



Village of La Grange Police Department Lateral Hire  
Police Officer Application for Employment

Date Received: \_\_\_\_\_  
Initials: \_\_\_\_\_

**COMPLETE THE FOLLOWING APPLICATION. ATTACH ALL REQUIRED FORMS & DOCUMENTS BY THE APPLICATION DEADLINE. SUBMIT TO THIS EMAIL ADDRESS: tgriffin@lagrangeil.gov**  
Applications accepted through Friday, October 11th, 2024, 5:00 p.m.

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

Address – City – State – Zip: \_\_\_\_\_

Best Phone Number to Contact You: \_\_\_\_\_

Email address (required for correspondence): \_\_\_\_\_

U.S. Citizen or Naturalized Citizen as of the date of submission of this application? YES \_\_\_ NO \_\_\_

Do you have a valid driver's license? YES \_\_\_ NO \_\_\_

**Attach a photocopy of your Driver's License**

Are you certified as a full time Law Enforcement Officer? YES \_\_\_ NO \_\_\_

List the state where certification was completed \_\_\_\_\_

**Attach photocopy of certificate issued by the respective state law enforcement training board verifying completion of Law Enforcement Basic Training Course**

**Attach a resume to application to supplement employment information**

Do you hold a valid Firearms Owners ID [FOID] card? YES \_\_\_ NO \_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ **Attach a photocopy of your FOID Card**

**EDUCATION**

High School Name and City & State \_\_\_\_\_

Diploma or GED Certificate? **Attach a photocopy of your diploma/certificate** YES \_\_\_ NO \_\_\_

**College / University Education:**

School Name, City & State \_\_\_\_\_

Major / Curriculum \_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

School Name, City & State \_\_\_\_\_

\_\_\_\_\_ Credit Hours Completed or Degree Earned \_\_\_\_\_

Major / Curriculum **Attach a photocopy of college transcripts and any training certificates**

List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PERSONAL HISTORY INFORMATION**

*You are not required to disclose juvenile records or criminal history records that have been sealed, impounded, or expunged.*

List all names or aliases you have used, or have been known by \_\_\_\_\_

Date of birth \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_

List all states where you have held a driver's license: \_\_\_\_\_

Has your license ever been suspended or revoked or have you been issued a judicial driving permit? YES \_\_\_\_\_ \* NO \_\_\_\_\_

Have you ever been placed on probation? YES \_\_\_\_\_ \* NO \_\_\_\_\_

Have you ever been the respondent or named in an order of protection in any state? YES \_\_\_\_\_ \* NO \_\_\_\_\_

\* **EXPLANATION** of "YES" responses or additional details (attach additional sheet if necessary):

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Have you ever been involved in any type of domestic dispute where the police were called? YES \_\_\_\_\_ \* NO \_\_\_\_\_

Have you ever engaged in physical violence against someone with whom you were in a relationship? YES \_\_\_\_\_ \* NO \_\_\_\_\_

Have you engaged in any type of physical fight with another individual (outside of authorized law enforcement duties) in the last 5 years? YES \_\_\_\_\_ \* NO \_\_\_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):

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Have you ever been convicted of a misdemeanor in any jurisdiction? YES \_\_\_\_\_ \* NO \_\_\_\_\_

Have you ever been convicted of a felony in any jurisdiction? YES \_\_\_\_\_ \* NO \_\_\_\_\_

Have you ever been convicted of a DUI? YES \_\_\_\_\_ \* NO \_\_\_\_\_

If YES\*, provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case



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**PERSONAL HISTORY INFORMATION, cont.**

*You are not required to disclose juvenile records or criminal history records that have been sealed, impounded, or expunged.*

List all traffic citations received and accidents you have been involved in during the last seven (7) years:

Date of Incident	Jurisdiction	Type of Offense	Disposition of Case

List any / all contact with any police jurisdiction for any other reason(s) [do not list items already indicated in other categories above]:

