



WATERMAN POLICE DEPARTMENT

215 W. Adams St.
P.O. Box 239
Waterman, IL 60556

Phone: 815) 264-3574 / Fax: 815) 264-7952

police@villageofwaterman.com

Application for Employment

INSTRUCTIONS: Fill out this application completely and accurately. All statements in your application are subject to verification. **Incorrect statement(s) may 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 the question number. Use the term "DNA" (does not apply) if the question does not apply. Please print or type your responses in black ink.

POSITION APPLIED FOR:

☐

POLICE OFFICER: FULL / PART-TIME

☐

POLICE OFFICER: AUXILLARY

PERSONAL INFORMATION:

1. NAME (LAST):		FIRST:		MIDDLE:	
2. ADDRESS:			CITY:		ZIP CODE:
3. HOME PHONE:		CELL PHONE:		OTHER NO.:	
4. SOCIAL SECURITY NO.:		5. DRIVERS LICENSE NO.:		6. F.O.I.D. NO.:	
7. DATE OF BIRTH:	8. PLACE OF BIRTH (CITY, STATE, ZIP CODE):			9. SEX:	10. HEIGHT:
11. WEIGHT:	12. AGE:	13. EYE COLOR:		14. HAIR COLOR:	

ALIASES/MAIDEN NAME:

15. NAME (LAST):		FIRST:		MIDDLE:	
16. NAME (LAST):		FIRST:		MIDDLE:	

CITIZENSHIP:

17. ARE YOU A U.S. CITIZEN?		IF YES:	
☐ YES ☐ NO		☐ NATIVE BORN ☐ NATURALIZED	
IF "NATURALIZED" GIVE PARTICULARS:			

HOUSEHOLD INFORMATION:		
18. With whom do you live at the above address? List full name, date of birth and relationship.		
NAME (LAST):	FIRST:	MIDDLE:
RELATIONSHIP:		DATE OF BIRTH:
NAME (LAST):	FIRST:	MIDDLE:
RELATIONSHIP:		DATE OF BIRTH:
NAME (LAST):	FIRST:	MIDDLE:
RELATIONSHIP:		DATE OF BIRTH:

SOCIAL STATUS:			
19. ARE YOU: SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED ☐			
20. ARE YOU LIVING WITH YOUR SPOUSE? YES ☐ NO ☐			
IF NO, EXPLAIN:			
21. GIVE THE FOLLOWING INFORMATION ABOUT MARRIAGE OR MARRIAGES			
DATE:	WHERE:	WIFES MAIDEN NAME:	
DATE:	WHERE:	WIFES MAIDEN NAME:	
DATE:	WHERE:	WIFES MAIDEN NAME:	
22. IF YOU WERE A PARTY IN A DISSOLVED MARRIAGE, PROVIDE THE FOLLOWING INFO:			
TYPE	EXPLAIN	TO WHOM WAS ACTION GRANTED	
SEPARATED			
DIVORCED			
ANNULLED			
23. IF DIVORCED, LIST THE NAME(S) OF PREVIOUS SPOUSE(S) AND THEIR ADDRESS			
NAME (LAST):	FIRST:	MIDDLE:	
ADDRESS:		CITY:	ZIP CODE:
NAME (LAST):	FIRST:	MIDDLE:	
ADDRESS:		CITY:	ZIP CODE:
24. ARE YOU PAYING MAINTENANCE?			
YES ☐ NO ☐ IF YES, EXPLAIN:			

SOCIAL STATUS (CONTINUED):

25. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED AND STEPCHILDREN

NAME (LAST):		FIRST:	MIDDLE:
DATE OF BIRTH:	PLACE OF BIRTH:	WHERE AND WITH WHOM DOES CHILD LIVE:	
NAME (LAST):		FIRST:	MIDDLE:
DATE OF BIRTH:	PLACE OF BIRTH:	WHERE AND WITH WHOM DOES CHILD LIVE:	
NAME (LAST):		FIRST:	MIDDLE:
DATE OF BIRTH:	PLACE OF BIRTH:	WHERE AND WITH WHOM DOES CHILD LIVE:	
NAME (LAST):		FIRST:	MIDDLE:
DATE OF BIRTH:	PLACE OF BIRTH:	WHERE AND WITH WHOM DOES CHILD LIVE:	

26. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED OR STEPCHILDREN?

