

Equal Opportunity Employer



**The Mundelein Police Department
is seeking
Experienced Police Officers for Lateral Entry**

Application packets are available at:

- <http://police.mundelein.org/content/career-and-opportunities>
- Mundelein Police Department
221 North Lake Street
Mundelein, IL 60060

REQUIRED DOCUMENTS & APPLICATION CHECKLIST

The following is a checklist for your use to ensure you complete the Application Packet as required and attach and return all required certificates and other documentation. Check when attached.

- | | |
|---|-------|
| Fact Sheet Attachment 1, 2 and 3 | _____ |
| Application for Employment | _____ |
| Resume | _____ |
| Photocopy of Driver's License | _____ |
| Authorization for release of all personal information | _____ |
| Acknowledgement and General release of all claims | _____ |
| Credit Investigation Authorization | _____ |

RETURN COMPLETED Application Packet and required materials in person or by mail to:
Mundelein Police Department
221 North Lake Street
Mundelein, IL 60060

VILLAGE OF MUNDELEIN

BOARD OF FIRE AND POLICE COMMISSION



POLICE APPLICANT LATERAL HIRE FACT SHEET

POLICE APPLICANT LATERAL HIRE FACT SHEET

The following information is supplied in an effort to inform you about the Village of Mundelein and its Police Department. The information contained herein is not intended to constitute an offer of employment nor is it a guarantee of benefits. Some items contained herein are subject to change without notice. If you have specific questions on any of these items, or about Mundelein in general, please feel free to contact the Fire and Police Commission at (847) 968-3775.

All appointments to the Police Department (except the Police Chief, Deputy Chiefs, Commanders, and civilian personnel) are made by a three-member Board of Fire and Police Commissioners who are appointed by the Mayor and Board of Trustees.

Minimum Requirements and Qualifications

Applicants for lateral appointment to the position of Police Officer must meet the following minimum qualifications and requirements at the time of application:

- State of Illinois certification or waiver by the Illinois Law Enforcement Training and Standards Board with no more than forty (40) hours of training required by that Board for recertification, if necessary. (Part-time certification as a law enforcement officer does not meet this requirement.)
- Must be a legal resident of the United States
- Individuals must be at least 21 years old.
- Education - High school education or equivalent thereof.
- Experience – Must have previously been a full-time sworn Police Officer in any municipal, county, university or state law enforcement agency, provided they are certified or have the ability to be certified by the Illinois Law Enforcement Training and Standards Board and have been previously employed as a law enforcement officer within the last two (2) years.
- Valid Driver's License.
- Must agree to comply with all requirements of the position and have the ability to pass all examinations and training requirements.
- *Ability to furnish upon request*, a copy of the following: a resume; professional licenses; training certificates; documents confirming work experience; birth certificate; high school diploma or GED certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214); employee evaluations; and any other employment related material as requested or required.

Selection Process

Each phase of the process is pass / fail and required to proceed to the next.

- Completion of an employment application to the Mundelein Police and Fire Commission
- A pre-screening of applicant
- Character and background investigation
- Polygraph examination
- Oral interview with Mundelein Police and Fire Commission
- Physical agility examination [POWER test]
- Post-offer examinations including but not limited to: psychological evaluation; medical

- examination; vision screening; and drug screening
- All appointments are subject to an eighteen (18) month probationary period

Lateral entry eligibility list

- An initial lateral entry eligibility list will be created from qualified applicants that submit the required application materials by the application deadline.
- Placement on any lateral entry eligibility list shall be based upon the relative excellence of the applicants.
- In the event that prescreening identifies applicants who have certain knowledge, skills and abilities that make those applicants more desirable for the position sought to be filled, the Mundelein Board of Fire and Police Commission may interview those applicants only for consideration.

Applicants are eligible to re-apply at any time.

GENERAL APPLICANT INFORMATION

Training

Once hired, candidates will be subject to a field training process to be determined.

Work Schedule

Normally, police officers work an average of eighty hours per two-week period, which amounts to 2,080 hours annually. In the patrol section there are three permanent shifts.

Direct Deposit

All employees hired after January 1, 1997, must participate in Village's direct deposit program.

Benefits

The Village of Mundelein offers a comprehensive benefit package for the employee and their dependents including sick leave, hospitalization, Section 125 - Flexible Spending Account, life insurance, dental insurance, and health club membership. Vacation and holiday benefits are also provided.

Deferred Compensation Plan

Full-time Village employees may participate in a Deferred Compensation Plan made available through the Village by Nationwide Retirement Solutions.

Police Pension

All sworn police officers are eligible to apply for participation in the Mundelein Police Pension Fund. Within three (3) months after being appointed to the sworn position, the police officer must make written application to the Pension Board if they wish to participate.

As a participant of the Mundelein Police Pension Fund you are eligible for the following:

Police Pension

All sworn police officers are eligible to apply for participation in the Mundelein Police Pension Fund. Within three (3) months after being appointed to the sworn position, the police officer must make written application to the Pension Board if they wish to participate.

1. As a participant of the Mundelein Police Pension Fund you are eligible for one of the following, if you have previous service in an Article 3 Fund before January 1, 2011:
 - A. Voluntary Retirement
Police Department eligibility is age fifty (50) with twenty (20) years of service. Annual benefits equal to the product of final pay times the sum of: 1) 50%; plus 2) 2.5% for each year of service in excess of 20 years, but less than 30 years. Maximum benefit is 75% of final pay after 30 years of service.
 - B. Mandatory Retirement
Mandatory retirement age is 65. Employee will be vested in retirement plan with a minimum of eight (8) years of service.

- C. Final Pay
Final pay is defined as the salary attached to the rank held upon separation from active service.

2. If you do not have previous Article 3 service (before 1/1/11) the following pension provisions apply:

- A. Voluntary Retirement
- Minimum Retirement Age 55 with a minimum of 10 years of service.
 - Early Retirement Option at age 50 with a minimum of 10 years of service, but a reduction in annuity of 1/2 of 1% for each month under age 55 (6% per year).
 - "Final Average Salary" (used to determine pension annuity) is based on an average salary based on the best 8 out of the last 10 years of service.
 - Final Average Salary is capped at \$106,800, increased annually by the lesser of 3% (of the salary amount) or 1/2 of the annual increase in the CPI-U.[2]
 - Survivor benefits reduced to 66 2/3% of deceased employee's salary at time of death (subject to cost of living adjustments).
 - Cost of living adjustments beginning the year after the retiree or survivor turns age 60 with annual increases of the lesser of 3% or 1/2 of the annual increase in the CPI-U.
 - Retirement pension calculated by multiplying 2.5% for each year of service by the "Final Average Salary," capped at 75%.
- B. Mandatory Retirement
- Same as above

Uniforms

The Village will issue uniforms to personnel assigned to the Police Department who are required to wear them. If an officer separates from the Police Department and does not complete his/her initial three-year period, the individual will be required to reimburse the Village for the cost of uniforms. Signing the Uniform Reimbursement Agreement is a condition of employment.

Wage/Salary Rates Effective May 1, 2019

<u>Step</u>		<u>Annual Salary</u>
1.	Entrance	\$ 70,461.90
2.	After 1 full year of service	\$ 73,689.05
3.	After 2 full years of service	\$ 77,064.01
4.	After 3 full years of service	\$ 80,593.54
5.	After 4 full years of service	\$ 84,284.72
6.	After 5 full years of service	\$ 88,144.96
7.	After 6 full years of service	\$ 92,182.00
8.	After 7 full years of service	\$ 96,403.94
9.	After 8 full years of service	\$100,819.24

Employees are paid biweekly on Fridays with twenty-six (26) pay periods per year.

Vacation Eligibility (for employees working 40 hours per week or 80 hours bi-weekly)

1. After completing one (1) full year of continuous service, an employee is eligible for 10 days of vacation.
2. After completing four (4) full years of continuous service, an employee is eligible for 15 days of vacation.
3. After completing nine (9) full years of continuous service, an employee is eligible for 20 days of vacation.
4. After completing fourteen (14) full years of continuous service, an employee is eligible for 22 days of vacation.
5. After completing nineteen (19) full years of continuous service, an employee is eligible for 25 days of vacation.

Vacation is awarded on January 1st in the year you reach your 5th, 10th, 15th, and 20th anniversaries.

Holidays

Each full time police officer will be given four floating holidays and seven ½ regular holidays.

