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

City of Rolling Meadows Police Department

Thank you for your interest in the City of Rolling Meadows Police Department. Read this document carefully, paying particular attention to deadlines and required documents.

Minimum Requirements

Fee: $35.00 non-refundable application fee

Citizenship: U.S. Citizen or legal alien (must be able to produce evidence of intent to become a citizen of the United States and have appropriate visas authorizing work). (Please call 800.343.HIRE with questions)

License: Must possess a valid Driver's License

Age: 21 years of age at time of application deadline and less than 35 years of age at time of appointment, unless otherwise exempt by statute

Vision Acuity: Vision correctable to 20/40 and free of color blindness

Education: High School Diploma **PLUS** one of the following:

- Completion of 60 credit hours from an accredited college or university (original, official transcripts due at application deadline)

OR

- Attainment of an Associate's Degree from an accredited college or university (original, official transcripts due at application deadline)

Physical Wellness Testing: Applicants must pass the POWER test before entry into the police academy. Please refer to the end of this packet for information regarding the Illinois Standard POWER test requirements and training tips. For information about taking the POWER test, please contact one of the following agencies:

- NIPSTA – Glenview, IL – www.nipsta.org
- Joliet Junior College – contact Janet Graham at 815.280.2674
- Triton College – 2000 Fifth Avenue, River Grove, IL 60171; 708.456.0300 – www.triton.edu/power

Application Instructions

1) **Visit www.publicsafetyrecruitment.com to complete the online application for the position of Police Officer. Your online application must be confirmed no later than 4:00 p.m. on July 14, 2014.** You will receive a confirmation number when you complete your online application; Save this number for your records.

2) **Return Release Forms and Required Documents (see CHECKLIST!) before 4:00 p.m. on Monday, July 14, 2014 to Public Safety Recruitment, Attn: RMPD, 1127 S. Mannheim Rd., Suite 203, Westchester, IL 60154.** Applications received AFTER the deadline will NOT be accepted. Postmarked or faxed documents will NOT be accepted. Documents may be delivered by mail or by hand during business hours (M-Th 9a-5p; Fri 9a-3p; Closed Holidays and Weekends). Sending required documents via traceable carrier (i.e. UPS, FedEx, USPS Priority Mail, etc.) is highly suggested to ensure timely delivery.

3) **Attend Mandatory Orientation and Written Exam on Saturday, August 16, 2014 at Rolling Meadows High School, 2901 Central Road, Rolling Meadows, IL 60008. Arrive no later than 8:15 a.m. with photo identification** (valid Driver's License or State ID) **to sign in.** Orientation begins at 9:00 a.m. and testing will immediately follow. No late admittance.

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

CHECK LIST: ROLLING MEADOWS POLICE DEPARTMENT

Application: **DEADLINE: 7/14/2014 at 4p.m.**

☐ Confirmed Online WRITE YOUR CONFIRMATION NUMBER HERE: _____

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

Release Forms: **DEADLINE: 7/14/2014 at 4p.m.**

☐ Consumer Reports* (p.1-2)
☐ Alcohol, Drug and Substance Abuse Screening* (p. 3)
☐ Credit History* (p. 4)
☐ Criminal History Information/ Fingerprint* (p. 5)
☐ Driving Record* (p. 6)
☐ Employment Past and Present* (p. 7)
☐ High School or General Education Diploma (GED)* (p. 8)
☐ Medical Records* (p. 9)
☐ Personal Information Release to Municipality* (p. 10)
☐ Written Examination* (p. 11)

***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.**

Required documents: **DEADLINE: 7/14/2014 at 4 p.m.**

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

☐ **COPY of Birth Record** ~ READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document.

ONE OF THE FOLLOWING IS ACCEPTABLE AND REQUIRED AS YOUR BIRTH RECORD:

☐ **Copy of 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**

OR

☐ **Copy of valid Permanent Resident Card**

☐ **ORIGINAL, OFFICIAL COLLEGE TRANSCRIPTS** showing completion of at least sixty (60) college credit hours **OR** attainment of an Associate's Degree from an accredited college/university. (Original, official transcripts must be issued from the registrar's office and on the original, watermarked paper.)

☐ **COPY of IL LAW ENFORCEMENT OFFICER CERTIFICATION** (if applicable)

☐ **COPY of MILITARY DD-214 FORM** (if applicable)

If you have any questions regarding the application process or requirements**, or if you are a legal alien,** contact Public Safety Recruitment **before** the application deadline.
800.343.HIRE info@publicsafetyrecruitment.com

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and you will be eliminated from employment consideration. **I/O Solutions is not responsible for late, misdirected or incomplete application submissions.** You must submit all required documents and have successfully CONFIRMED your online application by the deadline 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: RMPD
1127 S. MANNHEIM ROAD, SUITE 203
WESTCHESTER, IL 60154

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE DEPARTMENT OR CITY OF ROLLING MEADOWS.

