



# Leland Police Department

Jason R Bragg, Chief Of Police

175 N. Main Street

P.O. Box 55

Leland IL. 60531-0055

Main (815) 495-9616

Fax (815) 495-9372

## Application for Employment

**INSTRUCTIONS:** The background investigation phase of the selection process is very important. It is necessary that you read, understand, and complete every section of this application completely and accurately. The investigator completing your background investigation would rather find out something about you from your application rather than from another source. All statements in your application are subject to verification. Incorrect statement(s) may bar or remove you from employment with the Village of Leland. If writing space provided is inadequate, use the continuation sheet at the end of this application, and identify additional information by the question number. Answer each question. Write "DNA" (does not apply) if the question does not apply. Please print your responses in black ink, or type. Signatures on this application require your appearance before a Notary Public. Do not sign prior to your appearance before the Notary Public. This application and copies of requested documents shall become the sole property of the Village of Leland, and will not be returned.

### POSITION APPLIED FOR:

**AUXILIARY POLICE OFFICER**

**POLICE OFFICER**

### PERSONAL INFORMATION:

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

### ALIASES/MAIDEN NAME:

<b>15. NAME (LAST):</b>		<b>FIRST:</b>	<b>MIDDLE:</b>	
<b>16. NAME (LAST):</b>		<b>FIRST:</b>	<b>MIDDLE:</b>	

### CITIZENSHIP:

<b>17. ARE YOU A U.S. CITIZEN?</b>		<b>IF YES:</b>		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NATIVE BORN	<input type="checkbox"/> NATURALIZED	

### IF "NATURALIZED" GIVE PARTICULARS:

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HOUSEHOLD INFORMATION:		
<b>18. With whom do you live at the above address? List full name, date of birth and relationship.</b>		
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 <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		
20. ARE YOU LIVING WITH YOUR SPOUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF NO, EXPLAIN:		
<b>21. GIVE THE FOLLOWING INFORMATION ABOUT MARRIAGE OR MARRIAGES</b>		
DATE: / /	WHERE:	WIFES MAIDEN NAME:
DATE: / /	WHERE:	WIFES MAIDEN NAME:
DATE: / /	WHERE:	WIFES MAIDEN NAME:
<b>22. IF YOU WERE A PARTY IN A DISSOLVED MARRIAGE, PROVIDE THE FOLLOWING INFO:</b>		
TYPE	EXPLAIN	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		
<b>23. IF DIVORCED, LIST THE NAME(S) OF PREVIOUS SPOUSE(S) AND THEIR ADDRESS</b>		
NAME (LAST):	FIRST:	MIDDLE:
ADDRESS:	CITY:	ZIP CODE:
NAME (LAST):	FIRST:	MIDDLE:
ADDRESS:	CITY:	ZIP CODE:
<b>24. ARE YOU PAYING MAINTENANCE?</b>		
YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:		

**SOCIAL STATUS (CONTINUED):****25. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED AND STEPCHILDREN**

<b>NAME (LAST):</b>	<b>FIRST:</b>	<b>MIDDLE:</b>
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<b>DATE OF BIRTH:</b> / /	<b>PLACE OF BIRTH:</b>	<b>WHERE AND WITH WHOM DOES CHILD LIVE:</b>
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<b>NAME (LAST):</b>	<b>FIRST:</b>	<b>MIDDLE:</b>
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<b>DATE OF BIRTH:</b> / /	<b>PLACE OF BIRTH:</b>	<b>WHERE AND WITH WHOM DOES CHILD LIVE:</b>
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<b>NAME (LAST):</b>	<b>FIRST:</b>	<b>MIDDLE:</b>
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<b>DATE OF BIRTH:</b> / /	<b>PLACE OF BIRTH:</b>	<b>WHERE AND WITH WHOM DOES CHILD LIVE:</b>
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<b>NAME (LAST):</b>	<b>FIRST:</b>	<b>MIDDLE:</b>
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<b>DATE OF BIRTH:</b> / /	<b>PLACE OF BIRTH:</b>	<b>WHERE AND WITH WHOM DOES CHILD LIVE:</b>
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**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**

<b>FROM MM/YY</b>	<b>TO MM/YY</b>	<b>ADDRESS OF RESIDENCE</b>	<b>CITY, STATE &amp; ZIP CODE</b>

**RESIDENCES (CONTINUED):**

**32. DO YOU OWN OR ARE YOU RENTING YOUR HOME?**      **YES**       **NO**

**33. DO YOU OWN OR ARE YOU RENTING 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  CONIDITIONS

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, EXPALIN: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 OTHER LEGAL MATTERS 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, FORCED, OR ASKED TO RESIGN FROM 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 &amp; TITLE OF SUPERVISOR:

NAME OF CO-WORKER:

EXPLAIN WHAT YOUR DUTIES WERE:

REASON FOR LEAVING:

**EMPLOYMENT HISTORY (CONTINUED):**

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

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**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	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION</b>	<b>IN WHAT CAPACITY DO YOU KNOW THIS PERSON?</b>	
2	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION</b>	<b>IN WHAT CAPACITY DO YOU KNOW THIS PERSON?</b>	
3	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION</b>	<b>IN WHAT CAPACITY DO YOU KNOW THIS PERSON?</b>	

**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	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION:</b>	<b>WORK ADDRESS/PHONE:</b>	<b>YEARS KNOWN:</b>
2	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION:</b>	<b>WORK ADDRESS/PHONE:</b>	<b>YEARS KNOWN:</b>
3	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION:</b>	<b>WORK ADDRESS/PHONE:</b>	<b>YEARS KNOWN:</b>
4	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION:</b>	<b>WORK ADDRESS/PHONE:</b>	<b>YEARS KNOWN:</b>
5	<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>
	<b>EMPLOYER/OCCUPATION:</b>	<b>WORK ADDRESS/PHONE:</b>	<b>YEARS KNOWN:</b>



**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, background investigation and oral interview, the evaluation process for a position with the Leland Police Department may include a thorough medical evaluation including testing for drugs/narcotics, communicable diseases, alcohol abuse, a psychological evaluation, and a physical fitness exam as prescribed by the Illinois Law Enforcement Training and Standard's Board.

The following must be included with your completed application:

- One (1) copy of your driver's license
- One (1) certified copy of your birth certificate
- One (1) certified copy of your marriage license, if applicable
- One (1) copy of your divorce decree, if applicable
- One (1) copy of your F.O.I.D. Card
- One (1) copy of your High School/G.E.D. Diploma
- One (1) copy of your military discharge form DD214, if applicable
- One (1) copy of any civil litigation you have been involved in
- Copies of any training certificates or professional licenses
- Completed "Continuation Sheet", if necessary
- Completed "Criminal History Release Authorization" form
- Completed "Authorization to Release Information" form

Failure to submit all requested documents and information may bar or remove your application from consideration.

Mail completed application packets to:

Leland Police Department  
ATTN: Personnel and Recruitment  
175 N. Main St.  
P.O. Box 55  
Leland, IL 60531-0055





# Leland Police Department

## Criminal History Release Authorization

I \_\_\_\_\_ hereby authorize the Leland Police Department to obtain any  
(Full Name)  
documentation necessary, which is pertinent to my criminal history. I further authorize the Leland 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 Leland, the Leland Police Department, all Officers, Agents and personnel employed by the Village of Leland, and any and all persons and agencies associated with or requested by the Leland Police Department to assist in obtaining information concerning my 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 Leland Police Department.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

WITNESSED THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
SEAL



# **Leland Police Department**

## **Authorization to Release Information**

**To whom it may concern:**

**I hereby authorize and request that you furnish the Leland Police Department with any and all information you may have, concerning me, my work record, or my general reputation.**

**Information may include, but is not limited to, my employment, including any and all information**

**contained in my personnel file, training file, disciplinary file, educational, military, criminal, and driving histories, as well as any and all records pertaining to the Illinois Law Enforcement Training**

**and Standards Board (ILETSB).**

**This authorization is specifically intended to include any and all information of a confidential and or privileged nature, as well as photocopies of any documents if requested. The information will be used for the purpose of determining my eligibility for employment with the Village of Leland. This authorization release will expire 1 (one) year from the date of signature. A photocopy of this authorization will be considered as effective and valid as the original.**

**I hereby release any contacts of such information from any liability and damage of whatsoever nature which may or could result from the furnishing of information, or from any subsequent use of such information, when determining my qualifications to serve as an employee with the Village of Leland.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

**WITNESSED THIS** \_\_\_\_ **DAY OF** \_\_\_\_\_ **20**\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC SIGNATURE**

\_\_\_\_\_  
**SEAL**