YES ☐ NO ☐ IF NO, EXPLAIN:

27. ARE YOU PAYING CHILD SUPPORT?

YES ☐ NO ☐ IF YES, EXPLAIN:

DRIVING HISTORY:

28. CAN YOU OPERATE AN AUTOMOBILE?

YES ☐ NO ☐ IF NO, EXPLAIN:

29. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

YES ☐ NO ☐ IF YES, EXPLAIN:

30. HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED?

YES ☐ NO ☐ IF YES, EXPLAIN:

RESIDENCES:

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

[illegible]

RESIDENCES (CONTINUED):32. DO YOU OWN OR ARE YOU BUYING YOUR HOME? YES ☐ NO ☐33. DO YOU OWN OR ARE YOU BUYING OTHER PROPERTY? YES ☐ NO ☐

IF YES, GIVE LOCATION:

MILITARY SERVICE:

34. HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY?

YES ☐ NO ☐ IF YES, WHICH BRANCH:

35. SERVICE SERIAL NO.:

36. HIGHEST RANK HELD:

37. RANK AT DISCHARGE:

36. DISCHARGE

TYPE: ☐ HONORABLE ☐ DISHONORABLE ☐ MEDICAL ☐ CONDITIONS

EXPLAIN ANY CONDITIONS:

37. SERVICE FROM (DATES): FROM: TO:

38. WERE YOU EVER CONVICTED OF A COURT-MARTIAL?

YES ☐ NO ☐ IF YES, EXPLAIN:

39. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY MILITARY RESERVE BRANCH?

YES ☐ NO ☐ IF YES: ☐ ACTIVE ☐ INACTIVE

40. BRANCH:

41. HIGHEST RANK HELD:

42. RANK AT DISCHARGE:

43. DISCHARGE

TYPE: ☐ HONORABLE ☐ DISHONORABLE ☐ MEDICAL ☐ CONIDTIONS

EXPLAIN ANY CONDITIONS:

44. SERVICE FROM (DATES): FROM: TO:

45. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

YES ☐ NO ☐ IF YES, WHAT STATE:

46. REGIMENT/UNIT:

47. HIGHEST RANK HELD:

48. RANK AT DISCHARGE:

49. DISCHARGE

TYPE: ☐ HONORABLE ☐ DISHONORABLE ☐ MEDICAL ☐ CONDITIONS

EXPLAIN ANY CONDITIONS:

50. SERVICE FROM (DATES): FROM: TO:

CRIMINAL HISTORY:

51. HAVE YOU EVER BEEN:

ARRESTED?

YES ☐ NO ☐

CHARGED?

YES ☐ NO ☐

CONVICTED?

YES ☐ NO ☐

CRIMINAL HISTORY (CONTINUED):

IF YES, EXPLAIN:	DATE:	POLICE AGENCY:	CRIME CHARGED:	COURT DISPOSITION:

52. HAVE YOU EVER BEEN PLACED ON PROBATION?YES ☐NO ☐

IF YES, EXPLAIN:

53. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$75.00?YES ☐NO ☐

IF YES, EXPLAIN:

54. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR A RUNAWAY?YES ☐NO ☐

IF YES, EXPLAIN:

55. HAVE YOU EVER BEEN THE VICTIM OF A CRIME?YES ☐NO ☐

IF YES, EXPLAIN:

IF YES, WAS IT REPORTED TO THE POLICE?

YES ☐NO ☐**56. HAVE YOU EVER BEEN FINGERPRINTED BY ANY AGENCY OTHER THAN FOR AN ARREST?**YES ☐NO ☐

IF YES, PROVIDE DETAILS:

DATE:	AGENCY:	PURPOSE:

57. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:

LOCATION:	APPROX. DATE:	VIOLATION:	DISPOSITION:

58. ARE THERE ANY WARRANTS, TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU?YES ☐NO ☐

IF YES, EXPLAIN:

EMPLOYMENT HISTORY:**59. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM?**YES ☐NO ☐

IF YES, PROVIDE DETAILS:

AGENCY:

APPROX. DATE:

POS. ON LIST:

STATUS:

60. ARE YOU NOW ON ANY ELIGIBILITY LIST?YES ☐NO ☐

IF YES, PROVIDE AGENCY NAME:

61. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST AND NOT HIRED?YES ☐NO ☐

IF YES, EXPLAIN:

62. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION?YES ☐NO ☐

IF YES, EXPLAIN:

63. HAVE YOU EVER HELD THE POSITION OF A LAW ENFORCEMENT OFFICER?YES ☐NO ☐

IF YES, PROVIDE DETAILS:

AGENCY:

POSITION:

FROM (DATE):

TO (DATE):

64. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN A LAW ENFORCEMENT POSITION BECAUSE OF UNSATISFACTORY SERVICE, MISCONDUCT OR WHILE UNDER AN INVESTIGATION?YES ☐NO ☐

IF YES, EXPLAIN:

65. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN A BUSINESS AS AN OWNER, PARTNER OR AS A CORPORATE OFFICER?YES ☐NO ☐

IF YES, PROVIDE DETAILS:

75. LIST ALL JOBS YOU HAVE HAD FOR THE LAST TEN YEARS, STARTING WITH YOUR PRESENT EMPLOYER, INCLUDING PERIODS OF UNEMPLOYMENT, MILITARY SERVICE, AND TEMPORARY OR PART TIME JOBS, IN PROPER SEQUENCE.

