

## **GILBERTS IL POLICE Department**

## **Application for Employment**

86 Railroad St. Gilberts, II. 60136

Tel: 847-428-2861 Fax: 847-428-4232

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### PLEASE PRINT

Last Name:	First Name:	Middle Nar	me:				
Current Address Number	Street		City	State	Zip		
Home Telephone	Mobile Phone	Email Address					
Position Applied For: (circle all that apply)					Date of Application		
Full Time Officer Part Time Officer							
How did you hear about the Gilberts Police Department?							
Are you an Illinois certified La	w Enforcement Officer?		Yes	S	No		
Are you currently employed as a Law Enforcement Officer?				s	No		
Have you filed an application with us before? If Yes, give date:			Ye	s	No		
Have you been employed with us before? If YES, give date:			Ye	s	No		
Are you currently employed outside of a Law Enforcement Agency?			Yes		No		
May we contact your present employer?			Yes		No		
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment)			Yes	s	No		
On what date would you be available to start working?							
Can you travel for training if the job requires it?				s	No		
Have you been convicted of a misdemeanor or felony within the last 7 years?  (Conviction will not necessarily disqualify an applicant from employment)				s	No		
If yes please explain:							
Previous Address Number	Street		City	State	Zip		

EDUCATION							
	Name of School	Course of S	Study	Years Con	pleted	Diploma Degree	
High School							
Undergraduate College							
Graduate Professional							
Other (specify)							
In	dicate any foreign langu	ages you can	speak, read	and/or wri	te		
	FLUENT		GOOD	GOOD		FAIR	
SPEAK							
READ							
WRITE							
Describe	any specialized training, ap	prenticeship, s	kills and extra	a-curricular	activities.		
Describe any job-related training received in the United States military.							
Other Qualifications: Summ	narize special job-related sk	ills and qualifica	ations acquire	ed from emp	oloyment c	or other experience.	

<b>Employment Ex</b>
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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

	1	Dates Employed		W 1 D C 1	
	1	From	То	Work Performed	
Employer					
Address					
Telephone Number(s)					
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Job Title	Supervisor				
Reason for Leaving					
		Dates Er	nnloved		
4	2	From	То	Work Performed	
Employer					
A 44					
Address					
Telephone Number(s)					
Job Title	Supervisor				
Reason for Leaving		_			
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	3	Dates Er	То	Work Performed	
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Employer Address	Supervisor	From			
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Employer  Address  Telephone Number(s)					
Employer  Address  Telephone Number(s)  Job Title  Reason for Leaving		Dates Er	mployed	Work Performed	
Employer  Address  Telephone Number(s)  Job Title  Reason for Leaving	Supervisor			Work Performed	
Employer  Address  Telephone Number(s)  Job Title  Reason for Leaving	Supervisor	Dates Er	mployed	Work Performed	
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Employer  Address  Telephone Number(s)  Job Title  Reason for Leaving  Employer  Address  Telephone Number(s)	Supervisor 4	Dates Er	mployed	Work Performed	

# Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

#### References

erei	tences					
1	Name:	Phone:				
1	Address:					
2	Name:	Phone:				
2	Address:					
3	Name:	Phone:				
	Address:					
Ap	Applicant's Statement					
I certify that answers given herein are true and complete to the best of my knowledge.						
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.						
This application for employment shall be considered active for a period of time as prescribed by law.  Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.						
W	ereby understand and acknowledge that, unless otherwise defined by applicate the this organization is of an "at will" nature, which means the Employee may may discharge Employee at any time with or without cause. It is further under relationship may not be changed by any written document or by conduct a cknowledged in writing by an authorized executive of the	resign at any time and the Employer erstood that this "at will" employment unless such change is specifically				
In	In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.					
Sig	nature of Applicant	Date				