



VILLAGE OF BRIDGEVIEW

BRIDGEVIEW POLICE DEPARTMENT

7500 SOUTH OKETO AVENUE BRIDGEVIEW, ILLINOIS 60455

708-458-2131 • FAX:924-8058

I _____, acknowledge that I am seeking employment in a safety-sensitive field and that establishing my employment eligibility requires a thorough investigation into my background and character.

Furthermore, I acknowledge and agree that as a condition of being considered for employment with Village of Bridgeview Police Dept., or for maintaining my continued employment with the employer, it is required that I consent to a complete and thorough investigation of my background to determine whether I am a suitable candidate for the

Mandatory Background Investigation

I authorize the employer to conduct a background investigation of me, which shall include, but shall not be limited to:

- A review of my complete Employment history.
- A review of my complete criminal history.
- A review of driving records.
- A background check with the Department of Children and Family Services.
- Interviews with my personal references.
- A review of all internal investigation files from any previous employers.
- A verification of academic credentials and licenses.
- A review of my military service history, if any; and
- A review of the Illinois Law Enforcement Training
- Standards Board's records and officer misconduct database.

Credit Check

I hereby consent to the employer obtaining and reviewing any credit and consumer reports, as permitted under the federal Fair Credit Reporting Act and local or state credit privacy laws, if applicable. I understand that the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., authorizes me to request a copy of any consumer credit report from the consumer reporting agency that compiled the report.

Consent to Release of Information

I hereby consent to the release of all employment records from my current and former employers, including, but not limited to:

- Job applications.



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- Personnel files.
- Internal investigations.
- Separation agreements.
- Pre-employment evaluations.
- Tests.
- Questionnaires.
- Fitness-for-duty examinations; and
- Any other information obtained about me by the
- Entity to whom this Consent is presented.

Consent to Required Interviews and Evaluations

I further agree to participate in a personal interview(s), testing process, polygraph examination, post-offer psychological evaluation and medical evaluation, or any combination of those examinations or tests, as determined by the employer.

Confidentiality

All information obtained by the employer under this background investigation shall be confidential and safeguarded against disclosure to all unauthorized people as required by law. However, nothing prevents the employer from using the information obtained to evaluate my suitability for employment. I specifically consent to the disclosure of information that may be covered by a settlement agreement or other confidentiality provision entered with my former employers, and I waive any rights to enforce any prior confidentiality agreement against my former employer about this disclosure.

Waiver of Privacy

I waive any right or claim to privacy in such information and consent to the disclosure of information that may be exempt from disclosure by law. I waive any right I may have to be notified by any individuals and organizations named in my application for employment before the release of any information to the employer, including the release of information concerning any disciplinary action taken against me by former employers.

Indemnification

In exchange for this release of all my personnel information, I agree to release, discharge, and hold harmless any person, firm, or entity and their employees and agents that disclose information in response to receipt of this consent, from any liability for all claims, liabilities, causes of action, known or unknown, fixed or contingent, that arise from or



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are in any manner connected to the disclosure of any personal information as described above. I further release and hold harmless the employer and the employer's respective personnel, employees, and agents from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at the employer or the decision to hire me, not to hire me, or retain me in my position.

A photocopy or facsimile of this release form shall be valid as an original thereof, even though the copy or facsimile does not contain an original signature.

I agree to sign this document and certify that I have read, understand, and agree to the terms and conditions set forth in this document and that this is a complete waiver under Section 10 of Employment Record.

Signature

Printed Name

Social Security

State of Illinois, County of Cook

On this date _____, before me personally appeared _____, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that such person(s) executed the same as such person's free act and deed.

WITNESS my hand and seal, at office in Cook, Illinois this [DATE].

