee;
 - U.S. Citizenship;
 - Valid Driver's License;
 - Must be 21 years of age and less than 35 years of age at time of written exam (3.29.14). Applicants who are currently police officers, or have previously been police officers, and are less than 40 years of age, are exempt from the 35-year age limit;
 - Must have a current and valid NIPSTA POWER Test card issued within 12 months **prior** to written exam date (NIPSTA cards considered valid only if issued 3.29.13 – 3.29.14). Candidates taking the POWER test after the application deadline **MUST** bring a photocopy of the valid NIPSTA POWER Test card to sign-in on test day;
 - Applicants must have ONE of the following:
 - At least 60 semester (90 quarter) hours of credit from a college or university accredited by one of the six regional accrediting bodies responsible for evaluating two and four year institutions that grant associate's or bachelor's degrees (original, official transcripts due at application deadline);
- OR**
- At least 30 semester (45 quarter) hours of credit from a college or university accredited by one of the six regional accrediting bodies responsible for evaluating two and four years institutions that grant associate's or bachelor's degree **AND** one (1) year of continuous active military duty in the armed forces of the United States (original, official transcripts **AND** copy of DD-214 long form due at application deadline);
- OR**
- Four (4) years of continuous active military duty in the armed forces of the United States (copy of DD-214 long form due at application deadline);
- OR**
- Current service as a police officer certified by the State of Illinois and actively working for not less than two (2) continuous years for a regularly constituted police department of an Illinois municipality (copy of Law Enforcement Training and Standards Board Law Enforcement Officer certificate **AND** letter from current employer due at application deadline).

Salary Information:

Starting: \$55,905.92 **Ceiling:** \$85,885.57 (After 15 years)

Application Instructions:

- 1) Visit www.publicsafetyrecruitment.com to complete the online application for the position of Police Officer. Applications **must be completed and confirmed online by 12 noon on March 3, 2014**. You will receive a confirmation number when your application is complete; save this number for your records.
- 2) Return signed release forms and requested documents (see checklist) to Public Safety Recruitment, Attn.: Lincolnwood PD, 1127 S. Mannheim Rd., Ste. 203, Westchester, IL 60154 **BEFORE 12 noon on Monday, March 3, 2014**. Applications received **after 12 NOON on Monday, March 3, 2014 will not be accepted**. Faxed release forms will not be accepted. Sending release forms and other required documents via traceable carrier is suggested to ensure timely delivery. Documents may also be delivered by hand to Public Safety Recruitment during regular business hours. Public Safety Recruitment is not responsible for late or lost documents. It is the responsibility of the candidate to ensure all paperwork is submitted properly by the deadline date.
- 3) Applicants must submit proof that they have passed the Illinois Peace Officer Wellness Evaluation Report (POWER) Test at the Northeastern Illinois Public Safety Training Academy (NIPSTA) within 12 months prior to March 29, 2014. POWER test registration **MUST** be completed at least one week prior to the selected POWER Test session date. For more information, visit www.NIPSTA.org. NIPSTA cards are valid only if issued between 3.29.13 and 3.29.14. Candidates taking the POWER test after the application deadline **MUST** additionally bring a copy on test day to sign-in.
- 4) Attend Orientation and Written Exam on Saturday, March 29, 2014 at Niles West High School, 5701 W. Oakton St, Skokie, IL 60077 (enter through door #1A Main Auditorium). Candidates must arrive by 8:00 a.m. with photo identification to sign-in. Orientation will begin promptly at 8:30 a.m. and testing will immediately follow.

All portions of the testing process are mandatory. Failure to attend and successfully 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.

If you have any questions, please contact Public Safety Recruitment
1-800-343-HIRE ~ e-mail: info@publicsafetyrecruitment.com

9 am – 5 pm Monday through Thursday and 9 am – 3 pm on Friday; closed holidays and weekends.

CHECKLIST: LINCOLNWOOD POLICE DEPARTMENT

Application:

☐ Confirmed online

DEADLINE: March 3, 2014 at NOON

WRITE YOUR CONFIRMATION NUMBER HERE: _____

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

Release Forms:

DEADLINE: March 3, 2014 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.**

☐ Consumer Reports*

☐ Alcohol, Drug and Substance Abuse Screening*

☐ Behavior Profile*

☐ Credit History*

☐ Criminal History Information/Fingerprint*

☐ Driving Record*

☐ Employment Past and Present*

☐ High School, College, University Diploma*

☐ Medical Records*

☐ Personal Information Release to Municipality*

☐ Written Examination*

Other required documents:

DEADLINE: March 3, 2014 at NOON

☐ **COPY of valid Driver's License** (Copy of front and back if you received a renewal sticker)

☐ **ONE OF THE FOLLOWING IS REQUIRED:**

☐ **COPY of Official Certified College or University Transcripts** (Transcripts must indicate attainment of 60 semester (90 quarter) hours from a regionally accredited college or university. Photocopies accepted. Must be issued from registrar's office or similar to be considered official, certified transcripts)

OR

☐ **COPY of Official Certified College or University Transcripts AND COPY of Military Form DD-214** (Transcripts must indicate attainment of 30 semester (45 quarter) hours from a regionally accredited college or university. Photocopies accepted. Must be issued from registrar's office or similar to be considered official, certified transcripts. Military DD-214 form must show proof of one year continuous active duty in the armed forces of the United States)

OR

☐ **COPY of Military Form DD-214** (DD-214 must show proof of four (4) years of continuous active duty in the armed forces of the United States)

OR

☐ **Copy of Law Enforcement Officer Certificate AND letter from current employer**

☐ **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 U.S. Passport**

OR

☐ **Copy of Naturalization Papers**

NIPSTA POWER Test Card:

DEADLINE: March 3, 2014 at NOON OR bring photocopy on test day, 3.29.14

☐ **COPY of valid NIPSTA POWER Test Card issued within 12 months prior to March 29, 2014** (Cards considered valid only if issued 3.29.13 – 3.29.14)

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: Lincolnwood PD
1127 S. MANNHEIM RD., SUITE 203
WESTCHESTER, IL 60154**

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE DEPARTMENT OR VILLAGE OF LINCOLNWOOD.

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 Lincolnwood 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 Lincolnwood 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 LINCOLNWOOD 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 Lincolnwood 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 DO NOT CONSENT

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the Village of Lincolnwood 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 Lincolnwood, 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 results 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 Lincolnwood, the Village of Lincolnwood 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.

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 Lincolnwood, the Village of Lincolnwood 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:	_____	Date_____
	Applicant Name, printed	
	_____	Date_____
	Applicant Signature	
	_____	Date_____
	Witness Name, printed	
	_____	Date_____
	Witness Signature	

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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 Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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		

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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 Village of Lincolnwood 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 Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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 Village of Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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 Village of Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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 Village of Lincolnwood 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 Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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		

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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 Village of Lincolnwood'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 Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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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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 Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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 Village of Lincolnwood 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 Lincolnwood, the Village of Lincolnwood 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	

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