Date of Contact	Jurisdiction	Reason for Contact

Have you ever engaged in any type of gambling? YES \_\_\_ \* NO \_\_\_

Have you ever filed or declared bankruptcy? YES \_\_\_ \* NO \_\_\_

Have you ever been referred to a collection agency? YES \_\_\_ \* NO \_\_\_

Have you ever had your wages garnished, not including qualified child / medical support obligations? YES \_\_\_ \* NO \_\_\_

If so, how many times? \_\_\_\_\_ Dates when wages were garnished: \_\_\_\_\_

Have you ever had your property repossessed? YES \_\_\_ \* NO \_\_\_

Have you ever been or are you currently delinquent in paying any debt? YES \_\_\_ \* NO \_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):

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**PERSONAL HISTORY INFORMATION, cont.**

*You are not required to disclose juvenile records or criminal history records that have been sealed, impounded, or expunged.*

How many times **per week** do you consume alcohol? \_\_\_\_\_ # times per week

How many alcoholic drinks do you consume **per week on average**? \_\_\_\_\_ # drinks per week

How many times have you been intoxicated in the **last 24 months**? \_\_\_\_\_ # times in last 24 months

When was the last time you were intoxicated? \_\_\_\_\_

How many times in your lifetime have you driven a vehicle while intoxicated beyond the legal limit? \_\_\_\_\_ # times in lifetime

When was the last time you drove a vehicle while intoxicated beyond the legal limit? \_\_\_\_\_

Have you ever consumed alcohol while working? YES \_\_\_ \* NO \_\_\_

Have you ever used marijuana or any other illegal drug? [list drugs used in explanation below] YES \_\_\_ \* NO \_\_\_

When was the last time you used marijuana or any other illegal drugs? \_\_\_\_\_

Have you ever been involved with the sale and/or distribution of any illegal drugs? YES \_\_\_ \* NO \_\_\_

Have you ever sniffed, inhaled, or huffed any type of inhalant such as glue, computer duster, or gas for the purpose of getting an effect? YES \_\_\_ \* NO \_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used misused or abused prescription drugs? YES \_\_\_ \* NO \_\_\_

Have you ever used prescription drugs not prescribed to you? [list drugs in explanation below] YES \_\_\_ \* NO \_\_\_

How many times have you used prescription drugs not prescribed to you? \_\_\_\_\_ # times

When was the last time you used prescription drugs not prescribed to you? \_\_\_\_\_

Have you ever been involved with the illegal sale and/or distribution of prescription drugs? YES \_\_\_ \* NO \_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any past or present affiliations with any gang, mafia, or organized crime group? YES \_\_\_ \* NO \_\_\_

Have you ever had any past or present affiliations with any terrorist, supremacist, or other subversive organization? YES \_\_\_ \* NO \_\_\_

\* **EXPLANATION** of any "YES" responses or additional details (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PERSONAL HISTORY INFORMATION, cont.**

The La Grange Police Department has specific appearance policies for its Officers and employees, including but not limited to policies related to tattoos, body art, branding, and body piercing or body alteration / mutilation. Candidates considering employment are to be aware that responses to the questions below in relation to department policies may have a direct impact on eligibility for hiring. Additional personal grooming and uniform standards apply upon hiring.

Do you have any tattoo, body art, or brand that would be visible if wearing a Department uniform?      YES \_\_\_ \* NO \_\_\_

\* If yes, please describe:

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Do you have any body piercings or alterations that would be visible if wearing a Department uniform?      YES \_\_\_ \* NO \_\_\_

\* If yes, please describe:

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**MILITARY SERVICE**

Are you a current member of the U.S. military service, including reserve forces or National Guard? YES \_\_\_ NO \_\_\_

If YES, in what branch of service do you serve? \_\_\_\_\_

Are you a Veteran of the U.S. military service, including reserve forces or National Guard? YES \_\_\_ NO \_\_\_

If YES, in what branch of service did you serve? \_\_\_\_\_

Were you Honorably Discharged? **Attach a copy of Military Service Discharge (DD214)** YES \_\_\_ NO \_\_\_ If NO, explain in detail  
\_\_\_\_\_

Were you ever convicted at a court-martial? YES \_\_\_ NO \_\_\_ If YES, explain in detail:  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

List all employment you have had for the last ten (10) years in chronological order. Include military service, unpaid employment (internship / training), volunteer work and periods of unemployment / layoff. Attach additional sheet if necessary.