CITY OF ROLLING MEADOWS
POLICE DEPARTMENT EMPLOYMENT OPPORTUNITY

Position Title: Police Officer

Salary: $59,160 - $94,115

Position Description: The Rolling Meadows Police Department is the recipient of the 2002 International Community Policing Award and 2005 Illinois Chiefs' of Police Community Policing Award. The Department works as a team to provide service and protection to more than 24,000 residents of the city. The Department is composed of three divisions: Patrol, Investigations, and Administration and consists of 49 sworn officers as well as civilian personnel.

The Department offers career paths and specialty positions in a variety of disciplines, including: Criminal Investigations/Youth; DEA-HIDTA Narcotics Task Force Officer; Evidence Technician; Field Training Officer; School Resource Officer; Firearms Range Instructor; Police Cyclist; Public Education; Defensive Tactics Instructor; Traffic Accident Investigations; and Truck Enforcement Officer.

The Community: Rolling Meadows, a city of five square miles, is located in the Chicago Metropolitan area, stretching northward from the Northwest Tollway (Illinois 90) to U.S. 14 (Northwest Highway) and wrapping two sides of Arlington International Racecourse. The city has a residential population of 24,000, consisting of more than 8,700 households with a median household income of $42,650.

Route 53, a six-lane expressway that cuts through the heart of the city, provides residents quick access to the Northwest Tollway system of I-90, I-290, I-355, and the entire metropolitan interstate highway system. Rolling Meadows is bordered by Northwest Highway (U.S. 14) at the city's northern edge, State Route 62 in the southern sector of the community, and State Route 58, at the far south edge of the city. The city currently has more than 3,950,000 square feet of office space in several high rise complexes along the "Golden Corridor." There are also dozens of well-known and smaller businesses located in a large industrial park that extends along Route 53. The city has a business population of 44,000.

The Government: Citizens of Rolling Meadows enjoy the best of two governmental worlds - the responsiveness of elected officials and the effectiveness of a professional city manager. Elected officials include a mayor, city clerk, and seven aldermen. The city manager directs the implementation of council policies and the daily functions of government. Rolling Meadows is a home rule community.

The Department: The Police Department works as a team to provide service and protection to the residents of the city. The Police Department is composed of three divisions: Patrol, Investigations, and Administration. At present there are 49 sworn officers with a civilian support staff, following a proud tradition of service, problem solving, and enforcement in serving the needs of the community.

The Police facility is designed for safe, efficient, and comfortable accommodation of employees. The department contains spacious work areas, physical fitness room, firearm range, and male and female locker rooms. The Department strongly supports the mission of Community Oriented/Problem Solving Policing.

The Rolling Meadows Police Department participates in several metropolitan task forces, including: Northern Illinois Police Alarm System (SWAT related tactical team), Major Crimes Assist Team (Major Crime Investigative Unit), and DEA HIDTA Narcotics Task Force.

The Rolling Meadows Police Association, the recognized collective bargaining unit, represents police officers and sergeants with respect to wages, benefits and working conditions.

PLEASE PRINT:

LAST NAME ……………………………………………FIRST NAME……………………………………… SSN……………………………………

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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners 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 Rolling Meadows 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 ROLLING MEADOWS 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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners 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)

_____

Applicant Signature Date

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

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 7/14/2014 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL info@publicsafetyrecruitment.com WITH QUESTIONS.

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the City of Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners 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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners, 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 City of Rolling Meadows, the City of Rolling Meadows 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.

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 7/14/2014 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL info@publicsafetyrecruitment.com WITH QUESTIONS.

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 Rolling Meadows Board of Fire and Police Commissioners 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 Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners and the I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

Agreed to: _____ Date_____

Applicant Name, printed

_____ Date_____

Applicant Signature

_____ Date_____

Witness Name, printed

_____ Date_____

Witness Signature

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

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 7/14/2014 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL info@publicsafetyrecruitment.com WITH QUESTIONS.

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 Rolling Meadows 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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire 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 Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and the disclosure of any of that information.

Agreed to: _____ Date_____

Applicant Name, printed

_____ Date_____

Applicant Signature

_____ Date_____

Witness Name, printed

_____ Date_____

Witness Signature

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

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 7/14/2014 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL info@publicsafetyrecruitment.com WITH QUESTIONS.

