



YORKVILLE POLICE DEPARTMENT

Employment Application for Cadet

APPLICANT CHECKLIST

All applicable items on this checklist must be submitted or your application will be considered incomplete and will not be processed.

- " Completed Application
*Section 1 through Section 9 must be completed in entirety.
If information is not applicable to applicant, please mark "n/a".*
- " High School/Equivalency Transcripts

APPLICATION RULES

- t** This application must be completed in blue or black ink, and must be printed legibly or typed.
- t** Applicants must complete this application in its entirety. If any section/question does not apply to the applicant, please indicate by placing an "N/A" in the space provided for that section/question.
- t** This application must be received by the Yorkville Police Department on Friday, September 4, 2009 no later than 5:00pm. If you are mailing this application, please allow ample time for mail processing. We are not responsible for lost or stolen mail and will not accept late applications.
- t** If any items from the above listed checklist are not present at the time the application is submitted, the application will be considered incomplete and will not be processed.

EQUAL OPPORTUNITY EMPLOYER

The United City of Yorkville is an equal opportunity employer and will not discriminate in any phase of employment. This application is not an offer of employment and/or contract.



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Section 1: Applicant Information

1-A Name of Applicant: Last: _____ First: _____ MI: _____

1-B Contact Numbers: Home: _____ Cell: _____

1-C Identifiers: Date of Birth: _____ SSN: _____

Driver's License Number: _____ State: _____

1-D Citizenship Are you legally authorized to work in the United States? " Yes " No

Proof of legal status to work in the United States will be required after hiring.

1-E Please list address(es) for the past twenty years in chronological order beginning with current address:

Current Address: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #1: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #2: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #3: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #4: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #5: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #6: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____

Former Address #7: _____

City: _____ State: _____ Zip: _____

Dates of Residency: From: _____ To: _____



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Section 2: Applicant Family Information

If more room is needed, please copy page and submit with application.

2-A Parent/Guardian: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____

2-B Parent/Guardian: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____

2-C Sibling: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____

2-C Sibling: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____



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Section 3: References or Social Acquaintances

List three (3) references and/or social acquaintances who are not relatives, former employers, former employees or school teachers, who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men/women, who have known you well during the past five (5) years.

3-A Name of Reference: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
List how long this reference has known you: _____

3-B Name of Reference: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
List how long this reference has known you: _____

3-C Name of Reference: Last: _____ First: _____ MI: _____
Contact Numbers: Home: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
List how long this reference has known you: _____



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Section 4: Employment History

List the number of years of previous employment (other than what is listed in the law enforcement experience section) with various positions held and the amount of time spent in each position. Begin with most recent position held. If more space is needed, copy page and attach to application.

4-A Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____

4-B Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____

4-C Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____

4-D Business Name: _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Business Phone: _____
Position Held: _____ Dates Position Held: From: _____ To: _____
Type of Job Duties Assigned: _____
Reason for Leaving: _____



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Section 5: Education

If more room is needed, please copy page and submit with application.

5-A High School: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____ GPA: _____

5-B High School: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____
Diploma/Degree Received: _____ GPA: _____

5-C High School Equivalency
Facility where obtained: _____
Facility Address: _____ City: _____ State: _____
Phone Number: _____ Date GED Obtained: _____

5-D College: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____ GPA: _____
Diploma/Degree Received: _____ Major: _____

5-E College: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____ GPA: _____
Diploma/Degree Received: _____ Major: _____

5-F College: Name: _____
Address: _____ City: _____ State: _____
Dates Attended: From: _____ To: _____ GPA: _____
Diploma/Degree Received: _____ Major: _____



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Section 6: Court Record

List all previous court records including, but not limited to traffic citations and criminal charges. If more room is needed, please copy page and submit with application.

6-A Charge #1 Date: _____ Charge: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-B Charge #2 Date: _____ Charge: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-C Charge #3 Date: _____ Charge: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-D Charge #4 Date: _____ Charge: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-E Charge #5 Date: _____ Charge: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____

6-F Charge #6 Date: _____ Charge: _____
City: _____ County: _____ State: _____
Disposition: _____
Details: _____



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Section 7: Military Service

7-A Branch of Service: _____ Serial Number: _____
Date of Enlistment: _____ Place of Enlistment: _____
Discharge Date: _____ Place of Discharge: _____

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the United City of Yorkville, but it will not constitute an absolute bar to employment.

7-B Branch of Service: _____ Serial Number: _____
Date of Enlistment: _____ Place of Enlistment: _____
Discharge Date: _____ Place of Discharge: _____

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the United City of Yorkville, but it will not constitute an absolute bar to employment.

7-C Branch of Service: _____ Serial Number: _____
Date of Enlistment: _____ Place of Enlistment: _____
Discharge Date: _____ Place of Discharge: _____

Were you dishonorably discharged from the military? " Yes " No

Note that a dishonorable discharge from the military service will be considered by the United City of Yorkville, but it will not constitute an absolute bar to employment.



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Section 8: Authorization for Release of Information

Carefully read this authorization to release information about you then sign and date in ink.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville authorized above regardless of any previous agreement to the contrary.

I WAIVE any right that I may have pursuant to the Illinois Personnel Record Review Act, 820 ILCS 40/1 *et seq.*, to written notice from former or current employers before they release disciplinary information to investigators or other duly accredited representatives of the United City of Yorkville.

Full Name		Social Security Number	
Other Names Used		Home Telephone Number () -	
Street Address	City	State	Zip Code
Signature (<i>Sign In Ink</i>)		Date Signed	



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Section 9: Certification

Carefully read this certification statement, then print name, sign and date in ink.

I certify that all information and answers provided by this applicant on this application and during the interview process are true and accurate, along with the acknowledgement by the applicant that denial of employment or, if hired, termination of employment, may occur in the event of falsification of such information.

Signature of Person Submitting Application

Printed Name of Person Submitting Application

Date of Signature