

GLENDALE HEIGHTS POLICE COMMISSION
300 Civic Center Plaza
Glendale Heights, IL 60139
(630) 909-5398

LATERAL APPLICATION and INSTRUCTIONS

*****IMPORTANT*****

Once you have completed your application, return it along with your checklist items. Applications can be found on www.glendaleheights.org.

NO FEE TO APPLY

Minimum preliminary requirements to apply:

- Certification from the Illinois Law Enforcement Training and Standards as a certified full-time police officer
- Previous continuous service as a police officer in the State of Illinois for a minimum of two (2) years
- In good standing in the police department in which the person currently serves or separated from in good standing with no adverse employment action
- Eligible to be granted a waiver of basic training from the Illinois Law Enforcement Training and Standards Board
- No Felony convictions, or misdemeanor convictions involving moral turpitude
- Bi-Lingual capability is desired but not required
- Starting salary: \$90,334.40
- Ceiling salary: \$117,832.00

An Equal Opportunity Employer

Lateral transfer applicants must successfully complete the following examinations to be considered for employment:

- Background Investigation
- Oral Interview
- Polygraph
- Psychological
- Medical Examination and Screening

Completed applications & checklist items can be returned in person at:
Glendale Heights Police Department 300 Civic Center Plaza
Glendale Heights, IL 60139
or via email
mike_pentecost@glendaleheights.org



To Applicant:

Please find attached the application for Lateral Police Officer.

PLEASE BE SURE TO ADD:

PD_COMM@GLENDALEHEIGHTS.ORG

TO YOUR EMAIL CONTACTS LIST AS WE WILL COMMUNICATE VIA EMAIL.
(This way our email to you will not end up in your junk/spam folder)

Personal History Questionnaire
Board of Police Commissioners
Village of Glendale Heights, Illinois

Confidential

GLENDALE HEIGHTS CHECK LIST

All releases must be signed, witnessed, and dated. Return the following releases and copies with your completed application to the Glendale Heights Police Department at 300 Civic Center Plaza, Glendale Heights, IL 60139
or via email to
mike_pentecost@glendaleheights.org

- APPLICATION/PERSONAL HISTORY QUESTIONNAIRE
- EMPLOYMENT RELEASE
- ALCOHOL, DRUG, AND SUBSTANCE ABUSE SCREENING RELEASE
- CREDIT HISTORY RELEASE
- CRIMINAL HISTORY INFORMATION RELEASE
- DRIVING RECORD RELEASE
- POLICE OFFICER EXAMINATION RELEASE
- HIGH SCHOOL/COLLEGE/UNIVERSITY DIPLOMA RELEASE
- MEDICAL RECORDS RELEASE
- PERSONAL INFORMATION RELEASE

- COPY OF DRIVER'S LICENSE
- COPY OF BIRTH CERTIFICATE
- COPY OF HIGH SCHOOL DIPLOMA/OR EQUIVALENT
- COPY OF COLLEGE/UNIVERSITY DIPLOMA
- COPY OF COLLEGE/UNIVERSITY TRANSCRIPTS (unofficial)
- COPY OF MILITARY SERVICE RECORD (if applicable)
- COPY OF MILITARY DISCHARGE (if applicable)
- COPY OF POLICE COMMISSION CARD

**Personal History Questionnaire
Glendale Heights Board of Police Commissioners**

Instructions

Write legibly in black ink or type your responses. If you find that a question or statement does not apply to you, mark DNA in the space, making sure that you leave no spaces blank. If you do not understand any questions, please contact us for clarification. If you do not fill out this questionnaire completely or if you make false statements, your application may be rejected.

***IF ADDITIONAL SPACE IS NEEDED TO COMPLETELY ANSWER ANY QUESTION, DO SO IN THE SPACE PROVIDED ON PAGE 25.**

Vital Statistics and Residence Section

What is your full legal name?

Last First Middle Maiden name (if applicable)

Position applying for: _____ POLICE OFFICER _____

Cell Phone Number _____

Contact email: _____

Date of Birth _____

List any other names or aliases you have been known by and explain the reasons for use of such name(s).

Are you a native born citizen of the United States? Yes No

Are you a naturalized citizen of the United States? Yes No

What is your current address?

