



ST. ANNE POLICE DEPT.

122 S. Chicago Avenue
P. O. Box 318
St. Anne, Illinois 60964
TEL: 815-427-8126
FAX: 815-427-8135

Police Officer Application Packet

Dear Applicant:

Thank you for your interest in the position of St. Anne Police Officer. The St. Anne Police Department is seeking qualified candidates who possess strong moral and ethical qualities both in their personal and professional lives. Successful candidates shall have a strong desire to serve the public with honor, pride and distinction.

The Applicant must:

1. Be a United States citizen
2. Be at least 21 years of age (at time of appointment)
3. Possess a valid motor vehicle driver's license
4. Possess a valid FOID card
5. No Felony convictions
6. Must pass background check
7. Possess strong moral and ethical standards; personally, and professionally
8. Be a certified Police Officer (full or part-time)

The St. Anne Police Department and its agents require that applicants provide proof of identification throughout the testing process. Applicants are required to submit a color portrait with an imprint of the right thumb on the "APPLICANT PHOTOGRAPH" form.

READ CAREFULLY!

1. Examine the "Application Kit" to ensure that it contains the following documents. In the event the "kit" is missing any material contact the St. Anne Police Department to obtain the missing form(s).

- A. Application for Employment
- B. Applicant Photograph
- C. Release of Information
- D. Authorization to Obtain Information
- E. Request Pertaining to Military Records
- F. Authorization for Release of Information and Records

2. In addition to the forms listed above, the documents listed below must be returned with the application packet:

- A. Photocopy of Driver's License
- B. Photocopy of Birth Certificate
- C. Photocopy of High School Diploma (or GED Certificate)
- D. Photocopy of College Transcripts
- E. Military Discharge or Military Form DD214 (if applicable)
- F. Photocopy of Certificate showing successful completion of Basic Police Academy

If additional space is needed to complete any portion of the application packet attach a sheet of paper to the application form and identify the additional information by the application question letter.

BE CERTAIN THAT THE APPLICATION PACKET IS COMPLETED IN ITS ENTIRETY!
Utilize the application instructions above to ensure that all required documents are included in the returned packet. If a question does not pertain to you, insert "N/A" for "Not Applicable". Double check to ensure that you have included ALL of the documents required and that ALL questions have been answered.

The candidate should return the required forms to:

St. Anne Police Department
Raymond T. Navratil Chief of Police
122 S. Chicago Ave.
P.O. Box 318
St. Anne, IL 60964

Questions related to qualifications, form completion, or the testing process should be reduced to writing and forwarded to the address above.

Thank you for your interest in employment with the St. Anne Police Department.

Very truly yours,

Raymond T. Navratil, Chief of Police
St. Anne Police Department
St. Anne, IL 60964

St. Anne Police Department

Application for Employment

General Instructions:

1. Type or Print legibly in black ink.
2. All questions must be answered completely. Print N/A in the blank for any question which does not apply to you.
3. If space available is insufficient, attach a separate sheet of 8 1/2" x 11" paper for each topic. Label each page with the heading.
4. Where addresses are requested, be sure to provide the complete address (street, city, state, and zip code).
5. Whenever a question asks for names include full name.

DO NOT MISSTATE OR OMIT facts since the statements made herein are subject to verification. False statements, deception, or fraud will result in disqualification for employment.

Position applied for _____ Today's Date / / _____

Last Name		First Name		Middle	
Date of Birth / /		Social Security Number - -		Other names known by (Maiden Name)	
Age	Sex	Height	Weight	Hair Color	Eye Color
Address		City		State	Zip
Phone Numbers Day ()		Night ()		Cell ()	
Are You a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Naturalized, Certificate Number		Where were you born?	
Whom do you reside with?					
Marital Status		Name of Spouse		List any former spouse(s)	
Do you have any commitments or obligations that may prevent you from meeting attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
Do you use or have you used any narcotics or barbiturates in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details:					
Do you currently possess a valid Illinois Firearm Owner's Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes #		Expiration Date / /			
Is there any reason you would not be able to acquire an Illinois Firearm Owner's Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					

Family History

List all children related to you, natural, stepchildren, adopted, foster children or other dependents.

Full Name	Address	Relation	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

List other relatives:

Full Name	Address	Relation	Date of Birth
Father		Father	/ /
Mother			/ /
Brothers/Sisters			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
Other Legal Guardians			/ /
			/ /
			/ /

Driving History

Driver's License Number	State	Expiration Date / /
Have you ever had an operator license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Have you ever been refused an operator license by any state in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Has your license been suspended or revoked in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Has your license been placed on probation in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		

Criminal History

You are not obligated to, and should not, respond with any convictions that have been erased by pardon or expungement or that have been sealed.

Have you ever been convicted of a crime? Yes No If yes, provide complete information below.

Date of Arrest	Police Agency (include state if other than Illinois)	Charge (s)	Disposition of Case
/ /			
/ /			
/ /			
/ /			

Military Service

Have you ever served in any military organization in the United States? Yes No

Branch	Service Serial Number	Highest Rank Held	Rank at Discharge
Date & Location of entrance to active duty / / ,		Date(s) of active service (from - to) / / - / /	
Date & Location of discharge / / ,		Type of discharge	

Are you now or were you ever a member of any branch of the United States Reserve Forces? Yes No

<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Branch	Unit	Rank
Address		From / /	To / /

Are you now or were you ever a member of any branch of the National Guard? Yes No

State	Regiment	Unit	Rank
Type of Discharge		From / /	To / /

Residences

List your addresses in chronological order for the last ten years, starting with your present address.

CURRENT ADDRESS

1.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

PREVIOUS ADDRESS

2.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

3.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

4.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

5.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

6.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

7.	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates Resided		Landlord Name
		From /	To /	
		Street Address		
City		State	Zip	Landlord Phone Number
				Home () Cell ()

Education

Elementary School Name			
Street Address		City	State Zip
Dates Attended From / To /		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
High School Name			
Street Address		City	State Zip
Dates Attended From / To /		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Junior College Name			
Street Address		City	State Zip
Dates Attended From / To /		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University Name			
Street Address		City	State Zip
Dates Attended From / To /		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University Name			
Street Address		City	State Zip
Dates Attended From / To /		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Other School (Specify)			
Street Address		City	State Zip
Dates Attended From / To /		Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List other formal training you have had
List any Professional Licenses or Certificates you hold or have held

Employment Experience

List all previous jobs you have held, including periods of unemployment. Put your present or most recent job first. Include military service, in proper time sequence, and temporary or part-time jobs.

1.	Employer	Dates Employed		Duties / Work performed
		From	To	
Address		/	/	
Phone Number ()	Type of Business	Monthly Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Employer	Dates Employed		Duties / Work performed
		From	To	
Address		/	/	
Phone Number ()	Type of Business	Monthly Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Employer	Dates Employed		Duties / Work performed
		From	To	
Address		/	/	
Phone Number ()	Type of Business	Monthly Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Employer	Dates Employed		Duties / Work performed
		From	To	
Address		/	/	
Phone Number ()	Type of Business	Monthly Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Employer	Dates Employed		Duties / Work performed
		From	To	
Address		/	/	
Phone Number ()	Type of Business	Monthly Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References

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

1.	Name			Number of Years Known		Occupation or Profession		
	Home Address			Business Address				
	City		State	Zip	City		State	Zip
	Home Phone ()		Work Phone ()		Cell Phone ()			
2.	Name			Number of Years Known		Occupation or Profession		
	Home Address			Business Address				
	City		State	Zip	City		State	Zip
	Home Phone ()		Work Phone ()		Cell Phone ()			
3.	Name			Number of Years Known		Occupation or Profession		
	Home Address			Business Address				
	City		State	Zip	City		State	Zip
	Home Phone ()		Work Phone ()		Cell Phone ()			
4.	Name			Number of Years Known		Occupation or Profession		
	Home Address			Business Address				
	City		State	Zip	City		State	Zip
	Home Phone ()		Work Phone ()		Cell Phone ()			
5.	Name			Number of Years Known		Occupation or Profession		
	Home Address			Business Address				
	City		State	Zip	City		State	Zip
	Home Phone ()		Work Phone ()		Cell Phone ()			
6.	Name			Number of Years Known		Occupation or Profession		
	Home Address			Business Address				
	City		State	Zip	City		State	Zip
	Home Phone ()		Work Phone ()		Cell Phone ()			

Home Phone ()	Work Phone ()	Cell Phone ()
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Liquor and Narcotics

Describe your use of Alcohol		
Have you ever used marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Have you ever used any form of drugs or narcotics other than those prescribed by your Physician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Have you ever sold or furnished drugs or narcotics to anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

Applicant's Statement

I understand that a complete background will be conducted as part of my application. I also understand that a drug and alcohol test may be required as part of my employment. In consideration of my employment, I agree to conform to the Village of St. Anne's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Village of St. Anne's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Village of St. Anne. I understand that no Village of St. Anne representative, other than it's Mayor, and then only when in writing and signed by the Mayor, has any authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing.

I hereby certify that there are no misrepresentations, omissions or falsifications in this questionnaire and that all my answers are true and correct to the best of my knowledge and belief. I further understand that if I am hired I will be subject to immediate discharge if any statements on this application form or during the application process were not accurate, complete or correct, no matter when such information is discovered.

/ /

Applicant's Signature

Date



ST. ANNE POLICE DEPT.

122 S. Chicago Avenue
P. O. Box 318
St. Anne, Illinois 60964
TEL: 815-427-8128
FAX: 815-427-8135

Applicant Photograph

NAME OF APPLICANT ..

DATE OF PHOTOGRAPH ..

ATTACH PHOTO HERE

My signature verifies that the photograph that appears above is an accurate representation of me.

RIGHT THUMB PRINT OF APPLICANT

SIGNATURE OF APPLICANT



ST. ANNE POLICE DEPT.

122 S. Chicago Avenue
P. O. Box 318
St. Anne, Illinois 60964
TEL: 815-427-8126
FAX: 815-427-8135

Release of Information

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the St. Anne Police Department any and all information pertaining to my work record and/or reputation to include usage of time, discipline, efficiency marks, and other information. This shall also serve as permission for you (or your employees) to release any and all information contained in my personnel file. This information is to be used in the determination of my qualifications and fitness for the position of police officer that I am currently seeking with the St. Anne Police Department.

I hereby release the employer, its agents, and employees for any and all liability and/or damage of whatever nature resulting from the furnishing of such information described above.

APPLICANT SIGNATURE

PRINTED NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

Subscribed and sworn before me this .. , day of .. , 20 ..

NOTARY



ST. ANNE
POLICE DEPT.

122 S. Chicago Avenue
P. O. Box 318
St. Anne, Illinois 60964
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FAX: 615-427-8135

Authorization to Obtain Information

I,

(Please Print First Name, Middle Initial and Last Name)

do hereby authorize the St. Anne Police Department to investigate and obtain full information on my:

CRIMINAL

EDUCATION

CREDIT

EMPLOYMENT

MEDICAL

and

MILITARY

history and, to receive copies of all said information so recorded, for purposes of employment, promotion, and/or discipline.

APPLICANT SIGNATURE

Applicant's Date of Birth: ..

Dated this ___ day of ___, 20__

National Personnel Records Center
Military Personnel Records
9700 Page Boulevard
St. Louis, MO 63132
MILITARY RECORDS REQUEST

LAST NAME	FIRST	MIDDLE
<hr/>		
SOCIAL SECURITY NUMBER	BRANCH OF SERVICE	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<hr/>	

Dear Records Custodian:

The St. Anne Police Department is currently conducting a pre-employment background investigation of the above name individual. It is our understanding that he/she is a veteran of the United States Armed Forces. As part of our investigation, we are requesting the following copies from military records of the above-named individual.

1. Disciplinary Date
2. Form DD214

This information may be forwarded to my attention at the address listed below:

Sincerely,

Raymond T. Navratil Chief of Police
St. Anne Police Department
122 S. Chicago Ave.
P.O. Box 318
St. Anne



ST. ANNE POLICE DEPT.

122 S. Chicago Avenue
P. O. Box 318
St. Anne, Illinois 60964
TEL: 815-427-8126
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Information and Records

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the St. Anne Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the United States Veterans Administration, employment and pre-employment records, including background reports efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the St. Anne Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for furnishing this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the St. Anne Police Department from any and all liability which may be incurred or as a result arises from the collection of such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above "Authority for Release of Information and Records".

APPLICANT SIGNATURE

NAME (PRINTED)

Dated this _____ day of _____ . 20____