

**City of Oregon
115 North 3rd Street
Oregon, IL 61061**

<u>Part-time Police Officer</u>

Application for Employment

INSTRUCTIONS: PLEASE FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION. INCORRECT OR FALSE INFORMATION MAY BAR OR REMOVE YOU FROM CONSIDERATION, OR MAY RESULT IN TERMINATION OF EMPLOYMENT. IF THE SPACE PROVIDED IS INSUFFICIENT, USE CONTINUATION SHEETS AT THE END OF THIS APPLICATION; IDENTIFY ADDITIONAL INFORMATION BY QUESTION NUMBER.

1. Name (Last)		(First)		(Middle)	
2. Home Address			City	State	Zip
3. Home Phone			4. Cell Phone		
5. Are you over the Age of 21	6. Sex	7. Height	8. Weight	9. Color Eyes	10. Hair
Yes No	M F	FT. IN.			
11. Social Security #					
12. Are you a U.S. Citizen		13.			
Yes No	Native Born		Naturalized		
14 Driver's License Number		State	Class	Expiration Date	
15. High School Attended			Location	Graduated?	Yes No
16. Colleges and Universities Attended		Location	Description of Courses, Major Subjects	Number of Credit Hours	Degree Received
17. Military Service					
Branch _____ Date of Entry _____ Date of Discharge _____					
PLEASE ATTACH A COPY OF YOUR DD214					
18. Are you certified as a police officer by the Illinois Law Enforcement Training Standards Board? YES NO					
PLEASE ATTACH A COPY OF YOUR ILETSB CERTIFICATION					
Questions Answered "Yes" Require an Explanation in the remarks Section Below.					
If Needed, Use A Separate Sheet To Fully Explain Your Answer(s).					
a. Have you ever applied with or worked for the City of Oregon?.....				Yes	No
b. Have you ever used any other name?				Yes	No
c. Have you ever pled "Guilty", "Stipulated to the Facts", or been "Convicted" of any Criminal Offense, other than minor traffic violation?.....				Yes	No
d. Do you have any relatives employed by the City of Oregon?				Yes	No
g. Have you ever been terminated, forced to resign, or resigned in lieu of being fired From Any Employment Position?.....				Yes	No
h. Would you object if we contacted your present or past employer(s) for work reference?				Yes	No
REMARKS: _____					

Pursuant to the Immigration Reform and Control Act (IRCA) of 1986, all applicants will be required to show proof of legal residence entitling them to work in the United States, prior to becoming an employee of the City of Oregon.					

(DO NOT ATTACH A RESUME IN LIEU OF PROVIDING THIS INFORMATION) USE EXTRA SHEET(S) IF NECESSARY

EXPERIENCE: BEGIN WITH YOUR MOST RECENT EXPERIENCE. LIST ALL POSITIONS HELD FOR THE LAST 10 YEARS. INCLUDE PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. YOU MUST PROVIDE ALL INFORMATION REQUESTED ABOUT YOUR QUALIFICATIONS AND WORK RECORD.			
Mo/Yr TO Mo/Yr	NAME OF BUSINESS or AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	TELEPHONE NUMBER
HOURS PER WEEK	ADDRESS OF BUSINESS OR AGENCY / DEPARTMENT	CITY, State, ZIP	SUPERVISOR.
	DUTIES: _____		
	REASON FOR LEAVING _____		
Mo/Yr TO Mo/Yr	NAME OF BUSINESS or AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	TELEPHONE NUMBER
HOURS PER WEEK	ADDRESS OF BUSINESS OR AGENCY / DEPARTMENT	CITY, STATE, ZIP	SUPERVISOR
	DUTIES: _____		
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HOURS PER WEEK			SUPERVISOR.
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CERTIFICATION OF APPLICANT:

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS ARE TRUE AND CORRECT.

I AGREE AND UNDERSTAND THAT THE MIS-STATEMENT OR OMISSION OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION, OR DISMISSAL FROM EMPLOYMENT, FROM THE City of Oregon.

I UNDERSTAND THAT THE City of Oregon AND/OR ITS DESIGNEES MAY INVESTIGATE MY DRIVING RECORD AND MY CRIMINAL RECORD, AND THAT AN INVESTIGATIVE REPORT MAY BE PREPARED.

I FURTHER UNDERSTAND THAT THE City of Oregon OR ITS DESIGNEES MAY CONTACT MY PREVIOUS EMPLOYERS. I AUTHORIZE THOSE EMPLOYERS TO DISCLOSE TO THE City of Oregon ALL RECORDS AND INFORMATION PERTINENT TO MY EMPLOYMENT WITH THEM.

IN ADDITION TO AUTHORIZING THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE AGAINST MY FORMER EMPLOYERS, THEIR AGENTS, EMPLOYEES OR REPRESENTATIVES, AS WELL AS ANY OTHER INDIVIDUALS WHO RELEASE INFORMATION TO THE City of Oregon, WHETHER FAVORABLE OR UNFAVORABLE ABOUT ME, AND I RELEASE THEM FROM ANY LIABILITY, CLAIMS, OR DAMAGES.

SIGNATURE OF APPLICANT

DATE