

Village of Itasca
550 W Irving Park Rd
Itasca, Illinois 60143
APPLICATION FOR LATERAL POLICE OFFICER

INSTRUCTIONS: FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION. **INCORRECT OR FALSE INFORMATION MAY BAR OR REMOVE YOU FROM CONSIDERATION OR MAY RESULT IN TERMINATION OF EMPLOYMENT.** IF THE WRITING SPACE PROVIDED IS INSUFFICIENT, USE CONTINUATION SHEETS AT THE END OF THIS APPLICATION AND IDENTIFY ADDITIONAL INFORMATION BY QUESTION NUMBER.

PERSONAL DATA

TODAY'S DATE:		ARE YOU 21 YEARS OF AGE OR OLDER?	
YOUR FULL LEGAL NAME :			
ALIAS OR FORMER NAME(S):			
DATE OF BIRTH :		SOCIAL SECURITY NUMBER:	
STREET ADDRESS, CITY, STATE AND ZIP:			
DRIVER'S LICENSE # :		PRIMARY E-MAIL ADDRESS:	
HOME PHONE:	CELL PHONE:	WORK PHONE:	SEX:
ARE YOU A U.S. CITIZEN? (CIRCLE ONE) YES NO			
MOTHER'S NAME AND ADDRESS:			
FATHER'S NAME AND ADDRESS:			
MARITAL STATUS (circle one): <div style="display: flex; justify-content: space-around; padding: 5px;">SingleMarriedDivorceSeparatedWidowed</div>			
MILITARY STATUS (ATTACH A COPY OF DD214 LONG FORM)		BRANCH:	DATE OF ENTRY:
ARE YOU A CERTIFIED POLICE OFFICER? (Select one) YES NO (ATTACH COPY OF CERTIFICATION)		DATE OF DISCHARGE:	

PREVIOUS EMPLOYMENT

List employers starting with your present or most recent employment.

PREVIOUS EMPLOYER:		ADDRESS:	
SUPERVISOR NAME:		PHONE NUMBER:	DATES OF EMPLOYMENT:

PREVIOUS EMPLOYER:	ADDRESS:	
SUPERVISOR NAME:	PHONE NUMBER:	DATES OF EMPLOYMENT:

PREVIOUS EMPLOYER:	ADDRESS:	
SUPERVISOR NAME:	PHONE NUMBER:	DATES OF EMPLOYMENT:

EDUCATION

Select the highest year or level of education you have completed:

H.S. Diploma G.E.D Associates Bachelors Masters Ph.D./J.D.

Did you graduate from high school or receive a GED? (Select one) YES NO

List the school name, location, and year you graduated high school or received the GED certificate:

NAME OF SCHOOL	LOCATION	DATE
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If you attended college, list the name(s) of the college or university, the location, and the year(s) that you attended/graduated, your major, and the number of credit hours or type of degree you obtained:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	YEARS ATTENDED	DEGREE OR CREDIT HOURS EARNED
COLLEGE/UNIVERSITY	LOCATION	MAJOR	YEARS ATTENDED	DEGREE OR CREDIT HOURS EARNED
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**Itasca Board of Fire and Police Commissioners
550 W Irving Park Rd
Itasca, Illinois 60143**

CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE. I AGREE AND UNDERSTAND THAT MISSTATEMENTS OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT WITH THE VILLAGE OF ITASCA.

I UNDERSTAND THAT THE POLICE COMMISSION OR ITS DESIGNEE MAY INVESTIGATE MY DRIVING RECORD AND MY CRIMINAL RECORDS AND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED.

I FURTHER UNDERSTAND THAT THE POLICE COMMISSION OR ITS DESIGNEE MAY CONTACT MY PREVIOUS EMPLOYERS, AND I AUTHORIZE THOSE EMPLOYERS TO DISCLOSE TO THE VILLAGE ALL RECORDS AND INFORMATION PERTINENT TO MY EMPLOYMENT WITH THEM. IN ADDITION TO AUTHORIZING THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE AGAINST MY FORMER EMPLOYERS, THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES, AS WELL AS OTHER INDIVIDUALS WHO RELEASE INFORMATION TO THE POLICE COMMISSION WHETHER FAVORABLE OR UNFAVORABLE ABOUT ME, AND RELEASE THEM FROM ANY LIABILITY, CLAIMS, OR DAMAGES.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE