BOARD OF FIRE & POLICE COMMISSIONERS CITY OF WOOD DALE, ILLINOIS 404 N. WOOD DALE ROAD WOOD DALE, IL 60191

EMAIL: wdpoliceboard@yahoo.com

POLICE OFFICER APPLICATION

INSTRUCTIONS: 1. Complete this application completely and accurately. 2. A completed application packet consists of: This completed Police Officer Application Form, Copy of Birth Certificate, Copy of High School Diploma or G.E.D. NOTE: NO COLLEGE DIPLOMA AT THIS TIME. All statements in your application are subject to verification. Persons making untruthful answers to questions in the application shall be rejected by the Board. IMPERATIVE; PROVIDE A VALID EMAIL ADDRESS, FAILURE TO DO SO WILL BE JUST CAUSE TO DROP YOU FROM THIS TESTING PROGRAM.

NAME (LAST):	(FIRST):	(MIDDLE):	
(lower case only)	<u>@</u>		_
CITY:	STATE:	ZIP CODE:	
PHONE (HOME): ()	(CELL): ()		
SOC.SEC.NO.: _XXX-XX	DATE OF BIRTH:(MN	M/DD/YYYY)	
Please answer questions A or B, I	not both A and B.		
A. ARE YOU A	U.S. CITIZEN	YES	NO
OR B. ARE YOU A 1	NATURALIZED CITIZEN?	YES	NO
(If yes, provide Naturalization l	Papers at time of Orientation)		
C. NAME OF HI	GH SCHOOL/G.E.D.		
_	IERE ARE NO WILLFUL MISREPRE L MY ANSWERS ARE TRUE AND CO		
Signature in Full		Date	

NOTE: A MORE COMPLETE APPLICATION FORM WILL NEED TO BE COMPLETED, AND DOCUMENTATION PROVIDED, AT A LATER DATE, SHOULD YOU SUCCESSFULLY MAKE THE FINAL POSTING OF THE ELIGIBILITY REGISTER FOR ORIGINAL APPOINTMENT. ALSO, 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 INCUDE TESTING FOR DRUGS/NARCOTICS, COMMUNICABLE DISEASES INCLUDING, THE AIDS VIRUS, AND ALCOHOL ABUSE. YOU WILL BE REQUIRED TO GIVE A THOROUGH MEDICAL HISTORY AND WILL BE REQUIRED TO MEET VISION STANDARDS, ESTABLISHED BY THE BOARD.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER