

**ROBBINS POLICE DEPARTMENT
APPLICATION FOR POLICE OFFICER
(ENTRY LEVEL) (LATERAL)**

PERSONAL INFORMATION

Are you, the law enforcement applicant, a certified law enforcement officer with full or part time experience? _
Have you completed undergraduate studies Bachelor of Arts of Science? ____

1 _____
Last name First name Middle initial

2 _____
Address City State Zip

3 _____
Home phone Cell Phone Work phone email address

4 _____
Date of Birth Social Security number

5 _____
Driver's License number (photo required) State Expiration date

6 _____
Current Firearms Owner ID Card number (photo required) Expiration date

6(A) Have you ever been denied a firearms card or weapons permit in this state or other jurisdiction? ____
If yes, explain _____

7 _____
Are you single or married?

8 _____ If no, provide legal status ____
Are you a US Citizen?

9 _____
List any foreign language(s) in which you are proficient

10 List below your residences for the last ten years

Address	City	State & Zip code

"With Pride and Dignity, We Serve"

11 List below, personal information on immediate family members (father, mother, stepfather, stepmother, sisters, brothers, step siblings, spouse, ex-spouse(s) and natural and adopted children)

Name			
Relationship			
Address			
City/State/Zip code			
Phone number			
Date of birth			
Name			
Relationship			
Address			
City/State/Zip code			
Date of birth			

12 Provide below, four professional references (excluding relatives and former supervisors)

	Reference (1)	Reference (2)	Reference (3)	Reference (4)
Name				
Relationship				
Address				
City/State/ Zip Code				
Phone number				
Email				
# of years acquainted				

TRAFFIC/CRIMINAL BACKGROUND

13 List below, all convictions for traffic violations in the past five years

Date: Month/Year	CONVICTION	ACTION TAKEN

14 Have you ever been convicted of driving under influence of alcohol or drugs? (YES) (NO)
If yes, explain _____15 Have you ever been convicted of reckless driving? (YES) (NO)
If yes, explain _____16 Have you ever been arrested, charged or convicted of a felony or misdemeanor criminal violation of any federal, state, county or municipal law or ordinance (including any domestic violence offense)? (YES) (NO)
If yes, provide the following information below

APPROXIMATE DATE	CONVICTION	ACTION TAKEN

17 Have you ever been arrested or aware that you were under investigation, other than for employment purposes (i.e. background investigation), by any federal, state, county or local law enforcement department? (YES) (NO)
If yes, explain _____18 Have you ever used or do you use cannabis or controlled substances? (YES) (NO)
If yes, explain _____19 Have you ever caused the death of another person, including accidental, negligence, intentionally? YES NO
If yes, explain _____**EDUCATION**

20 Did you graduate high school? (YES) (NO)

Name of high school Address City State Zip code

21 Did you attend college? (YES) (NO)
Did you graduate? (YES) (NO)

NAME OF SCHOOL(S) ATTENDED	ADDRESS	CITY/STATE/ZIP CODE

21(A) Do you have a graduate degree?

(YES) (NO)

IF YES, NAME OF SCHOOL ATTENDED	
GRADUATE DEGREE	

22 List any other training or education

MILITARY

23 Have you ever served in the military?

(YES) (NO)

BRANCH	HIGHEST RANK HELD	DATES OF SERVICE	TYPE OF DISCHARGE

24 Are you registered with the Selective Service?

(YES) (NO)

25 Are you an active member of the Military Reserve Forces, National Guard, Coast Guard?

(YES) (NO)

BRANCH	UNIT	CURRENT RANK HELD

FINANCIAL

26 Have you ever been in or petitioned for bankruptcy?

(YES) (NO)

If yes, explain _____

27 Have you ever been sued for alimony or spousal maintenance payments, child support or non-payment of debt?

(YES) (NO)

If yes, explain _____

27(A) Are you legally obligated to pay child support?