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 Rolling Meadows Board of Fire and Police Commissioners or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire 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 Rolling Meadows, City of Rolling Meadows 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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire 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 Rolling Meadows, the City of Rolling Meadows 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

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

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HIGH SCHOOL, COLLEGE, UNIVERSITY DIPLOMA

CONSENT

I hereby consent to an investigation to determine the authenticity 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 my high school (or its equivalent), college, or university diploma to representatives of the City of Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners or I/O Solutions, Inc.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity 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 my diploma or its equivalent to authorized representatives of the City of Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire 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 Rolling Meadows, the City of Rolling Meadows 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.

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 7/14/2014 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL info@publicsafetyrecruitment.com WITH QUESTIONS.

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 Rolling Meadows's Final Eligibility List.

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records.
I hereby consent to the release of my medical records to authorized representatives of the City of Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Police/Fire 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 Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

Agreed to: _____ Date_____
Applicant Name, printed

_____ Date_____
Applicant Signature

_____ Date_____
Witness Name, printed

_____ Date_____
Witness Signature

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

PLEASE READ: FAXES OR COPIES NOT ACCEPTED. **SEE CHECKLIST** FOR OTHER REQUIREMENTS AND DEADLINES. **THIS IS DUE 7/14/2014 by noon.** COMPLETE ALL APPLICABLE BLANKS ON ALL FORMS. WHERE REQUESTED, ACCEPTABLE WITNESS SIGNATURES INCLUDE ADULT FAMILY MEMBERS OR FRIENDS RESIDING IN THE U.S. ALL SIGNATURES MUST BE ORIGINAL INK SIGNATURES. CALL 800.343.HIRE or EMAIL info@publicsafetyrecruitment.com WITH QUESTIONS.

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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Police/Fire 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 Rolling Meadows, the City of Rolling Meadows 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 Rolling Meadows, City of Rolling Meadows Board of Fire and Police Commissioners and to those municipalities and/or Police/Fire 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 Rolling Meadows, the City of Rolling Meadows Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Police Officer Examination or due to the disclosure of the test and survey results as authorized herein by me.

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

Agreed to: _____ Date_____
Applicant Name, printed

_____ Date_____
Applicant Signature

_____ Date_____
Witness Name, printed

_____ Date_____
Witness Signature

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PHYSICAL ABILITY TESTING INFORMATION

WHAT IS PHYSICAL FITNESS?

Physical fitness is a health status pertaining to the individual having the physiological readiness to perform maximum physical effort when required. Physical fitness consists of four areas:

Aerobic capacity and cardiovascular endurance pertaining to the heart and vascular system's capacity to transfer oxygen. It is also a key area for heart disease in that low aerobic capacity is a risk factor.

Strength pertains to the ability of muscles to generate force. Upper body strength and abdominal strength are important areas in that low strength levels have a bearing on upper torso and lower back disorders.

Flexibility pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.

WHY IS PHYSICAL FITNESS IMPORTANT AS A JOB RELATED ELEMENT FOR FIRE AND LAW ENFORCEMENT SERVICES?

It has been well documented that law enforcement and firefighting personnel (as occupational classes) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity. Fire and law enforcement agencies have the responsibility of minimizing known risk. Physical fitness is a health domain, which can minimize the "known" health risk for fire and law enforcement personnel.

Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analysis that account for physical fitness have demonstrated that the fitness areas are underlying factors determining the physiological readiness to perform a variety of critical physical tasks. These four fitness areas have also been shown to be predictive of job performance ratings, sick time and number of commendations. Data has also shown that fitness level is predictive of trainability and academy performance.

Physical fitness can be an important area for minimizing liability. An unfit employee is less able to respond fully to strenuous physical activity. Consequently, the risk of not performing physical duties is increased.

IMPORTANCE OF WARM-UP AND COOL-DOWN

The warm-up should consist of low-level exercises that involve the use of large muscle groups, and is designed to increase the internal body temperature. In addition, the warm-up slowly and gradually accelerates the heart rate and blood pressure. The body is now physiologically ready for activity because the respiratory and circulatory systems are functioning above resting levels and prepared for more strenuous effort.

The warm-up should be composed of general low level exercise. Stretching the muscles before exercise is advised to avoid strained or pulled muscles. However, stretching exercises alone, although beneficial, are not adequate to increase heart rate and circulation. General low level activity must be used, like pedaling a bicycle at a lower workload or jogging at a slower pace and gradually increasing the intensity. Difficult exercises like pull-ups or push-ups should be avoided because they can lead to early fatigue before you begin exercising. Without the warm-up, strenuous exercise is associated with inadequate blood flow to the heart and may cause abnormal heart rhythms as detected by the electrocardiogram (ECG). Research shows that even a two-minute warm-up of jogging in place eliminates these abnormal ECG changes. So, if you're serious about your exercise program, before accepting the challenge—be prepared!

