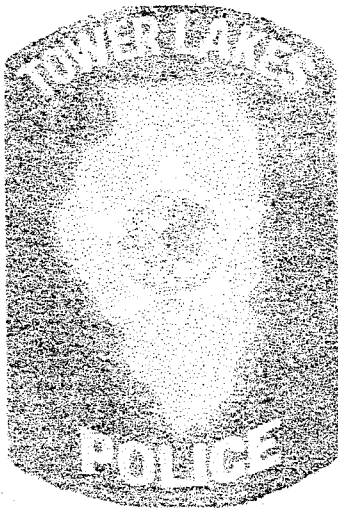


TOWER LAKES POLICE DEPARTMENT

**VILLAGE OF TOWER LAKES
STATE OF ILLINOIS**



**VILLAGE OF TOWER LAKES
400 N. ROUTE 59
TOWER LAKES, ILLINOIS 60010**

Tower Lakes Police Department

Village of Tower Lakes
State of Illinois

Basic Requirements For Police Officers

1. **Citizenship** Applicants for examination must be citizens of the United States and /or an alien admitted for permanent residence or lawfully admitted for temporary residence and who produces evidence of intention to become a citizen of the United States.

2. **Age** Applicants who are 20 years of age and have successfully completed two (2) years of law enforcement studies at an accredited college or university shall be eligible to take the initial examination for Patrol Officer. Any such applicant who is appointed under this provision of the Act shall not have power of arrest or be permitted to carry firearms until he/she reaches 21 years of age, and have not yet attained age 35, unless meeting certain exceptions. Proof of birth date will be required at time of application.

3. **Education** Must have as a minimum a High School Diploma or GED Certificate

4. **General Physical Condition** Applicant for original appointment shall be required to submit to physical and medical examination by a licenced physician, at the applicant own expense.

 Applicants for the position of police officer must meet valid standards of health and physical aptitude.

 Applicants will be required, just prior to appointment to successfully complete a thorough medical evaluation to assess their fitness to perform the duties of the position sought.

5. **Height and Weight** No minimum or maximum, but must be comparable for overall size and body structure.

6. **Miscellaneous** Positively no deviation or exception on any requirement. You will be required to furnish the board of police commissioners with a copy of your birth certificate, High school Diploma, or GED certificate and Military DD214 Form, These documents become property of the Board of Commissioners.

7. **Veterans** Preference points are added to test score in accordance with Illinois Law

8. **Certified Officers** Applicants that are Certified by The Illinois Law Enforcement Training and Standards Board will also receive preference points to their test scores.

Village of Tower Lakes

Form (E)

Physical Agility Test Release of All Liabilities

The undersigned, recognizing that the physical Agility Test is an integral part of the examination for police Officer in the Village of Tower Lakes, Illinois. Hereby releases, remises and discharges the village of Tower Lakes, Illinois, a municipal corporation, Barrington School District #220, their officers, servants, agents, and employees of and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person shall have been caused, or at any time arise as a result of certain police examination conducted by the board of commissioners of said Tower Lakes, Illinois. The intention hereof being to completely, absolutely, and finally release said Village of Tower Lakes, Illinois, School District #220, their officers, servants, agents and employees of any and all liability arising wholly or partially from the cause aforesaid.

Signed _____

Witnessed by: _____

Authorization

Form (F)

I authorize and empower the Village of Tower Lakes, or the Tower Lakes Police, their officers agents, any consumer reporting agency, or other outside service company engaged by the said Board for this purpose, now 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 correspondences 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.

(Signature)

(Date)

Date _____

To Whom It May Concern;

I respectfully request that you forward to the Tower Lakes Police Department any and all information that you may have concerning me, my work record, or my reputation.

Also please give any information that may appear in my personnel file.

This information is to be used to determine my qualifications and fitness for the position I am seeking with the Tower Lakes Police Department.

I hereby release you and/or your employer from any liability and damage of whatsoever nature an account of furnishing the information requested above.

(Signature)

(Street Address)

(City & State)

(Zip)

Tower Lakes Police Department

POLICE OFFICER APPLICATION

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term 'DNA' ('does not apply') if the question does not apply.

POSITION APPLIED FOR

[illegible]

SOCIAL STATUS

17. ARE YOU SINGLE? ☐ MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED ☐

18. ARE YOU LIVING WITH YOUR SPOUSE? ☐ YES ☐ NO IF "NO" EXPLAIN

19. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

20. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	(EXPLAIN)	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

21. ARE YOU PAYING* ALIMONY? ☐ YES ☐ NO IF "YES" EXPLAIN

22. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE.

23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU & STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM

24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN? ☐ YES ☐ NO IF "NO" EXPLAIN FULLY

25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? ☐ YES ☐ NO IF "YES" EXPLAIN

26. ARE YOU PAYING CHILD SUPPORT? ☐ YES ☐ NO IF "YES" EXPLAIN

EDUCATION

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
30. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	
31. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD	

DRIVING HISTORY

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

RESIDENCES

37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO. & YR)	TO (MO. & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

38. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION
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MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" BRANCH	
41. WHAT IS YOUR SERVICE SERIAL NO. ?	42. HIGHEST RANK HELD	43. RANK AT DISCHARGE

44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)	45. LIST PERIOD(S) OF ACTIVE SERVICE								
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)	<table style="width: 100%;"> <tr> <th style="width: 50%;">FROM (DATE)</th> <th style="width: 50%;">TO (DATE)</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	FROM (DATE)	TO (DATE)						
FROM (DATE)	TO (DATE)								

47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	BE EXACT	
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YOU HAD NO MILITARY SERVICE EXPLAIN

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E., 1-A ETC.	50. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS, CITY, STATE & ZIP CODE		
51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN				
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK	
	ADDRESS		FROM	TO	
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT	UNIT		
	RANK	TYPE OF DISCHARGE	FROM	TO	
54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT					

CRIMINAL HISTORY

55. HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
56. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME			
59. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THIS CRIME REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN		
60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE	

61. (DOES NOT APPLY)

62. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

63. ARE THERE ANY WARRANTS
TRAFFIC OR OTHERWISE
NOW PENDING AGAINST YOU? IF "YES" EXPLAIN

☐ YES ☐ NO

EMPLOYMENT HISTORY

64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL.	AGENCY	APPROX. EXAM. DATE	POS. ON LIST	STATUS

65. ARE YOU NOW ON
ANY ELIGIBILITY?
LIST? ☐ YES ☐ NO IF "YES" EXPLAIN

66. WERE YOU EVER PLACED
ON A CIVIL SERVICE LIST ☐ YES ☐ NO
& NOT HIRED? IF "YES" EXPLAIN

67. WERE YOU EVER REJECTED
FOR ANY CIVIL ☐ YES ☐ NO
SERVICE POSITION? IF "YES" EXPLAIN

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR
APPOINTMENT TO ANOTHER POLICE DEPARTMENT? ☐ YES ☐ NO DATE

69. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

70. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS IF "YES" EXPLAIN	
71. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

72. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE. IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS.

	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
1	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
2	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
3	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
4	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
5	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
6	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

EMPLOYMENT (CONTINUED)

	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS	
7	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS	
8	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
73. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		74. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.			

CREDIT HISTORY

75. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank or Charge Account, or Firms You Have Borrowed Money for Any Purpose.)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE
			OPENED CLOSED
		\$	
		\$	
		\$	

76. HAVE YOU EVER BEEN SUED? ☐ YES ☐ NO IF "YES" GIVE DETAILS

77. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) & WHETHER IN ARREARS.

AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

78. HAVE YOU EVER FILED FOR BANKRUPTCY? ☐ YES ☐ NO IF "YES" EXPLAIN

ACQUAINTANCES

79. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

80. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLE MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

1	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN

81. PERSON(S) TO NOTIFIED IN CASE OF EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentatoin, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation may include testing for drugs/narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the municipality to which you are applying.

THUMBPRINT

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

[illegible]