

# CITY OF OREGON, ILLINOIS

## Application for Employment - Lateral Transfer Police Officer

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly **Application No.** \_\_\_\_\_ it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" (does not apply) if the question does not apply.

1. Name:			2. List any other names, aliases you have used, or been known by (include maiden name if applicable).	
Last:	First:	Middle:		
3. Home address (No. Street, City, State, Zip & County):			4. Cell Ph: (____) ____-____	5. Social Security No.:  ____-____-____

6. With whom do you live at the above address? List Full Names & Relationship:

7. Email:	8. Are you a U.S. Citizen? Yes    No    (If "YES": Native Born    Naturalized    )
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9. List every member of your immediate family who are still living (include father, mother, sisters, and brothers).

Name	Relationship	Address	Occupation

10. You will be required to submit verification of the legal right to work in the U.S. within (3) business days beginning with your first day of work. In accordance with the immigration reform and control act of 1986. We are legally prohibited from employing anyone who cannot provide such verification.

**EDUCATION**

11. List the various schools you have attended & other information requested.

Name & Address of School (Include City, State, & Zip Code)	No. Of Years Completed	Date(s) Attended	Graduate		Average Grade
			Yes	No	
<b>Grammar Schools:</b>					
<b>High Schools:</b>					
<b>College or University:</b>	No. Credit's Earned	Major/Minor	Full Time	Part Time	Degree(s) Attained
<b>Business College(s):</b>					
<b>Junior College(s):</b>					

12. Were you ever expelled or suspended from any school?      Yes      No

If "Yes" Explain:

13. List any other education not listed above:

14. Can you operate an automobile?      Yes      No

15. Do you possess a valid driver's license?      Yes      No      Driver's License No.:

If "Yes": Date of Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_      State of Issuance: \_\_\_\_\_

16. Has your license ever been suspended or revoked?      Yes      No      If "Yes" Explain:

17. Has your license ever been placed on probation?      Yes      No      If "Yes" Explain:

**RESIDENCES**

18. List all of your addresses, starting with your present address.

<b>From (Mo/Yr):</b>	<b>To (Mo/Yr):</b>	<b>Address of Residence</b>	<b>City, State, &amp; Zip Code</b>

19. Do you own or are you buying your home:      Yes      No  
If "Yes" Give Location:

20. Do you own or are you buying other real estate?      Yes      No  
If "Yes" Give Location:

**CRIMINAL HISTORY**

21. Have you ever been convicted of a crime?      Yes      No  
If "Yes" explain:

Date (mm/dd/yyyy):  
By Whom (Police Agency):

22. Have you ever been placed on probation?      Yes      No

Charge:

23. Have you ever been required to pay a fine in excess of \$100.00?      Yes      No  
If "Yes" Explain:

24. Have you ever been a victim of a crime?      Yes      No      Was the crime reported?      Yes      No

25. Have you ever been fingerprinted by another police agency other than for an arrest?      Yes      No

If "Yes" Explain:

**ACQUAINTANCES**

26. List three adults, not related to you & not former employers or references, who are friends, fellow students, or fellow workers.

(List only persons who you have seen frequently during the past year.)

<b>1.</b>	Name: ..... Address, City, State & Zip: ..... Occupation or Profession: ..... Business Address, City State & Zip: ..... In what capacity do you know this person? .....	Home or Cell Phone: ( ) - Business Phone: ( ) -
<b>2.</b>	Name: ..... Address, City, State & Zip: ..... Occupation or Profession: ..... Business Address, City State & Zip: ..... In what capacity do you know this person? .....	Home or Cell Phone: ( ) - Business Phone: ( ) -
<b>3.</b>	Name: ..... Address, City, State & Zip: ..... Occupation or Profession: ..... Business Address, City State & Zip: ..... In what capacity do you know this person? .....	Home or Cell Phone: ( ) - Business Phone: ( ) -

**MILITARY SERVICE**

27. Have you ever served in any Military Organization of the U.S.?      Yes      No      If "Yes" Branch? \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_      Reserve Status: \_\_\_\_\_

28. What was your Service Serial No.? \_\_\_\_\_

29. Highest Rank Held? \_\_\_\_\_

30. Rank at Discharge? \_\_\_\_\_

31. Date of Discharge? \_\_\_\_\_

32. Type of Discharge:      Honorable      Dishonorable      Other

33. Are you registered for the Selective Service?      Yes      No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

34. Are you now, or were you ever, a member of the National Guard?      Yes      No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_

List any disciplinary action taken against you during your service in the military:

Make copies of all applicable service records including any discharge papers and attach to this application.

**EMPLOYMENT HISTORY**

35. List any special skills, or special equipment you can operate that are relevant to the position you are applying for.


36. List all jobs that you have held for the last ten years, including periods of unemployment. Put your present, or most recent job first. Include military service, in proper time sequence & temporary or part-time jobs.

1.	Employer's Name:	Name & Title of Supervisor:
	Phone No.: (        )	Type of Business:
	From (Date)                      To (Date)	Monthly Salary:
	Explain what your duties were (include exact title or position):	Reason For Leaving:
2.	Employer's Name:	Name & Title of Supervisor:
	Phone No.: (        )	Type of Business:
	From (Date)                      To (Date)	Monthly Salary:
	Explain what your duties were (include exact title or position):	Reason For Leaving:
3.	Employer's Name:	Name & Title of Supervisor:
	Phone No.: (        )	Type of Business:
	From (Date)                      To (Date)	Monthly Salary:
	Explain what your duties were (include exact title or position):	Reason For Leaving:
4.	Employer's Name:	Name & Title of Supervisor:
	Phone No.: (        )	Type of Business:
	From (Date)                      To (Date)	Monthly Salary:
	Explain what your duties were (include Exact title or position):	Reason For Leaving:
5.	Employer's Name:	Name & Title of Supervisor:
	Phone No.: (        )	Type of Business:
	From (Date)                      To (Date)	Monthly Salary:
	Explain what your duties were (include Exact title or position):	Reason For Leaving:

37. Indicate by number any employer you do not wish us to contact.

38. Explain your reason for applying for this position: (Please use continuation sheets if needed.)

**REFERENCES**

39. Fill in below the names of five adults not related to you & not former employers, who have known you for a period, preferably more than five years. All persons to whom you refer may be asked to appraise your character, ability, personality, and other qualities.

1	Name	Address	Cell Phone	
	Business Address	Occupation	Business Phone	Years Known
2	Name	Address	Cell Phone	
	Business Address	Occupation	Business Phone	Years Known
3	Name	Address	Cell Phone	
	Business Address	Occupation	Business Phone	Years Known
4	Name	Address	Cell Phone	
	Business Address	Occupation	Business Phone	Years Known
5	Name	Address	Cell Phone	
	Business Address	Occupation	Business Phone	Years Known

40. Person(s) to be notified in case of an emergency

Name	Address	Cell Phone	Relationship
Name	Address	Cell Phone	Relationship

41. Do you know of any reason that you could not pass a background check?    Yes    No

42. Have you ever been fired or asked to resign from a job?    Yes    No

43. Have you ever received disciplinary action from an employer?    Yes    No

\*\* If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

**CONTINUATION SHEET**

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

<b>Question No.:</b>	<b>Continuation of Answer:</b>

I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all my answers are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF OREGON

## BACKGROUND INVESTIGATION AUTHORIZATION

I authorize and empower the City of Oregon, the Oregon Police Department and any consumer reporting agency, or other outside service company engaged by the City of Oregon for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence of personal interviews with neighbors, friends or associate or others with whom I am acquainted or who may have knowledge concerning any of the above items.

By my signature below, I hereby, authorize the Oregon Police Department to conduct a background investigation (including school, employer, credit, criminal, traffic, and other records) pursuant to my recent application for a position with the Oregon Police Department.

Upon written request I understand that the Oregon Police Department will provide me with information regarding the scope of the investigation if one is made.

\*Note: A copy, or facsimile of this form shall be treated as the original.

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(Signature)

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(Date)



# City of Oregon

## AUTHORIZATION FOR

## PERSONNEL FILE RELEASE

By my signature below, I \_\_\_\_\_, hereby authorize the Oregon Police Department full and complete access to my employment personnel file (s) for any and all-past employers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

# Oregon Police Department



115 N. 3<sup>rd</sup> Street ♦ Oregon, IL 61061-1410

Phone: (815) 732-2803 ♦ Fax: (815) 732-7303

Website: [www.oregonpd.org](http://www.oregonpd.org) Email: [oregonpd@comcast.net](mailto:oregonpd@comcast.net)

## WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Oregon Police Department and the City of Oregon, Illinois, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions: Full Name (typed or printed)

1. The term “background investigation” as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency’s officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman –penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must, of necessity remain confidential.

### DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_