Street Address unit/apt City

County _____ State _____ Zip Code _____

How long have you lived at your current address? _____

List ALL of your former addresses:

Street Address	City	State	Zip Code	Dates of Residency

Who do you currently live with? _____

Have you ever lived at an address with any non-family member? List address and person(s) you lived with:

Were you ever evicted or asked to leave from living at a residence? Explain:

List the name, address and telephone number of someone other than a relative to notify in the event of an emergency:

Full Name	Street Address	City
County	State	Zip Code
		Telephone Number

Family Information Section

If you are married, list spouse's name.

First	Middle	Last	Maiden
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Spouse's Place of Employment / Job Title: _____

Work Address: _____

Work Telephone Number: _____

Present address of spouse (if different from yours):

Street address	Unit	City, State, Zip Code	Cell phone
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List current significant other, if applicable (name, address, and phone):

Identify all of your immediate family members(s) other than spouse, including parents, children, and siblings:

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

If you have been divorced, list the name your former spouse currently uses;

Last	First	Middle
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Current address/phone number of former spouse:

Street Address _____

City _____ County _____ State _____ Zip Code _____

Home / Cell Telephone Number _____ Work Telephone Number _____

City and state where former marriage was performed _____

Date of former marriage _____

Date divorce action filed _____

Date divorced was finalized _____

County issuing divorce _____

Amount of spousal maintenance (alimony) currently ordered \$ _____

Amount of child support currently ordered \$ _____

Were you ever delinquent on child support payments? Yes No

If yes, explain: _____

Drug and Alcohol Usage

Do you use, or have you ever used:

Any illegal drug? Yes No

Any controlled substance not prescribed to you? Yes No

List date each illegal drug or controlled substance was first and last used; explain circumstances

Have you ever engaged in selling, manufacturing, purchasing, furnishing, cultivating, carrying or holding for another any illegal substances, including marijuana, or any other drugs you were not legally prescribed? Yes No

Explain:

Have you ever illegally used marijuana? Yes No

Explain below (date first and last used; number of times used): _____

Do you currently legally use marijuana? Yes No

If yes, how frequently? _____

Do you drink alcoholic beverages? Yes No

If yes, how frequently? _____

Education Section

Name, address, dates of attendance and date of graduation of high school, vocational, correspondence (GED), military school, or college / university you have attended. List all you have attended.

Name of High School/GED	
City, State	
Dates of attendance	
Date of graduation	
Extracurricular activities club, teams	
Name of College	
City, State	
Dates of attendance	
Degree earned & major	
Date of graduation	
Extracurricular activities, club, teams	

Name of College	
City, State	
Dates of attendance	
Degree earned & major	
Date of graduation	
Extracurricular activities, club, teams	
Other school	
City, State	
Dates of attendance	
Degree/title earned & major	
Date of graduation	
Extracurricular activities, club, teams	
Other school	
City, State	
Dates of attendance	
Degree/title earned & major	
Date of graduation	
Extracurricular activities, club, teams	

Have you ever been subject to any school disciplinary action, including suspension, expulsion, or academic probation?

Yes No If yes, explain in detail below.

List any special skills that you possess that would be beneficial to the position for which you applied (example: licenses, awards, certificates, special training, experience, etc.).

List any organizations that you have volunteered with, including the time period volunteered for, and phone number / contact person:

List any foreign languages you can speak, read or write:

Language(s) _____ Level of Proficiency _____

Military Service Section

Branch _____

Date of entry _____

Date of separation _____

Rank at discharge _____

Serial number _____

Total Dates of active service _____
Years Months

Did you receive an honorable discharge? Yes No

If no, explain in detail below.

Assignments (list duty assignments and any locations of deployments)

List any awards or medals you received while serving in the Armed Forces.

Are you now, or ever have been a member of the Military Reserves (Yes No) or National Guard (Yes No)?

Branch

Date of entry

Date of separation / discharge

Dates of Service

State

Regiment

Unit

Rank

Have you ever received any disciplinary action through the military? Yes No

If yes, explain in detail below.

Have you ever volunteered or been employed by a foreign government or private business, working for or within a foreign country in any capacity? Yes No

If yes, explain in detail below.

Have you ever asked for or received a deferment from military service? Yes No
If yes, provide the following information.

Date of request _____

Result of request and any details _____

Are you required to register for the Selective Service? _____

If so, list your Selective Service ID# _____

Financial Information Section

List your total amount of monthly payments including but not limited to: rent, utilities, mortgage payments, auto payments, insurance, credit cards, spousal maintenance (alimony), and child support:

\$ _____

Do you have any legal action pending against you regarding any financial matter?
Yes No If yes, explain in detail below.

