

EDUCATION AND TRAINING

3. List all of the schools you have attended and any other information requested

ELEMENTARY SCHOOLS

Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

MIDDLE SCHOOLS

Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

HIGH SCHOOLS

Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXTENSION OR CORRESPONDENCE COURSES

Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Start Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	End Date <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE OR UNIVERSITIES

Name & Address of College or University		Start Date	End Date	<input type="checkbox"/> Full Time	Did you graduate?	
				<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major Course of Study	Minor Course of Study	Degree(s) Attained				

Name & Address of College or University		Start Date	End Date	<input type="checkbox"/> Full Time	Did you graduate?	
				<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major Course of Study	Minor Course of Study	Degree(s) Attained				

4. Were you ever expelled or suspended from any school?	<input type="checkbox"/> Yes	If "YES" explain
	<input type="checkbox"/> No	

5. List other formal education beyond high school you may have, including special training courses.

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6. List any professional licenses or certificates you hold or have held.

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7. List any foreign language in which you are fluent.

Language	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak	Language	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

MILITARY

8. Have you ever served in any branch of the United States military?	<input type="checkbox"/> Yes	If "YES" what branch	9. What was the highest rank you held?	10. What is your serial service number?
	<input type="checkbox"/> No			

11. ACTIVE SERVICE PERIODS

Location (City, State & Zip)	Date From	Date To
Location (City, State & Zip)	Date From	Date To

12. DISCHARGE INFORMATION

Date	Location (City, State & Zip)
Date	Location (City, State & Zip)

13. What was your rank at discharge?	14. What type of discharge did you receive ?	15a. If other than "HONORABLE" explain

16. Were you ever convicted of a court-martial?	<input type="checkbox"/> Yes	If "YES" explain
	<input type="checkbox"/> No	

17. Are you or were you ever a member of the United States Military Reserve?	<input type="checkbox"/> Yes	If "Yes"	Branch	Unit	Rank	
		<input type="checkbox"/> Active				
	<input type="checkbox"/> No	<input type="checkbox"/> Inactive	Address		Date From	Date To

FI. Are you or were you ever a member of the National Guard.	If "Yes", what state?	Branch	Regiment	Unit
	Rank	Discharge Type	Service Date From	Service Date To
FJ. Did you receive any disciplinary action against you while in the National Guard or Reserve Unit?	<input type="checkbox"/> Yes	If "YES" explain		
	<input type="checkbox"/> No			

DRIVING HISTORY

GE. Can you operate an automobile?	<input type="checkbox"/> Yes	GF. Do you possess a valid Illinois drivers license?	<input type="checkbox"/> Yes	If "Yes", Date of Expiration	Driver's License Number
	<input type="checkbox"/> No		<input type="checkbox"/> No		
GG. Do you hold or have you held a drivers license in any other state?	<input type="checkbox"/> Yes	State	Driver's License Number	Date of Expiration	
	<input type="checkbox"/> No				
GH. Have you ever been refused a drivers license by any state?	<input type="checkbox"/> Yes	If "YES" explain			
	<input type="checkbox"/> No				
GI. Has your drivers license ever been suspended or revoked in any state?	<input type="checkbox"/> Yes	If "YES" explain			
	<input type="checkbox"/> No				
GJ. Has your drivers license ever been placed on probation in any state?	<input type="checkbox"/> Yes	If "YES" explain			
	<input type="checkbox"/> No				

GK. LIST ALL TRAFFIC CITATIONS THE YOU HAVE RECEIVED

City & State	Date Citation Issued	Nature of Violation	Case Disposition
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

POLICE CONTACT HISTORY

GL. Have you ever been charged or convicted of a criminal offense? (If "Yes", please explain	<input type="checkbox"/> Yes	Date of Arrest	Arresting Police Agency	Location (City, State)
	<input type="checkbox"/> No	Crime Charged	Case Disposition	

EMPLOYMENT HISTORY

28. List ALL law enforcement jobs full or part-time that you have held in your lifetime, and all other jobs that you have held in the last ten years, including periods of un-employment. Put your present or most recent job first. Include military service in proper time sequence.

