



Donnellson Police Department

P.O. Box 73, Donnellson IL. 62019

Office: (217) 537-3114

Email: donnellsonilpd@gmail.com

APPLICATION FOR POLICE OFFICER EMPLOYMENT

INSTRUCTIONS: Please fill out the application completely even if you attach a resume. Qualified applicants will receive equal consideration. No question in this application is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. The Village of Donnellson is an equal opportunity employer.

PERSONAL INFORMATION

LEAGL NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS	REFERRED BY	
DESIRED POSITION	DATE YOU CAN START	ARE YOU CURRENTLY EMPLOYED?	

HAVE YOU EVER APPLIED TO
THE VILLAGE BEFORE?

IF YES, WHEN?

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG & ALCOHOL SCREENING EXAM AS CONDITION OF EMPLOYMENT?

ARE YOU AT LEAST 21 YEARS OLD?

VALID ILLINOIS DRIVER'S LICENSE #

IF HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES.

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT?

IF YES, PLEASE EXPLAIN?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?
(A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT)

IF YES, PROVIDE DETAILS:

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES, DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

EMPLOYMENT RECORD: DO NOT indicate “see resume”.

Give a complete account of your employment. Begin on the first line with your present or most recent position and work back.

MONTH/YEAR STARTED	NAME, ADDRESS, PHONE OF EMPLOYER	POSITION DUTIES	REASON FOR LEAVING
MONTH/YEAR ENDED	WHAT DID YOU LIKE ABOUT THIS JOB?	WHAT DID YOU DISLIKE ABOUT THIS JOB?	SUPERVISOR NAME & TITLE
MONTH/YEAR STARTED	NAME, ADDRESS, PHONE OF EMPLOYER	POSITION DUTIES	REASON FOR LEAVING
MONTH/YEAR ENDED	WHAT DID YOU LIKE ABOUT THIS JOB?	WHAT DID YOU DISLIKE ABOUT THIS JOB?	SUPERVISOR NAME & TITLE
MONTH/YEAR STARTED	NAME, ADDRESS, PHONE OF EMPLOYER	POSITION DUTIES	REASON FOR LEAVING
MONTH/YEAR ENDED	WHAT DID YOU LIKE ABOUT THIS JOB?	WHAT DID YOU DISLIKE ABOUT THIS JOB?	SUPERVISOR NAME & TITLE
MONTH/YEAR STARTED	NAME, ADDRESS, PHONE OF EMPLOYER	POSITION DUTIES	REASON FOR LEAVING
MONTH/YEAR ENDED	WHAT DID YOU LIKE ABOUT THIS JOB?	WHAT DID YOU DISLIKE ABOUT THIS JOB?	SUPERVISOR NAME & TITLE

WORK REFERENCES: Please provide a minimum of three.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

PERSONAL REFERENCES: Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	RELATIONSHIP TO YOU	TELEPHONE NUMBER

CERTIFICATE OF APPLICANT (Please read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents, or information to the Village or its representative concerning my prior educational and work histories, criminal and driving reports, or other information I have provided hereon. I waive, release, indemnify and hold harmless the Village of Donnellson or its employees and representatives and all other persons or entities from all liability and claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will any time by either myself or the Village.

DATE: _____

SIGNATURE OF APPLICANT: _____