Under normal conditions during exercise, heart rate and blood pressure increase along with vasodilation (blood vessel dilation) to increase blood flow (oxygen) to the working muscles. In most exercise programs, the legs receive a large portion of the oxygen since they contain the largest group of working muscles. When activity ceases, heart rate and blood pressure return towards normal resting values but blood vessels are still somewhat dilated. The combination of reduced blood pressure and increased flow towards the lower body can cause a hypotensive state in the upper body. This hypotensive state can lead to dizziness, lightheadedness, and even unconsciousness.

To avoid these uncomfortable symptoms, it is advised to complete your exercise routine with an active recovery (gradually taxi to the gate). The cool-down can be performed by simply walking, pedaling, or jogging at a slower pace (spread your wings). The cool-down allows the heart rate and blood pressure to safely and gradually return towards pre-exercise levels (slowly apply your brakes). It is important to keep moving after exercise because motion helps the muscles pump blood back towards the heart. If the cool-down is neglected, blood may pool in the lower extremities. So continue your dedication, but avoid the consequences of abrupt termination and not knowing why.

HOW WILL THE PHYSICAL ABILITY BE MEASURED?

The physical ability consists of four pass-required steps and four assessment tools. Each event is a scientific and valid test. The test will be given in sequence with a rest period between each event.

The required performance to pass each event is based upon sex and age. While the absolute performance is different for the categories, the relative level of effort is identical for each age and sex group. All candidates are required to meet the same percentile rank in terms of their respective age and sex groups. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and sex group.

	MALE					FEMALE			
TEST	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
Sit & Reach	16.0"	15.0"	13.8"	12.8"		18.8"	17.8"	16.8"	16.3"
Minute Sit-Up	37	34	28	23		31	24	19	13
Bench Press	0.98	0.87	0.79	0.7		0.58	0.52	0.49	0.43
1.5 Mile Run	13.46 min	14.31 min	15.24 min	16.21 min		16.21 min	16.52 min	17.53 min	18.44 min

I ONE MINUTE SIT-UP TEST

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing fire and police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is the number of bent leg sit-ups performed in one minute.

Preparing for the sit-up test: The progressive routine is to do as many bent leg sit-ups (hands behind the head) as possible in one minute. At least three times a week do three (3) sets (3 groups of the number repetitions done in one minute).

II SIT AND REACH TEST

This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing fire and police tasks involving range of motion, and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. The score is in the inches reached on a yard stick with 15 inches representing the toes.

Preparation for the sit and reach test: performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises.

A. Sit and reach: Do five repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes, keeping legs straight. Hold for ten seconds.

B. Towel stretch: Sit on the ground with the legs straight. Wrap a towel around the feet holding each end with each hand. Lean forward and pull gently on the towel, extending the torso toward the toes.

III MAXIMUM BENCH PRESS (One Repetition)

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing fire and police tasks requiring upper body strength. The source is a ratio of weight pushed divided by body weight.

Preparation for the maximum bench press:

A. If one has access to weights, determine the maximum weight one can bench press one time. Take 60% of that poundage. This will be the training weight. One should be able to complete 8-10 repetitions of that weight. Do three sets of 8-10 repetitions adding 2.5 to 5 pounds every week.

B. If one does not have weight equipment, then the push-ups exercise can be utilized. Determine how many push-ups one can do in one minute. At least three times a week, do three sets of the amount one can do in one minute.

IV ONE AND ONE HALF (1.5) MILE RUN

This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing fire and police tasks involving stamina and endurance minimizing the risk of cardiovascular problems. The score is in minutes and seconds. This run is measured using a treadmill within a controlled atmosphere (we hold the option of testing on treadmill or an indoor or outdoor track).

Preparation for the 1.5 mile run: Below is a gradual schedule that would enable one to perform a maximum effort for the 1.5 mile run. If one can advance on the schedule on a weekly basis, then proceed to the next level. If one can do the distance in less time, then that should be encouraged.

Week	Activity	Distance	Time	Frequency
1	Walk	1 Mile	20-17	5/Week
2	Walk	1.5 Miles	29-25	5/Week
3	Walk	2 Miles	35-32	5/Week
4	Walk	2 Miles	30-28	5/Week
5	Walk/Jog	2 Miles	27	5/Week
6	Walk/Jog	2 Miles	26	5/Week
7	Walk/Jog	2 Miles	25	5/Week
8	Walk/Jog	2 Miles	24	4/week
9	Jog	2 Miles	23	4/week
10	Jog	2 Miles	22	4/week
11	Jog	2 Miles	21	4/week
12	Jog	2 Miles	20	4/week