Are there any unpaid judgments against you?

Yes No If yes, explain in detail below.

Have you ever filed for bankruptcy? Yes No If yes, Explain in detail below.

Date filed

Court number

Explain reason in detail

Have you ever had your wages garnished? Yes No If yes, provide the following information.

Date filed

Court number

Explain reason in detail

Have you ever been a party to any civil court action regarding creditor, debtor or other financially related matter? Yes No

Date filed

Court number

Explain reason in detail

Disposition

Have you ever been denied any kind of insurance?

Yes No If yes, explain in detail below.

Have you ever had any kind of insurance policy involuntarily canceled?

Yes No If yes, explain in detail below

Besides your present employment, list below any other sources(s) of income that you now have

If you should be employed by the Village of Glendale Heights for the position applied for, do you anticipate receiving income from any other sources?

Yes No If yes, provide the identity or name of the source.

How many people are dependent upon you for financial support? _____

List the banks / companies where you have accounts, including loans:

Name of bank: _____

Type of account (checking, savings, loan, credit card) _____

Name of bank: _____

Type of account (checking, savings, loan, credit card) _____

Name of bank: _____

Type of account (checking, savings, loan, credit card) _____

Name of bank: _____

Type of account (checking, savings, loan, credit card) _____

Name of bank: _____

Type of account (checking, savings, loan, credit card) _____

Name of bank: _____

Type of account (checking, savings, loan, credit card) _____

Do you own / lease / drive a motor vehicle?

Yes No If yes, provide the following information:

Make, year, and license plate _____

Legal owner, if not you _____

Name of your auto insurance company _____

City, State _____ Phone _____

Make, year, and license plate _____

Legal owner, if not you _____

Name of your auto insurance company _____

City, State _____ Phone _____

Employment Information Section

Have you ever been employed by the Village of Glendale Heights? Yes No

If yes, provide the following information:

Department Employed by _____ Position Held _____

Date Hired _____ Date Terminated _____

Reason for Leaving _____

If previously employed by the Village of Glendale Heights, were you using any other name or alias at the time? Yes No If yes, provide your previous name or alias.

List below ALL of the employers you have worked for on a full-time, part-time or seasonal basis. Begin with your present employer. Also fill in periods of unemployment showing dates, reasons for unemployment and the means used to financially support yourself.

Name of Employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional Comments		

Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of Duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		



Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Name of Employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		
Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Is there any employer you do NOT wish for us to contact? Yes No

Explain why

Have you ever received any disciplinary action in connection with any present or past employment (not including military service)?

Yes No If yes, explain in detail below.

Have you ever been fired, released from probation, or asked to resign from any place of employment?

Have you ever resigned from any employment position while an investigation involving you was pending? If yes, explain in detail below:

Law Enforcement Assessments

Have you ever worked for any other law enforcement agency in any capacity?

Yes No List agency: _____

Have you applied with any other police agencies? Yes No If yes, provide the following information for ALL departments you have applied to:

Department Name: _____
Month/Year Applied: _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Department Name: _____
Month/Year Applied _____
Current status _____

Have you previously submitted an application for appointment to the Glendale Heights Police Department? Yes No If yes, when? _____

If yes, were you using any other name at the time? Yes No
If so, list name: _____

Vehicle operation

Can you operate a motor vehicle? Yes No

Do you possess a valid driver's license? Yes No

If yes, provide the following information.

Driver's license number _____

Expiration date of license _____

State of issuance _____

List any code restrictions _____

Have you ever been refused an operator's or chauffeur's license by any state?

Yes No If yes, explain in detail below.

Have you ever had your license suspended or revoked?

Yes No If yes, explain in detail below.

Have you ever had a restricted driving permit or license?

Yes No If yes, explain in detail below.

List all traffic citations you have received in the past ten (10) years, (excluding parking violations), **including** those you received supervision for.