EMPLOYERS NAME:

ADDRESS:

TYPE OF BUSINESS:

TELEPHONE NUMBER:

FROM:

TO:

SALARY:

TITLE/POSITION:

1

NAME & TITLE OF SUPERVISOR:

NAME OF CO-WORKER:

EXPLAIN WHAT YOUR DUTIES WERE:

REASON FOR LEAVING:

EMPLOYMENT HISTORY (CONTINUED):

2	EMPLOYERS NAME:		ADDRESS:			TYPE OF BUSINESS:	
	TELEPHONE NUMBER:	FROM:	TO:	SALARY:	TITLE/POSITION:		
	NAME & TITLE OF SUPERVISOR:			NAME OF CO-WORKER:			
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:			
3	EMPLOYERS NAME:		ADDRESS:			TYPE OF BUSINESS:	
	TELEPHONE NUMBER:	FROM:	TO:	SALARY:	TITLE/POSITION:		
	NAME & TITLE OF SUPERVISOR:			NAME OF CO-WORKER:			
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:			
4	EMPLOYERS NAME:		ADDRESS:			TPYE OF BUSINESS:	
	TELEPHONE NUMBER:	FROM:	TO:	SALARY:	TITLE/POSITION:		
	NAME & TITLE OF SUPERVISOR:			NAME OF CO-WORKER:			
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:			
5	EMPLOYERS NAME:		ADDRESS:			TYPE OF BUSINESS:	
	PHONE NUMBER:	FROM:	TO:	SALARY:	TITLE/POSITION:		
	NAME & TITLE OF SUPERVISOR:			NAME OF CO-WORKER:			
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:			
6	EMPLOYERS NAME:		ADDRESS:			TYPE OF BUSINESS:	
	PHONE NUMBER:	FROM:	TO:	SALARY:	TITLE/POSITION:		
	NAME & TITLE OF SUPERVISOR:			NAME OF CO-WORKER:			
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING:			

ACQUAINTANCES:

76. PROVIDE THE NAMES AND CONTACT INFORMATION OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS OR FELLOW WORKERS. NAMES SHOULD BE OF THOSE WHOM HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
2	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
3	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	

REFERENCES:

77. PROVIDE THE NAMES AND CONTACT INFORMATION OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF AT LEAST FIVE YEARS. ALL PERSONS WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION:	WORK ADDRESS/PHONE:	YEARS KNOWN:
2	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION:	WORK ADDRESS/PHONE:	YEARS KNOWN:
3	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION:	WORK ADDRESS/PHONE:	YEARS KNOWN:
4	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION:	WORK ADDRESS/PHONE:	YEARS KNOWN:
5	NAME:	ADDRESS:	PHONE:
	EMPLOYER/OCCUPATION:	WORK ADDRESS/PHONE:	YEARS KNOWN:

78. SOCIAL MEDIA:**LIST ANY SOCIAL MEDIA ACCOUNTS USED BY YOU IN THE LAST TEN YEARS**

PLATFORM	USER NAME/ID	URL

CERTIFICATION:

I do hereby certify that there are no willful misrepresentations or falsifications on this application, and all my responses are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT_____
DATE**WITNESS**_____
SIGNATURE OF WITNESS_____
PRINTED NAME_____
DATE**ADDITIONAL INFORMATION:**

In addition to this application and an oral interview, the evaluation process for a position with the Waterman Police Department may include a thorough medical evaluation including testing for drugs/narcotics, communicable diseases, alcohol abuse, a psychological evaluation, a polygraph examination, and a physical fitness exam as prescribed by the Illinois Law Enforcement Training and Standard's Board.

Please be sure to include the following with your completed application:

- Copy of Drivers License
- Copy of Birth Certificate
- Copy of F.O.I.D. Card
- Copy of High School/G.E.D. Diploma
- Copy of Training Certificates/Professional Licenses
- Completed "Continuation Sheet", if Necessary.
- Completed "Criminal History Release Authorization" Sheet

CONTINUATION SHEET

INDICATE IN THE LEFT HAND COLUMN, THE QUESTION YOU ARE RESPONDING TO, THEN COMPLETE YOUR RESPONSE IN THE SPACE PROVIDED

[illegible]



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Background & Criminal History Release Authorization

I _____ hereby authorize the Waterman Police Department to obtain
(Full Name)
any documentation necessary, which is pertinent to my criminal history. I further authorize
the Waterman Police Department to utilize the Illinois State Police, Law Enforcement Agency
Data System (L.E.A.D.S.), and the Federal Bureau of Investigation, National Crime Information
Center (N.C.I.C.) database, to assist in the investigation of my background, and as an aide in
determining any information about my criminal history, if any exists.

I hold harmless, and free of liability, the Village of Waterman, the Waterman Police
Department, all Officers, Agents and personnel employed by the Village of Waterman, and any
and all persons and agencies associated with or requested by the Waterman Police Department
to assist in obtaining information concerning my character, background, and criminal history (if
any exists).

It is understood that this information shall be used strictly and solely for the purpose of
determining my fitness for a position with the Village of Waterman Police Department.

SIGNATURE

PRINTED NAME

Witnessed this _____ day of _____, 20____

NOTARY PUBLIC SIGNATURE

SEAL