**CURRENT / MOST RECENT:**

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_

Employer / Company Name \_\_\_\_\_

Address – City – State – Zip \_\_\_\_\_

Job title / duties \_\_\_\_\_

Supervisors name / title \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your current employer? \_\_\_ YES \_\_\_ NO

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_

Employer / Company Name \_\_\_\_\_

Address – City – State – Zip \_\_\_\_\_

Job title / duties \_\_\_\_\_

Supervisors name / title \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_

Employer / Company Name \_\_\_\_\_

Address – City – State – Zip \_\_\_\_\_

Job title / duties \_\_\_\_\_



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Phone # \_\_\_\_\_

Supervisors name / title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

Employer / Company Name \_\_\_\_\_

Address – City – State – Zip \_\_\_\_\_

Job title / duties \_\_\_\_\_

Supervisors name / title \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for leaving \_\_\_\_\_









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**ACKNOWLEDGMENT**

**Read the following carefully before signing.**

**Acknowledgment:** I, the undersigned, certify that I have read and fully comprehend this application for employment with the Village of La Grange ("Village") in its entirety. I certify that the information provided on this application for employment and other submitted application materials is true and complete. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment or other submitted application materials, whenever or however discovered, will be sufficient reason not to hire and may result in discharge if hired. In submitting this application, I further understand that it becomes the property of the Village and will not be returned to me.

I understand that submission of an application for employment does not obligate the Village to engage in further review of my application for employment. I understand that nothing in this document constitutes an offer of employment or employment contract and establishes no obligation on the part of the Village to employ me or for me to accept employment with the Village. I understand that any offer of employment, either verbal or written, is conditional upon the successful completion of all stages of the hiring process as outlined in the rules established in the Village of La Grange Board of Fire and Police Commission.

I authorize investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith and permit the Village of La Grange or its representatives (including but not limited to officials, employees, appointees, contractors, or agents) to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Village. I agree to cooperate in such an investigation. I release the Village and its representatives from all liability for any damage that may result.

I authorize my current and/or previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to the Village or its representatives. Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the Village and its representatives from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information.

I authorize any employee or representative of the Village to search any and all databases, web-based services, etc. that the Department determines in the course of a pre-employment background investigation. I understand that any information found will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Village and its representatives from any liability or damage that may result from the use of information obtained.

I understand it is the policy of the Village that the results of any examination or other inquiries made as part of any testing, background and/or screening process are the property of the Village, and, as such, the Village is under no obligation to share the results of any examination or other inquiries with me, unless specifically required to do so by state or federal law. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release. A duplicate of this form shall carry the same force as the original. This document is effective for two years from date signed.

*Printed Name* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_



The La Grange Police Department collects the following information to evaluate its recruitment practices. Disclosure of information is on a voluntary basis. The information disclosed is confidential and will be maintained separately from your employment application. Submission or non-submission of this form shall not be used as a factor concerning eligibility for employment. This information is used in our recruiting efforts to continue to find ways to reach possible applicants.

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Position applied for: LATERAL POLICE OFFICER

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

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**Name** \_\_\_\_\_

**Gender: Identify as** \_\_\_\_\_

**Ethnicity and Race**

Hispanic or Latino

Non-Hispanic or Latino:

American Indian / Native Alaskan

Asian

Native Hawaiian or Pacific Islander

Black or African American

White

Two or More Races (non-Hispanic or Latino)

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**How did you *FIRST* learn of this opportunity?**

The Blue Line website posting

Village of La Grange posting (website, Facebook)

Informed by a current Village of La Grange/La Grange PD employee

Informed by a co-worker in another Police Department/municipality

Informed by a friend or a relative

Other referral source – please indicate \_\_\_\_\_