VILLAGE OF MUNDELEIN
BOARD OF FIRE & POLICE COMMISSION
POLICE OFFICER LATERAL HIRE INFORMATION PACKET

Instructions: Fill out application completely and accurately. Address shall be the address where you can be contacted by the Commission. It is the candidate's responsibility to notify the Commission of any changes in any of the requested information. Failure to make proper notification could result in you not proceeding further in the testing process.

Name: _____
Last First Middle

Address: _____

Home phone number: _____
(area code)

Work phone number: _____
(area code)

Cell phone number: _____
(area code)

E-mail Address: _____

Social Security Number: _____

VILLAGE OF MUNDELEIN
BOARD OF FIRE & POLICE COMMISSION

To all Mundelein Police Lateral Hire Applicants:

Instructions: This data is being gathered in compliance with Federal Equal Employment Opportunity Commission Regulations. The law requires that your response is voluntary and any response will not affect employment action.

The information you supply is not for personnel records.

Thank you for your cooperation.

1. Sex: Female _____ Male _____
2. Race or Natural Origin: Check one
 - a. _____ American Indian/Alaskan Native
 - b. _____ Black
 - c. _____ White
 - d. _____ Asian-American/Pacific Islander
 - e. _____ Hispanic
3. Your Social Security Number: _____
4. Your Name: _____

VILLAGE OF MUNDELEIN
BOARD OF FIRE & POLICE COMMISSION

I, _____, have received an information packet for the position of
Print Name

police officer for the Village of Mundelein.

Signed

Date

Address: _____

ACKNOWLEDGMENT AND GENERAL RELEASE OF ALL CLAIMS

Read the following carefully before signing.

I, the undersigned, certify that I have read and fully comprehend this application for employment in its entirety. I acknowledge that the information provided on this application for employment and other submitted application materials is true, complete, and correct to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment / other submitted application materials, whenever or however discovered, may result in the rejection of my application for employment or termination of employment without notice or benefits.

In consideration of my participation in the employment process, I authorize an investigation by the Mundelein Board of Fire and Police Commission, Mundelein Police Department, the Village of Mundelein or its officials, employees, appointees, contractors, agents or representatives – jointly termed “the Employer” - of my employment history, background and criminal history, credit history, education, military service, and activities. I authorize the Employer to request and receive such information. I authorize my current / former employers to furnish their records of my service, my reasons for leaving their employ, and all other information they may have concerning me, to the Employer. I understand that the Employer is not responsible for the accuracy or completeness of the information contained in any reports. I agree to cooperate in such an investigation. I hereby fully release and discharge the Employer, its successors, heirs, executors, administrators and assigns, from all rights, claims, and damages, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever, which I may have against the Employer arising out of my participation in the employment process. This release is intended to release all claims for injuries, damages, or loss of any kind whatsoever to me, my persons or property, real or personal, whether known, unknown, foreseen, or unforeseen which I may have against the Employer. I understand and acknowledge the significance and consequences of such specific intention to release all claims and do hereby assume full responsibility for any and all expenses, liabilities, injuries, damages, and/or losses that may incur from participating in the employment process.

I understand that submission of an application for employment does not obligate the Employer to engage in further review of my application for employment. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the Employer to employ me.

In signing this document, I understand that I am releasing or giving up certain potential legal rights. 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.

Printed Name _____

Signature _____

Date _____

Courage. Pride. Commitment.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Mundelein Police Department, whether the said records 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 of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statement and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil; any police contacts with your department, including arrests and /or convictions, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Mundelein Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. I further release the Mundelein Police Department from any and all liability, which may be incurred as a result of collecting 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.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature (include maiden name)

Address

Date of Birth

Date

Courage. Pride. Commitment.

CREDIT INVESTIGATION AUTHORIZATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Mundelein Police Department to conduct an investigation into my credit rating, through whatever sources are available to them, with the understanding that acquiring this information is a necessary portion of my application to become a Police Officer with the Mundelein Police Department.

SIGNED: _____

DATE: _____



VILLAGE OF MUNDELEIN

BOARD OF FIRE AND POLICE COMMISSION

APPLICATION



VILLAGE OF MUNDELEIN POLICE AND FIRE COMMISSION

___ Firefighter Application ___ Police Officer Application ___ Police Officer Lateral Hire Application

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentional makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statement on this application will be considered sufficient cause for dismissal. Any misrepresentation of this application whether actual or by omission may disqualify you for consideration of employment by the Mundelein Police Department.

