



VILLAGE OF DOLTON POLICE DEPARTMENT

14030 PARK AVENUE DOLTON, IL 60419

TIFFANY A. HENYARD
MAYOR

ROBERT COLLINS
CHIEF OF POLICE



FULL-TIME POLICE OFFICER (LATERAL ENTRY)

REQUIRED DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION:

1. RESUME WITH THREE (3) PROFESSIONAL REFERENCES
2. PHOTOCOPY OF STATE CERTIFICATION
3. PHOTOCOPY OF BIRTH CERTIFICATION
4. PHOTOCOPY OF HIGHSCHOOL DIPLOMA
5. CLEAR COPY OF DRIVERS LICENSE
6. PHOTOCOPY OF SOCIAL SECURITY
7. PHOTOCOPY OF FOID CARD
8. SIGNED AUTHORIZATION TO RELEASE INFORMATION WAIVER
9. PHOTOCOPY OF DD-214 SHOWING STATUS OF DISCHARGE (IF APPLICABLE)

ALL APPLICATIONS SHOULD BE NEATLY PRINTED OR TYPED AND RETURNED IN PERSON, EMAILED OR BY MAIL TO THE DOLTON POLICE DEPARTMENT 14030 PARK AVE DOLTON, IL 60419. THE PROCESS WILL BE ON-GOING FROM THE POSTING DATE. PLEASE COMPLETE AS SOON AS POSSIBLE.

FOR MORE INFORMATION CONTACT

Officer V. Nunez

(708)201-3200 OR VNUNEZ@VODOLTON.ORG



**APPLICATION FOR EMPLOYMENT VILLAGE OF DOLTON
14122 CHICAGO ROAD DOLTON, IL 60419 708.849.4000**

The

Village is firmly committed to equality of employment opportunity. Conditions of employment will be provided without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital or parental status or unfavorable discharge from military service, mental or physical disability.

The Village will not deny equality of opportunity to any qualified individual who is able, with or without reasonable accommodation, to perform the essential functions of the employment position for which he or she applies.

PERSONAL INFORMATION

Position/Department applying for _____

Date _____ Email Address _____

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Preferred Phone (____) _____ Other Phone (____) _____

GENERAL EMPLOYMENT QUESTIONS

1. Are you legally entitled to work in this country? Yes No
2. Are you 18 years or older? Yes No If under 18, give birth date _____
3. Are you related to anyone employed by the Village of Dolton including an elected official? Yes No
4. Are you a veteran of the U.S. Military? Yes No
5. If hired, would you be able to perform all functions and all necessary job assignments of the particular job for which you are applying?
 Yes No If not, explain. _____

6. Have you ever been discharged or resigned not in good standing from any job? Yes No
If yes, please provide an explanation. _____

EDUCATION BACKGROUND

TYPE OF SCHOOL	NAME OF SCHOOL	YEARS COMPLETED	MAJOR AREA OF STUDY	DIPLOMA/DEGREE GED
High School/GED				
College/University				
Graduate				
Other				

List any professional and/or occupational licenses or certifications held.

TITLE	LICENSE NUMBER	EXPIRATION DATE

EMPLOYMENT HISTORY
Please start with your present or most recent job. You are also encouraged to submit a personal resume.

Position Held	Description of Duties
Supervisor's Name/Title	
Employer	
Address Phone	Reason for Leaving
Date Hired Date Separated	

Position Held	Description of Duties
Supervisor's Name/Title	
Employer	
Address Phone	Reason for Leaving
Date Hired Date Separated	

Position Held	Description of Duties
Supervisor's Name/Title	
Employer	
Address Phone	Reason for Leaving
Date Hired Date Separated	



PROFESSIONAL REFERENCES

1. Name/Title _____

2. Name/Title _____

Business Name: _____

Business Name: _____

Work Phone (____) _____

Work Phone (____) _____

Address _____

Address _____

City _____

City _____

NOTE: Additional references may be requested as part of the hiring process.

<p>HOW DID YOU HEAR ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?</p>		<p>Village Web Site</p>
		Professional Organizational Website
		Printed Publication
		Referral
		Other Source

Please Read Carefully

CERTIFICATION

I do solemnly swear (or certify) that the statements made and the information provided in conjunction with my application for employment are true, correct and complete, to the best of my knowledge. I understand that any false statement, in any detail, on the employment application or regarding any aspect of my applying for employment will be considered sufficient to disqualify me from consideration for employment, or if I am employed, dismissal, no matter when discovered.

I understand any offer of employment is contingent on my submission to a successful completion of a medical examination, including drug testing. I further understand that as a condition of my continued employment, I may, from time to time be required to submit to additional examinations or drug testing.

I understand the Village of Dolton conducts a criminal background check by fingerprinting and that (a) if I do not participate in the fingerprinting, I will not be eligible for employment; and (b) any offer of employment is subject to the results of the criminal background check.

I understand employment in certain positions is contingent upon and requires proof of a valid Class C or D State of Illinois driver's license and that continued employment is subject to maintaining the appropriate license in force. Further, certain positions require that candidates submit to a credit check in order to be considered and any subsequent offer of employment is subject to the results of the credit check.

I acknowledge this application is not intended to be a contract of employment and that employment with the Village of Dolton is on an "at will" basis, unless specified to the contrary as part of a collective bargaining agreement or written employment agreement. As such, the employment relationship may be ended by either the employee or the Village of Dolton.

Applicant Signature: _____ Date _____ By

checking this box, I acknowledge that I have read, understand and agree with all of the above stated information.

RELEASE OF INFORMATION

I authorize the officers or employees of any former employer to furnish a complete history of my employment with their organization. I further authorize any law enforcement agency, administrator, state agency, educational institution or private information bureau that has any record or knowledge of my employment history, credit history, motor vehicle operation history, criminal record, education or other history or record to provide that information.

I consent to a medical examination, including drug testing and authorize the results of any testing or medical evaluation concerning my fitness for duty be provided to the Village of Dolton.

I release the Village of Dolton from any and all liability for damages which may result from conducting these investigations or obtaining any investigative or medical reports or test results. I further release any individual from any and all liability for damages that may result to me on account of my compliance with this authorization.

Applicant Signature: _____ Date _____

By checking this box, I acknowledge that I have read, understand and agree with all of the above stated information.



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AUTHORIZATION FOR RELEASE OF PERSONAL & CRIMINAL INFORMATION

FOR A PERIOD OF ONE YEAR FROM THE EXECUTION OF THIS FORM, I _____
DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE DOLTON POLICE, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY FULL CONSENT FOR FULL AND COMPLETE DISCLOSURE OF RECORDS OF EDUCATIONAL; INSTITUTIONS, INCLUDING RECORDS OF LOANS, COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS): AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED: RECORDS MAINTAINED BY THE NATIONAL PERSONAL CENTER, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, DISCIPLINE HISTORY, 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, IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST. THIS AUTHORIZATION IS MADE PURSUANT TO APPOINTMENT TO THE OFFICE OF

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH 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 VILLAGE OF DOLTON. 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 WHICH MAY BE INCURRED AS A RESULT OF COLLECTING SUCH INFORMATION.

A PHOTOCOPY OF FAX OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOGRAPHY OR A FAX DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THE "AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION & CRIMINAL INFORMATION"

WITNESS

SIGNATURE (INCLUDE MAIDEN NAME)

DATE

ADDRESS

STATE

ZIP

SEAL/NOTARY

DOB: _____

SSN: _____

DL/ID: _____