1	Date From	Date To	Most recent or current employer	Telephone
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Immediate Supervisor and Title		Address	City, State & Zip Code
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Job Title		Summarize the nature of work performed and job responsibilities	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Reason for leaving				
<input style="width: 95%;" type="text"/>				
2	Date From	Date To	Second most recent employer	Telephone
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Immediate Supervisor and Title		Address	City, State & Zip Code
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Job Title		Summarize the nature of work performed and job responsibilities	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Reason for leaving				
<input style="width: 95%;" type="text"/>				
3	Date From	Date To	Next most recent employer	Telephone
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Immediate Supervisor and Title		Address	City, State & Zip Code
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Job Title		Summarize the nature of work performed and job responsibilities	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Reason for leaving				
<input style="width: 95%;" type="text"/>				
4	Date From	Date To	Next most recent employer	Telephone
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Immediate Supervisor and Title		Address	City, State & Zip Code
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Job Title		Summarize the nature of work performed and job responsibilities	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Reason for leaving				
<input style="width: 95%;" type="text"/>				

5	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving			
6	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving			
7	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving			
8	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving			
9	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Reason for leaving			

29. Are there any employer(s) that you do not want us to contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
30. Have you ever taken any pre-employment exam from any State, County or Municipal hiring board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	Exam Date	Position on List	Status
		Agency	Exam Date	Position on List	Status
31. Were you ever rejected from an eligibility list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
32. Were you ever placed on an eligibility list and not hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
33. Are you currently on any eligibility list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
34. Have you ever been a public safety employee or held a similar position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" Position	Date From	Date To	Location
35. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service, or while under investigation? (Include name(s) & addresses of employers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
36. Are you now or have you been engaged in any business as an owner, partner or corporate member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

REFERENCES

37. Fill in below the names of five adults not related to you and not former employers who have known you for a period of 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	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
2	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
3	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
4	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
5	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?

AQUAINTANCES

38. Fill in below the names of three adults not related to you and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those persons who have seen you frequently during the past year.

1	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
2	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
3	Name	Address (Include City, State and Zip Code)		Home Phone
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?

Instructions / check list

- Please return the completed application and verify that it has been filled out completely.
- Please sign and attach all waivers that have been included in the application packet.
- Please provide a copy of your credit report.
- Pursuant to the previously mentioned educational requirement for this position, please provide a copy of your high school diploma or state accepted equivalent (GED). Please feel free to attach copies of any advanced degrees that you have earned if you wish.

Written Notice

As an applicant for the position of Police Officer with the Wheeling Police Department you are being notified in writing in accordance with the Fair Credit Reporting Act (FCRA) that your credit history is a factor in being eliminated from consideration for employment. Also in accordance with the fair credit reporting act, if you are denied employment because of information contained in a consumer or investigative credit report received from a consumer credit reporting agency you will be notified by us and provided with the disqualifying information.

I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all my answers are true and correct to the best of my knowledge.

It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the Village of Wheeling if I have been employed.

I give the Village of Wheeling the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Applicant Signature	
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Date	
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Wheeling Police Officer Application

RULES AND REGULATION AGREEMENT

I, the undersigned, hereby agree to abide by all rules and regulations of the Board of Fire & Police Commission in Wheeling, Illinois during and after all examination programs. I further agree to abide by all rules and regulations of the Wheeling Police Department should I be appointed in due course of time. I understand the aforementioned rules are available for me to review at the Wheeling Police Department.

Signature _____

Date: _____

Print Name _____

TEST RESULT WAIVER

I, the undersigned, fully understand and agree that all tests and the results thereof become the property of the Board of Fire & Police Commission. I understand and acknowledge that all said testing material and the results thereof are not subject for my review.

Signature _____

Date: _____

Print Name _____

DRUG TESTING CONSENT

I, the undersigned applicant for the position of Police Officer for the Village of Wheeling, acknowledge that I have been advised that as a part of the medical examination for application to the Wheeling Police Department I may be given a test to detect the presence or absence of habit forming drugs including but not limited to marijuana, cocaine, and heroin.

I acknowledge that the results of the test will be considered by the Board of Fire & Police Commission in its evaluation for my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____

Date: _____

Print Name _____

Applicant must sign & complete form where requested and return with the application packet.

Wheeling Police Officer Application

PSYCHOLOGICAL EVALUATION CONSENT

I, the undersigned applicant for the position of Police Officer for the Village of Wheeling, understand that I must participate in a psychological evaluation as a part of my assessment for hire by the Wheeling Police Department.

I acknowledge that the results of the test will be considered by the Board of Fire & Police Commission in its evaluation for my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____

Date: _____

Print Name _____

POLYGRAPH EXAMINATION CONSENT

I, the undersigned, fully understand that part of the application process for Police Officer for the Village of Wheeling requires the taking of a polygraph examination. This examination may cover the following areas:

Theft from a previous place of employment. Buying or selling stolen property. Commission of any serious crime. Shoplifting. Work and medical history. Use of alcoholic beverages. Use or sale of illegal drugs. Driving record. Pay or receive bribes or kickbacks. Use of excessive force against another person.

I acknowledge that the results of the test will be considered by the Board of Fire & Police Commission in its evaluation of my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____

Date: _____

Print Name _____

Applicant must sign & complete form where requested and return with the application packet via email to Wheeling HR Department at hr@wheelingil.gov