

SWANSEA POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Middle name
Date of Birth	Social Security Number	Date Application Turned In

I, _____ (print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to initial employment by the Swansea Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Coast Guard, the Marine Corps, all Federal, State or local government agencies, credit bureaus, schools and universities, hospitals and medical personnel to furnish the Swansea Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Swansea Police Department in order that the information be evaluated to assist in the determination of my suitability for police work.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Swansea Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforesaid information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the Swansea Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person(s) to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photo static or XEROX copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

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

My commission expires _____, 20 _____.

Notary: _____

Signature of Applicant

Address, City, State Zip

APPLICANT PERSONAL HISTORY QUESTIONNAIRE

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Swansea Police Department. An extensive background investigation will be conducted into your personal history. Applicants for the position of CPA will be required to take a polygraph (lie detector) examination to confirm the information in this questionnaire and to determine other items of background information.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE SWANSEA POLICE DEPARTMENT.

I certify the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith; I understand that if I knowingly have made any misstatements of fact, I am subject to disqualification and to such other penalties as may be prescribed by law, ordinance or the Illinois Administrative Act; and I authorize investigation of all statements contained in this application, with the exception of contacting my present employer if I have so requested.

Signature

Date

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 15 for your convenience. This is a comprehensive process, therefore, incomplete applications may have an effect on your ability to participate in the hiring process. All addresses and phone numbers must include zip codes and area codes.
2. USE BLACK INK ONLY. Complete this form using a typewriter, your own handwriting or printing.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on page 11 and 12 will begin with page, section number (Roman numerals I - X), and question (letters A - F) you are explaining or clarifying.
7. Pursuant to public law, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the Swansea Police Department, 1400 N. Illinois Street, Swansea, Illinois 62226.

Note: Faxed or photo static copies will not be accepted.

Initials _____

I. PERSONAL DATA

Position Applied For:		Civilian Police Aide				
Full Name:	Last	First	Middle	Cell Phone:		
Mailing Address:	Number	Street	State	Zip Code	Home Phone:	
Age:	Height:	Weight:	Hair:	Eyes:	Date of Birth:	Business Phone / Pager:
Driver's License Number:			State License Was Issued:		Email Address:	
Are you a citizen of the United States? Yes _____ No _____			Were you naturalized? Yes _____ No _____			
Place of Birth (City and State):				Social Security Number:		
List any other names you have ever used, or have been known by, and under which your records might be found:						

A. List first your present address, then list all addresses during the last ten years, including your addresses in the Military Service or while attending College.

Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)
Previous Address: _____ City: _____ State: _____ From _____ (mo) _____ (yr) To _____ (mo) _____ (yr)

Initials _____

B. Have you filed an employment application with any other sources or law enforcement agency recently?

Yes _____ No _____ If "Yes," List below:

Date:	Organization / Department Name:	Position Applied For:	Disposition:

II. REFERENCES

Provide the names and requested information of four adults who are unrelated to you and not former employers, who have known you for a period of time (preferably more than 5 years). All persons whom you list will be asked to appraise your character, experience, personality and other qualities.

Name:	Home Phone #:	Years Known:
Home Address:		
Business / Occupation / Profession:	Business Phone #:	
Business Address:		

Name:	Home Phone #:	Years Known:
Home Address:		
Business / Occupation / Profession:	Business Phone #:	
Business Address:		

Name:	Home Phone #:	Years Known:
Home Address:		
Business / Occupation / Profession:	Business Phone #:	
Business Address:		

Name:	Home Phone #:	Years Known:
Home Address:		
Business / Occupation / Profession:	Business Phone #:	
Business Address:		

Initials _____

III. ARREST HISTORY

A. Other than traffic citations, have you, as an adult or juvenile been arrested, charged, convicted, placed on supervision or probation, questioned or detained for any reason by any police officer, security officer, or military police authority, either in the United States of America or in any Foreign country?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

Date:	Charge:	Department / Agency:	Location (City, County, State)	Disposition:

B. Were you ever served with a Criminal or Civil subpoena or summons other than traffic?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

C. Have the police ever been called to any of your former or current residences for any reason?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

D. Have you ever been involved in any undetected crime, including the buying or selling of illicit drugs?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

E. Are you now under investigation or have any pending charges for a violation of the law?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

IV. NARCOTICS AND LIQUOR USAGE

A. Within the last six months, have you consumed any alcoholic beverages because of an addiction to alcohol?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

B. As an adult or juvenile, have you used a Controlled Substance without a prescription?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

C. As an adult or a juvenile, have you ever used marijuana or any narcotic substance?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

Initials _____

VI. EMPLOYMENT EXPERIENCE

A. List all jobs you have held for the last ten years. Put your present or most recent job first. Include military service, in proper sequence, as well as temporary jobs, part-time jobs, and periods of unemployment. If you do not want us to contact your present employer, specifically say so in the "Reason for Leaving" space.

Employer:		Address:	
City, State Zip			Phone Number:
Dates Employed:	From:	To:	Supervisor's Name and Title:
Work Performed:			Job Title:
Reason for Leaving:			

Employer:		Address:	
City, State Zip			Phone Number:
Dates Employed:	From:	To:	Supervisor's Name and Title:
Work Performed:			Job Title:
Reason for Leaving:			

Employer:		Address:	
City, State Zip			Phone Number:
Dates Employed:	From:	To:	Supervisor's Name and Title:
Work Performed:			Job Title:
Reason for Leaving:			

Employer:		Address:	
City, State Zip			Phone Number:
Dates Employed:	From:	To:	Supervisor's Name and Title:
Work Performed:			Job Title:
Reason for Leaving:			

B. Have you ever been discharged or forced to resign from any of your employment positions because of misconduct, unsatisfactory performance, or while under investigation?

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

C. Have you ever stolen any money or merchandise from any place of employment? Include final disposition of all items (i.e. sold, retained for personal use, returned, etc.)

Yes _____ No _____ If "Yes," describe below and explain in full detail on a page 11 and 12.

Initials _____

VII. MILITARY STATUS

A. Have you ever served in the Army, Navy, Air Force, Marine Corps, Coast Guard, ROTC, or any other Military or Semi-Military organization? (If there is more than one period, list the separate periods)

Yes _____ No _____ What was your service Serial Number? _____

Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty

B. Describe your duties while in service:

C. Were you ever reduced in rank in the military?

Yes _____ No _____ If "Yes," explain in full detail on pages 11 and 12.

Reduced From _____ To _____

D. Were you ever court martialed?

Yes _____ No _____ If "Yes," explain in full detail on pages 11 and 12.

Sentence received: _____

Have you ever received a Captain's Mast, Company Punishment or Article 15?

Yes _____ No _____ If "Yes," explain in full detail on pages 11 and 12.

VIII. DRIVING HISTORY

A. List any Driver's License you now hold or have previously held, either in Illinois or any other state or county.

State:	Type of License:	License Number:	Expiration Date:

Initials _____

B. As an adult or juvenile, have any of the above licenses ever been suspended or revoked?

Yes _____ No _____ If "Yes," explain below:

C. List all driving citations / tickets or summonses you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximate dates and locations.

Month / Year:	Charge:	City / State:	Issuing Department / Agency:	Disposition:

D. How many traffic accidents have you been involved in during the past five years? If applicable, briefly explain the circumstances of each accident.

Number of accidents _____

Sections IX, X and XI are to be completed by Police Officer Applicants only.

IX. USE OF FORCE

A. If the necessity arose for you to use force against a person in the course of your duties as a CPA, would you have any reluctance to do so?

Yes _____ No _____ If yes, explain in full detail:

Initials _____

B. Have you ever used a weapon to defend yourself or others?

Yes _____ No _____ If yes, explain in full detail:

C. If a resident of Illinois, do you possess a valid Firearms Ownership Identification Card (F.O.I.D.)?

Yes _____ No _____ If "Yes," provide your F.O.I.D. Number _____

D. Has your application for a F.O.I.D. Card ever been denied?

Yes _____ No _____ If "Yes," explain in full detail on pages 11 and 12

E. Has Your F.O.I.D. Card ever been revoked?

Yes _____ No _____ If "Yes," explain in full detail on pages 11 and 12

X. NARRATIVE

A. In the space provided, explain why you are applying to be a CPA with the Village of Swansea:

B. Do you have any knowledge of any fact or circumstance, whether mentioned or not in the preceding questions, which might tend to disqualify you from holding the position of CPA?

Yes _____ No _____

If yes, explain in full detail on pages 11 and 12.

C. The job description contains a summary of the essential physical requirements for the job of CPA. Are there any requirements listed which you would be unable to perform?

Yes _____ No _____ If yes, please explain:

Initials _____



**VILLAGE OF SWANSEA
POLICE DEPARTMENT**

1400 North Illinois Street
Swansea, Illinois 62226
Non Emergency Line (618) 233-8114
FAX: (618) 234-2952

**WAIVER AND RELEASE OF ALL CLAIMS
FOR PARTICIPATION IN
JOB APPLICATION TESTING FOR
THE VILLAGE OF SWANSEA**

In consideration of the municipality allowing me to participate in a testing program as a job applicant I, the undersigned, do knowingly and voluntarily release and discharge the municipality, its officers, agents, representatives and independent contractors from any and all liability claims, causes of action and damages, or loss or damage to property of the undersigned caused by, or arising out of the administration or taking of said tests, or the analysis of results of said testing.

I acknowledge that there are certain risks associated with such testing and I voluntarily assume those risks as an applicant.

I am in good health and I am physically able to attempt or perform the tests.

I have read and fully understand this waiver and release.

Signature: _____

Witness: _____

Date: _____