A) Date of violation (month / year): _____

Charge: _____

Police Agency involved: _____

Court disposition and penalty: _____

B) Date of violation (month / year): _____

Charge: _____

Police Agency involved: _____

Court disposition and penalty: _____

C) Date of violation (month / year): _____

Charge: _____

Police Agency involved: _____

Court disposition and penalty: _____

D) Date of violation (month / year): _____

Charge: _____

Police Agency involved: _____

Court disposition and penalty: _____

E) Date of violation (month / year): _____

Charge: _____

Police Agency involved: _____

Court disposition and penalty: _____

F) Date of violation (month / year): _____

Charge: _____

Police Agency involved: _____

Court disposition and penalty: _____

Criminal History Section

Have you ever been convicted of, detained by law enforcement for investigation, issued a promise to appear, notice to appear, arrested, indicted, or charged with any misdemeanor or felony offense in or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?

Yes No If yes, provide the following information.

Date _____

County and state _____

Police agency involved _____

Crime charged _____

Disposition of case _____

Date _____

County and state _____

Police agency involved _____

Crime charged _____

Disposition of case _____

Date _____

County and state _____

Police agency involved _____

Crime charged _____

Disposition of case, including sentence _____

Are you currently on probation or parole for any offense? Yes No

Have you ever been a party to a Protection Order (petitioner or respondent)? Yes No

If yes, please explain in detail:

Have you ever been reported as a missing person? Yes No

If yes, please explain in detail:

Have you ever been a victim of a crime? Yes No

If yes, please explain in detail:

Have you ever been a party in any court action, either criminal or civil (other than traffic) that has not been previously listed? Yes No

Explain the circumstances in detail _____

In what county and state did the court action occur?

What was the disposition of the court action?

Have you ever been fingerprinted by any police agency for something other than an arrest or police testing process?

Yes No

If yes, list Purpose, Date, and Police Agency:

List any other police contacts you have had that have not been previously mentioned above (agency, date, nature of contact).

Additional Space:

Reference Section

Provide the following information requested for three (3) **social** references (friends, neighbors, church members, club members, etc.) who can provide past and present information about you. **Do not include relatives.**

Name	
Complete address (include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
Name	
Complete address (include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
Name	
Complete address (include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	

Provide the following information requested for three (3) **character** references. These references should be people who can provide past and present information about you. **Do not include relatives or employment references.** LIST DIFFERENT REFERENCES FROM THOSE LISTED AS SOCIAL REFERENCES.

Name	
Complete address (Include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
Name	
Complete address (Include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
Name	
Complete address (Include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	

Application: Certification

I hereby certify that there are no willful misrepresentations, omissions, or false statements made by me in this Personal History Questionnaire, and all of my answers are true and correct to the best of my knowledge and belief. To the best of my knowledge and belief, this Personal History Questionnaire is entirely complete as submitted.

I understand and agree that copies of a Personal History Questionnaire background investigation or psychological screening or other employment testing results shall not be provided to a candidate or employee, nor will they be released unless required pursuant to court action.

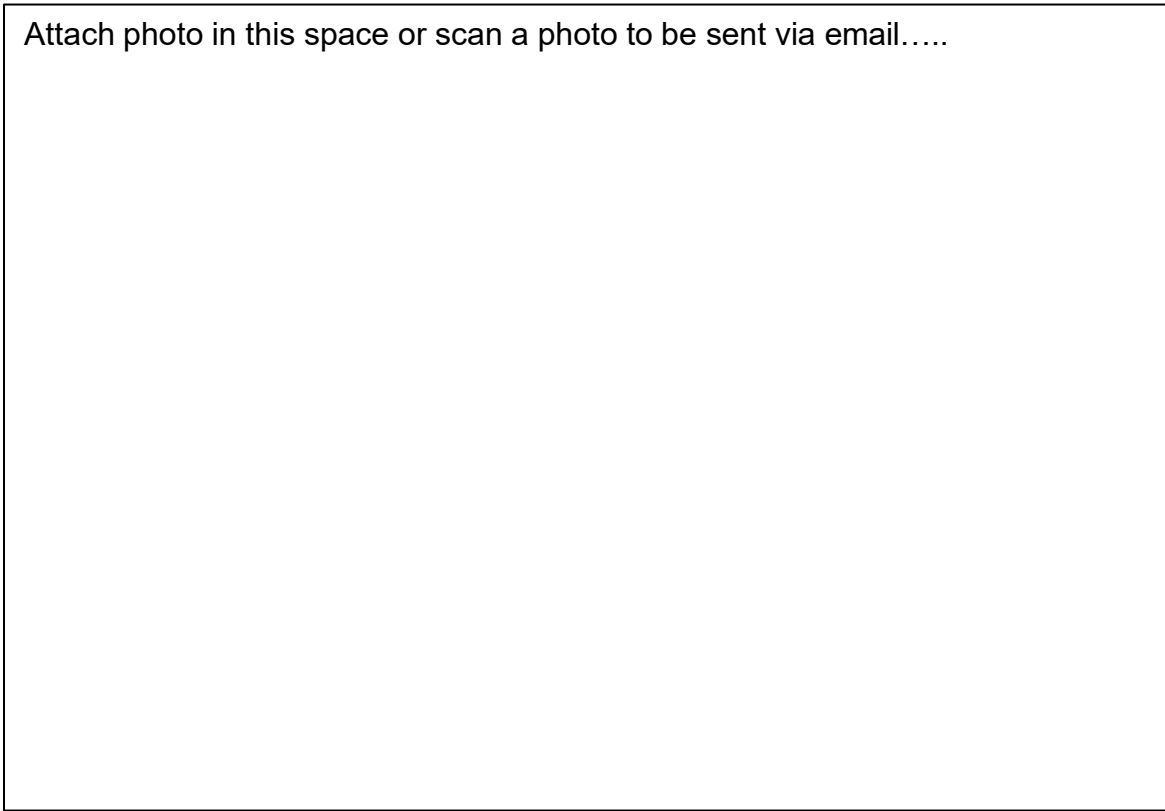
I also understand that any misrepresentations, omissions, false statements or failure to entirely complete the Personal History Questionnaire may disqualify me from further consideration for a position with the Village of Glendale Heights.