(Seal)

Notary

My Commission Expires: [DATE]

Public



Village of Bridgeview

7500 SOUTH OKETO AVENUE • BRIDGEVIEW, ILLINOIS 60455 • (708) 594-2525

APPLICATION FOR EMPLOYMENT

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name: _____

Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Position applied for: _____ Shift preferred: 1 2 3 Any

Special training or skills: (languages, machines operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes No Part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? No Yes Dates? _____

Do you have a legal right to be employed in the U.S.? Yes (If yes, proof is required.) No

Are you of legal age to work? Yes No

Educational Background

Grammar School

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma: _____

High School

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma: _____

College

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma: _____

Graduate School

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma: _____

Vocational, or other, training

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma: _____

Continuing Education

For Office Use Only

Applicant #: _____

Employee #: _____

Hire Date: _____

Position: _____

Rate: _____

Class: _____

Skill: _____

Other: _____

Notes: _____

Attachments

Resume

Applicant Reference Check

Applicant Interview

Payroll Change Notice

Employment Data Card

Previous Employers and Addresses

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name: _____ Phone: _____

Contact Name: _____

Address: _____ Employment Start-End Date: _____

Position: _____ Reason for Leaving: _____ Last Wage: _____

2. Company Name: _____ Phone: _____

Contact Name: _____

Address: _____ Employment Start-End Date: _____

Position: _____ Reason for Leaving: _____ Last Wage: _____

3. Company Name: _____ Phone: _____

Contact Name: _____

Address: _____ Employment Start-End Date: _____

Position: _____ Reason for Leaving: _____ Last Wage: _____

4. Company Name: _____ Phone: _____

Contact Name: _____

Address: _____ Employment Start-End Date: _____

Position: _____ Reason for Leaving: _____ Last Wage: _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

The Village of Bridgeview is an Equal Opportunity Employer

Applicant's Signature: _____ Date: _____

Authorization/Release

I, authorize and empower the Village of Bridgeview Personnel Board and/or the Village of Bridgeview, any consumer reporting agency, or other outside service company engaged by said Village of Bridgeview Personnel Board or Village of Bridgeview for this purpose, no or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items. I do hereby authorize any representative of the Village of Bridgeview Personnel Board/ Village of Bridgeview, or any agent, employee or outside entity employed by the same bearing this Authorized/ Release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Village of Bridgeview Personnel Board or Village of Bridgeview, whether said records are of public, private or confidential nature. The intent of this Authorize/Release is to give my consent for full and complete disclosure. This Authorization/Release is not to include any medically related history of Workers Compensation Act or Workers Occupational Disease Act claims.

I consent to your release of any and all public and private information that you may have concerning me for the following-employment and pre-employment information, including but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history - any Internal Affairs investigation and discipline, including any files deemed to be confidential and/or sealed, complaints or grievances filed by or against me - personal background reputation - military service records - educational records - financial and/or credit records including loans, commercial and retail credit agencies (including credit reports and/or rating) - any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations and criminal history information.

For and in consideration of the Village of Bridgeview Personnel Board/Village of Bridgeview's acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the Village of Bridgeview, including any liability or damage pursuant to any state or federal laws.

I also understand that by signing this Authorization/Release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action, as required by the Illinois Personnel Records Review Act, 820 ILCS 40/7(a). Photocopy/fax copy of this Authorization/Release will be valid as the original thereof, even though said photocopy/fax does not contain original writing of my signature. Should there be any questions as to the validity of the Authorization/Release, you may contact me at the address listed below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigated report prepared by or at the request of the Village of Bridgeview (including the Personnel Board), or its attachments, and that all information and documents provided to the Village of Bridgeview Personnel Board or Village of Bridgeview become the property of the Village of Bridgeview and Bridgeview Personnel Board and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reasoning of complying, or attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

Date

Signature

Drivers License

Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Address

City, State, Zip

Daytime Phone Number

Date

Witness Signature

ATTACHMENT

STATEMENT OF PURPOSE

FOR COLLECTION OF SOCIAL SECURITY NUMBERS

BY THE VILLAGE OF BRIDGEVIEW

The Identity Protection Act, 5 ILCS 179/1, et seq., and the Identity-Protection Policy of the Village of Bridgeview ("Village") require the Village to provide an individual with a statement of the purpose or purposes for which the Village is collecting and using the individual's Social Security number ("SSN") anytime an individual is asked to provide the Village with his or her SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the Village to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- To obtain information on your current and former employment and for background reports.

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to: Village of Bridgeview
Attn: John C. Altar, Village Clerk
7500 South Oketo Avenue
Bridgeview, IL 60455