NOTE: Applicants are not required to disclose expunged juvenile records.

SECTION A – BASIC INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
ALLIAS / NICKNAME					
PREVIOUS NAMES USED					
AGE		DOB		SSN	
DRIVER'S LICENSE NO.			STATE OF ISSUANCE		
CITY OF BIRTH		COUNTY		STATE	
COUNTRY					
HEIGHT		WEIGHT		EYE COLOR	
HAIR COLOR					
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	US CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER PREVIOUS CITIZENSHIPS	
DO YOU HAVE ANY VISIBLE TATTOOS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PLEASE EXPLAIN:					
<p>VISIBLE TATTOOS ARE PERMITTED PROVIDED THEY ARE NEITHER OBJECTIONABLE NOR OFFENSIVE. THE CHIEF OF POLICE WILL BE THE FINAL ARBITER OF WHAT IS OBJECTIONABLE OR OFFENSIVE. TATTOOS WILL NOT BE PERMITTED ON THE NECK, FACE, HAIR/SCALP AREA AS THIS WOULD NOT BE CONSISTENT WITH THE IMAGE OF A MUNDELEIN POLICE EMPLOYEE. THE CHIEF OF POLICE MAY REQUIRE ANY EMPLOYEE TO COVER TATTOOS WITH CLOTHING/BANDAGE IF NOT COMPLIANT WITH THE POLICY.</p>					

SECTION B – PERSONAL ADDRESS HISTORY

	STREET ADDRESS	CITY	STATE	ZIP CODE
CURRENT RESIDENCE				
PHONE NUMBER (Home)		FROM MONTH / YEAR	TO MONTH / YEAR	
PHONE NUMBER (Cell)				

PREVIOUS RESIDENCE				
PHONE NUMBER		FROM MONTH / YEAR		TO MONTH / YEAR
PREVIOUS RESIDENCE				
PHONE NUMBER		FROM MONTH / YEAR		TO MONTH / YEAR

SECTION C – EDUCATIONAL HISTORY

NAME OF SCHOOL		FROM MONTH / YEAR	TO MONTH / YEAR
HIGH SCHOOL			
ADDRESS			
TOTAL SEMESTERS / YEARS COMPLETED		DEGREES EARNED	
NAME OF SCHOOL		FROM MONTH / YEAR	TO MONTH / YEAR
COLLEGE / UNIVERSITY			
ADDRESS			
TOTAL SEMESTERS / YEARS COMPLETED		DEGREES EARNED	
COLLEGE / UNIVERSITY			
ADDRESS			
TOTAL SEMESTERS / YEARS COMPLETED		DEGREES EARNED	
TECHNICAL / TRADE / OTHER SCHOOL			
ADDRESS			
TOTAL SEMESTERS / YEARS COMPLETED		DEGREES EARNED	

SECTION D – EMPLOYMENT HISTORY

HAVE YOU EVER BEEN FIRED FROM ANY PLACE OF EMPLOYMENT OR HAVE YOU EVER QUIT FROM ANY PLACE OF EMPLOYMENT AFTER BEING TOLD YOU WERE FIRED? YES NO

DETAILS:

PLEASE LIST YOUR EMPLOYMENT, BEGINNING WITH THE PRESENT AND WORKING BACK 10 YEARS (Include seasonal or part-time jobs).			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			

EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			



**VILLAGE OF MUNDELEIN
POLICE AND FIRE COMMISSION**

EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
EMPLOYER / COMPANY NAME			
POSITION (S) HELD			
EMPLOYER'S ADDRESS			
SUPERVISOR		PHONE NUMBER	
FROM MONTH/ YEAR		TO MONTH / YEAR	
REASON FOR LEAVING			
SECTION E – MILITARY HISTORY			
IF YOU ARE A MALE BORN AFTER DECEMBER 31, 1959, DID YOU REGISTER WITH THE SELECTIVE SERVICE SYSTEM?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR UNITED STATES MERCHANT MARINE?			<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER SERVED IN ANY FOREIGN MILITARY OUTSIDE OF THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BRANCH OF SERVICE					
<input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> MERCHANT MARINE					
OTHER SERVICE – DETAILS					
FROM MONTH / YEAR		TO MONTH / YEAR		RANK	
CURRENT STATUS:					
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ACTIVE RESERVE <input type="checkbox"/> INACTIVE RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> OTHER					
DISCHARGE TYPE:					
<input type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> GENERAL DISCHARGE <input type="checkbox"/> OTHER THAN HONORABLE DISCHARGE <input type="checkbox"/> BAD CONDUCT DISCHARGE <input type="checkbox"/> DISHONORABLE DISCHARGE <input type="checkbox"/> MEDICAL <input type="checkbox"/> HARDSHIP					
DETAILS:					
HAVE YOU EVER RECEIVED ANY OF THE FOLLOWING WHILE IN THE MILITARY?					
<input type="checkbox"/> ARTICLE 15 <input type="checkbox"/> COURT MARTIAL <input type="checkbox"/> OFFICE HOURS <input type="checkbox"/> CAPTAIN'S MAST <input type="checkbox"/> REDUCED IN RANK <input type="checkbox"/> EMI					
DETAILS:					
SECTION F - FINANCIAL					
HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LOCATION – CITY / COUNTY / STATE		MONTH / YEAR			

HAVE YOU EVER HAD YOUR WAGES ASSIGNED OR GARNISHED? YES NO

DETAILS:

DO YOU CURRENTLY HAVE TO PAY CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT	
--	--------	--

ARE YOU CURRENTLY DELINQUENT ON ANY DEBT? YES NO

DETAILS:

PLEASE LIST YOUR CURRENT FINANCIAL DEBTS (ASIDE FROM UTILITIES)

COMPANY / BANK / INSTITUTION			
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)		TOTAL BALANCE	
COMPANY / BANK / INSTITUTION			
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)		TOTAL BALANCE	
COMPANY / BANK / INSTITUTION			
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)		TOTAL BALANCE	
COMPANY / BANK / INSTITUTION			
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)		TOTAL BALANCE	
COMPANY / BANK / INSTITUTION			
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)		TOTAL BALANCE	

SECTION G – POLICE RECORD
 NOTE: Applicants are not required to disclose expunged juvenile records.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR ANYWHERE? YES NO

DETAILS:

HAVE YOU EVER BEEN CONVICTED OF A FELONY ANYWHERE? YES NO

DETAILS:

SECTION H – DRIVING RECORD

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A DUI? YES NO

DETAILS:

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES NO

DETAILS:

PLEASE LIST ALL OF THE TRAFFIC CITATIONS YOU WERE ISSUED (REGARDLESS OF COURT RULING) IN THE PAST 5 YEARS:

VIOLATION (SPEEDING, STOP SIGN, ETC)			
MONTH / YEAR		CITY / STATE	
LOCATION			
ISSUING AGENCY			
COURT RULING		FINE PAID / TRAFFIC SCHOOL	
VIOLATION (SPEEDING, STOP SIGN, ETC)			
MONTH / YEAR		CITY / STATE	
LOCATION			
ISSUING AGENCY			
COURT RULING		FINE PAID / TRAFFIC SCHOOL	

VIOLATION (SPEEDING, STOP SIGN, ETC)			
MONTH / YEAR		CITY / STATE	
LOCATION			
ISSUING AGENCY			
COURT RULING		FINE PAID / TRAFFIC SCHOOL	

SECTION I – DRUG USE AND NARCOTICS HISTORY

WHEN WAS THE LAST TIME YOU TRIED OR USED MARIJUANA? MONTH / YEAR		<input type="checkbox"/> I HAVE NEVER TRIED OR USED MARIJUANA IN MY ENTIRE LIFE.
WHEN WAS THE FIRST TIME YOU TRIED OR USED MARIJUANA? MONTH / YEAR		<input type="checkbox"/> I HAVE NEVER TRIED OR USED MARIJUANA IN MY ENTIRE LIFE.