(YES) (NO)

28 Have you ever been a plaintiff in a civil suit?

(YES) (NO)

If yes, explain _____

29 Are you now engaged in any business as an owner, partner or corporate member?

(YES) (NO)

IF YES, NAME OF BUSINESS	ADDRESS	PRINCIPAL ACTIVITY OF BUSINESS

30 Does this business or company do business with the County of Cook?

(YES) (NO)

If yes, explain _____

31 Are you current with all student loans?

(YES) (NO)

32 EMPLOYMENT HISTORY FOR THE LAST TEN YEARS

	Employer (1)	Employer (2)	Employer (3)	Employer (4)
Name of Company				
Address of Company				
Company phone #				
Supervisor				
Employment date(s)				
Title or Job Duties				

33 Have you ever been dismissed, asked to resign or been suspended from any position held? (YES) (NO)
If yes, explain _____

34 Have you ever been rejected for a law enforcement position for any reason, including dishonesty, physical fitness, physical disqualification or other criteria? (YES) (NO)

35 Have you ever failed to pass a probationary period for any position? (YES) (NO)
If so, list the employer and reason _____

36 Have you ever had any reprimands, warnings or suspensions from an employer? (YES) (NO)
If yes, list all _____

37 Have you ever been ineligible for re-employment for a position? (YES) (NO)
If yes, with which employer, explain _____

ADDITIONAL INFORMATION

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

AFFIRMATION OF INFORMATION CONTAINED IN APPLICATION FOR POLICE OFFICER

I, _____, do hereby certify that I personally completed this application for police officer with the Robbins Police Department. I certify that all information provided by me, in this and any attachments are true and complete to the best of my knowledge.

I am aware that any misstatements of fact or willful withholding of information on this application will disqualify me, or if appointed, will be cause for immediate dismissal from the Robbins Police Department.

I understand that I may be required to submit to further examinations, as deemed necessary by the Robbins Police Department Investigations Division.

Signature of applicant _____

Date _____

Subscribed and sworn before me this ____ day of _____, 20 ____

Notary Public signature _____

Notary's address _____

NOTARY SEAL

Return this and the application to:

Robbins Police Department
3323 W 137th Street
Robbins, IL 60472

ALL APPLICATIONS MUST BE NOTARIZED—NOTARY STAMP REQUIRED

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION,
WAIVER OF RIGHT TO INSPECT AND WAIVER AND RELEASE OF ALL CLAIMS**

I, _____, am applying for a position with the Robbins Police Department. I understand that in order to gauge my fitness for the position, the Robbins Police Department must conduct a thorough and complete background investigation. I understand that in order to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

1. Consent to an investigation by the Robbins Police Department, concerning my background;
2. Waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the Robbins Police Department; and
3. Waive my right to review the completed background investigation.

Position Applied for

In an effort to assist the Robbins Police Department in conducting the background investigation, I am requesting full and complete disclosure of any information which could be deemed relevant to job performance, including character information. I further request that this release take precedence over any previously agreed upon disclosure agreements that I may have entered into.

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Robbins Police Department.

I understand that I must have this authorization signed and notarized by a notary public.

Initials

INFORMATION REQUESTED THROUGH THIS RELEASE

I, _____, do hereby authorize a review of and full disclosure of all records and recollections concerning myself to any duly authorized agent of the Robbins Police Department, whether the said records and recollections are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records or recollections of:

- Educational Institutions
- Landlords
- Financial or Credit Institutions (Includes record of loans, records of commercial or retail credit agencies and other financial statements and records wherever filed)
- Employment and Pre-employment records (Includes applications, background reports, efficiency ratings, recollections of employer and co-employees, complaints or grievances filed by or against applicant and records of discipline)
- Attorneys at Law or other counsel (Includes attorneys or counsel, whether representing applicant or another person in any case, either criminal or civil, in which applicant presently has or previously had an interest)
- Police Department or other Law Enforcement Agency

I hereby do release any person(s) who may furnish information from any and all liability which may be incurred as a result of furnishing such information. I further release the Robbins Police Department from any and all liability which may be incurred as a result of collecting such information.

This release specifically includes, but is not limited to, claims in tort under Illinois common law, state or federal civil rights violation or any other claims under state or federal constitution, city ordinance, statutes, rules or regulations. I hereby covenant and agree never to institute directly, or in any other manner, or participate as a party in any action or proceeding (whether judicial, administrative or otherwise) or any kind whatsoever against any of the parties identified above relating to release or disclosure of information.

I understand that information obtained during this investigation may be provided to others providing that the Robbins Police Department is furnished a release signed by me authorizing the disclosure of such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Please return this application with the following:

Resume

Drivers License

FOID card

CCL card

Birth Certificate

Social Security Card

School transcripts

Any certifications you may have

Your signature must be notarized on page 6

Your signature must be witnessed on page 9