Applicant's Signature in Full

Date

Tape a recent photograph below which clearly shows your features. A bust, head view or close-up is acceptable. Write your name and address on the back of the photograph before attaching it.

Attach photo in this space or scan a photo to be sent via email.....



The following must be taken before a notary public.

_____, the undersigned, a legal resident of _____,
in the City of _____, and state of _____, to me personally
known, having been sworn before me, declares that he/she is the person, described in
the foregoing Personal History Questionnaire, and that all the statements contained in
said answers are true to the best of his/her knowledge and belief.

Sworn to and subscribed to before me this ____ day of _____, 20____

At _____ County of _____, and State of _____.

Notary Public

(Official Seal)

EMPLOYMENT: PAST AND PRESENT

CONSENT

I hereby consent to a thorough investigation of my past and present employment activities and agree to cooperate in such investigation. I hereby authorize my past and present employers to release any requested information and to comment on my work record, to include any and all disciplinary records, and personnel records.

RELEASE

I understand that by this written authorization my past and present employment records will be disclosed to third parties.

I hereby consent to the release of the results of the investigation into my past and present employment and other relevant information to authorized representatives of the Village of Glendale Heights for appropriate review which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____ Date _____
 Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the Village of Glendale Heights, or its authorized representative to collect blood, urine, or saliva samples from me and to conduct other necessary medical tests to determine the presence in my body or use by me of alcohol, drugs or controlled substances.

I understand that the presence of certain medications in my blood and/or urine may affect the test results. To aid in the analysis of the test results I would like to inform the Village of Glendale Heights and its authorized representative that I have taken the following medications in the last seven (7) days:

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of these test results.

I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to: _____ Date _____

Print Name

_____ Date _____

Applicant Signature

_____ Date _____

Witness Signature (someone you know)

CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from private credit reporting agencies as to your credit history. This investigative consumer report includes, if applicable, information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

CONSENT AND AUTHORIZATION TO INVESTIGATE CREDIT HISTORY

I hereby authorize and consent to a thorough investigation of my past and present credit history and disclosure of the results of that investigation to third parties. I understand that release of my past and present credit records by this written authorization will result in the disclosure of those records. I understand that this investigative consumer report can include, if applicable, information as to my character, general reputation, personal characteristics, and mode of living.

RELEASE

I hereby consent to the release of the results of the investigation of my credit history and other relevant information to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

Agreed to: _____ Date _____
Applicant Signature

Print name: _____ Social Security # _____
(first) (m.i.) (last)

Address: _____

City: _____ State: _____ Zip Code: _____

_____ Date _____
Witness Signature (someone you know)

POLICE AGENCY CONTACTS / CRIMINAL HISTORY INFORMATION

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from State and local law enforcement agencies for any reportable criminal history information or police contacts concerning you. This information can include a record of any convictions, which are required by statute to be collected and maintained by government agencies, or any contacts that you have had with law enforcement agencies.