HOW MANY TIMES TOTAL HAVE YOU TRIED OR USED MARIJUANA IN YOUR LIFETIME? _____

HAVE YOU EVER TAKEN PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED TO YOU? YES NO

DETAILS:

HAVE YOU EVER TAKEN ANY ANIMAL MEDICATIONS? YES NO

DETAILS:

HAVE YOU EVER SOLD OR TRANSFERRED MARIJUANA OR ANY OTHER TYPE OF DRUG OR NARCOTIC TO SOMEONE ELSE FOR PROFIT OR NOT-FOR PROFIT? YES NO

QUANTITY		NUMBER OF TIMES	
----------	--	-----------------	--

DETAILS:

PLEASE INDICATE THE TOTAL NUMBER OF TIMES AS WELL AS THE LAST TIME (MONTH AND YEAR) YOU TRIED OR USED ANY OF THE FOLLOWING DRUGS OR NARCOTICS:

NUMBER OF TIMES	DRUG	MONTH / YEAR		NUMBER OF TIMES	DRUG	MONTH / YEAR
	COCAINE				CRACK	
	ROCK				HEROIN	

	OPIUM				RUSH	
	CRYSTAL METH				ACID / LSD	
	HASHIS				TIC / THC	
	MUSHROOM				SPEED / AMPHETAMINES	
	DOWNERS / BARBITURATES				MORPHINE	
	ANGEL DUST				PCP	
	STEROIDS				WHIP CREAM INHALING / SNIFFING	
	GLUE INHALING / SNIFFING				FREE BASE	
	SPECIAL K				NITRIOUS OXIDE	
	ECSTACY				GHB / LIQUID "G"	
	NON-PRESCRIBED VICODIN				NON-PRESCRIBED VALIUM / LIBRIUM	

OTHER / DETAILS

SECTION J – ALCOHOL USE HISTORY

HOW MANY TIMES PER WEEK, MONTH OR YEAR DO YOU CONSUME ALCOHOL?	WEEK		MONTH		YEAR		<input type="checkbox"/> I NEVER CONSUME ANY ALCOHOL
--	------	--	-------	--	------	--	--

HAVE YOU EVER CONSUMED ALCOHOL WHILE WORKING? YES NO

DETAILS:

HOW MANY TIMES HAVE YOU BEEN INTOXICATED IN THE LAST TWO YEARS?		WHEN WAS THE VERY LAST TIME YOU WERE INTOXICATED?	
---	--	---	--

HOW MANY TIMES HAVE YOU DRIVEN A VEHICLE BEYOND THE LEGAL LIMIT, WHILE INTOXICATED?

WHEN WAS THE VERY LAST TIME YOU DROVE A VEHICLE BEYOND THE LEGAL LIMIT, WHILE INTOXICATED?

SECTION K – DOMESTIC DISPUTE HISTORY

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF DOMESTIC DISPUTE WHERE THE POLICE WERE CALLED? YES NO

DETAILS:

HAVE YOU EVER PERPERTRATED PHYSICAL VIOLENCE AGAINST SOMEONE YOU WERE IN A RELATIONSHIP WITH? YES NO

DETAILS:

HAVE YOU EVER SHOPLIFTED ANYTHING IN YOUR ENTIRE LIFE? YES NO

DETAILS:

HAVE YOU EVER STOLEN ANY MONEY? YES NO

DETAILS:

HAVE YOU EVER STOLEN ANY MERCHANDISE OR PROPERTY? YES NO

DETAILS:

HAVE YOU EVER VANDALIZED ANY PROPERTY OR BUILDING? YES NO

DETAILS:

HAVE YOU EVER ENGAGED IN ANY TYPE OF IDENTITY THEFT? YES NO

DETAILS:

HAVE YOU EVER FORGED ANY GOVERNMENT, MILITARY, EDUCATIONAL INSTITUTION, OR ANY OTHER OFFICIAL DOCUMENT?
 YES NO

DETAILS:

HAVE YOU EVER HAD ANY PAST OR PRESENT AFFILIATIONS WITH ANY GANG, MAFIA OR ORGANIZED CRIME GROUP? YES NO

DETAILS:

HAVE YOU EVER HAD ANY PAST OR PRESENT AFFILIATIONS WITH ANY TERRORIST ORGANIZATION? YES NO

DETAILS:

HAVE YOU EVER IMPERSONATED A POLICE OFFICER OR ANY LAW ENFORCEMENT AGENT? YES NO

DETAILS:

HAVE YOU EVER SMUGGLED ANY PROHIBITED ITEMS THROUGH U.S. CUSTOMS AT ANY PORT OF ENTRY OR BORDER CROSSING?
 YES NO

DETAILS:

HAVE YOU EVER ENGAGED IN ANY CHILD PORNOGRAPHY OVER THE INTERNET INVOLVING MINORS BELOW THE AGE OF 18?
 YES NO

DETAILS:

HAVE YOU EVER ENGAGED IN ANY TYPE OF PHYSICAL FIGHT WITH ANOTHER INDIVIDUAL IN THE PAST 5 YEARS? YES NO

DETAILS:

HAVE YOU EVER CARRIED A WEAPON, KNIFE OR A GUN FOR PROTECTION? YES NO

DETAILS:

HAVE YOU EVER ENGAGED IN ANY TYPE OF CREDIT CARD OR CHECK FRAUD? YES NO

DETAILS:

HAVE YOU EVER MADE OR USED A FALSE ID? YES NO

DETAILS:

HAVE YOU EVER ENGAGED IN ANY TYPE OF CONTERFITING? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
HAVE YOU EVER PURCHASED OR RECEIVED ANY STOLEN PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
HAVE YOU EVER COMMITTED ANY SERIOUS UNDETECTED CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
HAVE YOU EVER ENGAGED IN ANY TYPE OF GAMBLING? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
SECTION L – PAST OR PRESENT LAW ENFORCEMENT PERSONNEL OR SECURITY GUARDS ONLY
HAVE YOU EVER SOLICITED OR ACCEPTED A BRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
HAVE YOU EVER USED EXCESSIVE FORCE WHILE PERFORMING YOUR DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
HAVE YOU EVER BEEN SUSPENDED OR REPRIMANDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DETAILS:
HAVE YOU EVER BEEN SUED OR ARE YOU CURRENTLY INVOLVED IN ANY LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

DETAILS:

SECTION M – PAST OR PRESENT FIRE DEPARTMENT PERSONNEL OR MEDICAL ONLY

HAVE YOU EVER STARTED AN ILLEGAL FIRE BESIDES A DEMO OR DRILL? YES NO

DETAILS:

HAVE YOU EVER STOLEN ANYTHING FROM A FIRE OR ACCIDENT SCENE? YES NO

DETAILS:

HAVE YOU EVER COLLECTED ANY ITEMS TAKEN FROM A FIRE OR ACCIDENT SCENE? YES NO

DETAILS:

SECTION N – ACQUAINTANCES

Fill in below the name of three (3) adults, not related to you and not former employers or references, which are friends, fellow students, or fellow workers. Names listed should be those persons who have seen you frequently during the past year:

NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			
PHONE (HOME)		PHONE (CELL)	
BUSINESS OCCUPATION OR PROFESSION			
IN WHAT CAPACITY DO YOU KNOW THIS PERSON			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			

PHONE (HOME)		PHONE (CELL)	
BUSINESS OCCUPATION OR PROFESSION			
IN WHAT CAPACITY DO YOU KNOW THIS PERSON			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			
PHONE (HOME)		PHONE (CELL)	
BUSINESS OCCUPATION OR PROFESSION			
IN WHAT CAPACITY DO YOU KNOW THIS PERSON			
SECTION O – PROFESSIONAL REFERENCES			
Fill in below the name of four (4) adults, not related to you and not former employers who have known you for a period, preferably more than five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities:			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			
PHONE (HOME)		PHONE (CELL)	
BUSINESS OCCUPATION OR PROFESSION			
YEARS KNOWN			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			
PHONE (HOME)		PHONE (CELL)	

BUSINESS OCCUPATION OR PROFESSION			
YEARS KNOWN			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			
PHONE (HOME)		PHONE (CELL)	
BUSINESS OCCUPATION OR PROFESSION			
YEARS KNOWN			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
ADDRESS (CITY, STATE & ZIP) WORK			
PHONE (HOME)		PHONE (CELL)	
BUSINESS OCCUPATION OR PROFESSION			
YEARS KNOWN			
SECTION P – PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			
PHONE (HOME)		PHONE (CELL)	
RELATIONSHIP			
NAME			
ADDRESS (CITY, STATE & ZIP) HOME			



**VILLAGE OF MUNDELEIN
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PHONE (HOME)		PHONE (CELL)	
RELATIONSHIP			
ADDITIONAL APPLICANT COMMENTS AND INFORMATION			
CERTIFYING SIGNATURE			

I affirm that this application contains no misrepresentations of falsifications, omissions or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me in this application are subject to later investigation. I am also aware that I may be required to produce written documentation for verification purposes. I am further aware that should any investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligibility list. If already appointed, my employment may be terminated.

SIGNATURE

DATE