RELEASE

I understand that release of the results of the investigation to determine my criminal history information, as well as any documented law enforcement contacts, will result in the disclosure of information that exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history and police contacts will be released to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and police contacts, and the disclosure of any of that information.

Agreed to: _____ Date _____
 Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)

DRIVING RECORD

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from the Secretary of State regarding your driving record. This information can include a record of your current driver's license issuance information (exclusive of information on judicial driving permits); convictions and orders entered revoking, suspending, or canceling your driver's license or privilege.

RELEASE

I understand that release of the results of the investigation of my driving record will result in disclosure of information concerning my driving record to third parties.

I hereby acknowledge the results of the investigation of my driving record will be released to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into and the disclosure of my driving record.

Agreed to: _____ Date _____
 Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)

POLICE OFFICER EXAMINATION

RELEASE

By this written authorization I understand that release of the results of my Police Officer Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Police Officer Examination for dissemination to those which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Police Officer Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability that will affect my ability to take any examination, I will so inform the Village of Glendale Heights prior to the administration of the examinations so that a reasonable accommodation can be made. The Village of Glendale Heights reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to: _____ Date _____
 Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)

HIGH SCHOOL, COLLEGE, UNIVERSITY

CONSENT

I hereby consent to an investigation to determine the authenticity of my high school (or its equivalent), college, or university diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity of my high school (or its equivalent), college, or university diploma to representatives of the Village of Glendale Heights, as well as grade point average and any disciplinary actions.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of my diploma or its equivalent and grade point average will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent and grade point average to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), college, or university diploma and grade point average(s) and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____ Date _____
 Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)

MEDICAL RECORDS

CONSENT

I hereby consent for the Village of Glendale Heights, or its authorized representative to obtain my medical records from _____
(name of your current physician)

for the period of time beginning _____ and ending _____.

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records.

I hereby consent to the release of my medical records to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

Agreed to: _____ Date _____
Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)

PERSONAL INFORMATION RELEASE

DISCLOSURE

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the Village of Glendale Heights for review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to: _____ Date _____
 Print Name

_____ Date _____
Applicant Signature

_____ Date _____
Witness Signature (someone you know)



Confidential

Authorization For Release Of Personal Information For Use By Authorized Personnel Of The Glendale Heights Police Commission and/or The Glendale Heights Police Department

I, _____, do hereby authorize a review of and full disclosure of all records concerning me to any duly authorized Police Officer of the Glendale Heights, Illinois Police Department, whether the said records are of a 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; efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law or 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 with the Village of Glendale Heights. I also certify that any persons(s) who may furnish such information concerning me shall not be held accountable for giving 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 Village of Glendale Heights and the Glendale Heights Police Commission from any and all liability which may be incurred as a result of collecting such information.

A photocopy, fax or e-mail of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

_____		_____
Candidate Signature (include maiden name)		Witness Signature
_____	_____	_____
Date Signed	Social Security Number	Witness Name (printed)
Address _____		_____
_____		Date Signed by Witness
Date of Birth _____		Email address _____

GLENDALE HEIGHTS POLICE COMMISSION

APPLICANT POLYGRAPH EXAMINATION

The following areas are subject to questions during each police candidate polygraph examination. Note: The polygraph examination is an adjunct tool for the background investigation and not a single source determinant for employment.

1. Thefts of merchandise from places of employment.
2. Thefts of money from places of employment.
3. Thefts from a store by shoplifting.
4. Illegal drug trafficking or dealing.
5. Illegal drug use.
6. Illegal use and abuse of medications and pharmaceutical products.
7. Illegal use and abuse of alcohol.
8. Falsification or minimization of any details in your written testing or requested information.
9. Participation in any type of organized crime.
10. Arrests for anything other than minor traffic violations.
11. Commission of a crime which has not been detected.
12. Concealment of anything in your background that would affect your chances for this position.
13. Involvement in a physical fight with another person.
14. Use of excessive physical force against another person.
15. Payment or receipt of any bribes.
16. Setting of any illegal bribes.

The following areas are also subject to questioning if there has been previous or current police/public safety contact:

1. Commission of any unlawful acts while in uniform or while functioning in the line of duty.
2. Commission of any thefts on duty as a police officer.
3. Violation of any departmental rules or regulations.