Palos Hills Police Department
8555 W 103rd Street
Palos Hills, IL 60465
708-598-2992

COMMUNITY SERIVCE OFFICER (PART-TIME)

EMPLOYMENT APPLICATION

Applicant Information

Full name: _____ Date: _____
Last *First* *M.I.*

Address: _____ Phone: _____
Street address *Apt/Unit #*

_____ Email: _____
City *State* *Zip Code*

Social Security # _____ City, State you were born in? _____

Driver's License # / State _____

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

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever been employed by the City of Palos Hills? Yes ☐ No ☐ If yes, when? _____

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐ If yes, explain? _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

References

Please list three professional references.

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Please list ALL jobs held in the past 10 years including volunteer experience.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

If you have additional employment, please include on an extra page.

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Skills and Qualifications

Please list any skills, training, licenses, or certifications you have that better qualify you for this position.

_____

_____

_____

Availability

Date available to start: _____

Are you available to work dayshift (7:30AM-3:30PM)?

Yes ☐ No ☐

Are you available to work afternoon (2:30PM-1030PM)?

Yes ☐ No ☐

Are you available to work midnight shift (11:00PM-7:00AM)?

Yes ☐ No ☐

Are you available to work weekdays, weekends, and holidays?

Yes ☐ No ☐

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that submitting this application does not obligate the City of Palos Hills to interview me or hire me.

Signature: _____ Date: _____

Completed applications should be dropped off in person to the Palos Hills Police Department, 8555 W 103rd Street, Palos Hills, IL 60465 (Monday – Friday 8:00AM-5:00PM) or emailed to pryan@phpd.org.

Administrative Use:

Date Application Received: _____

_____
_____
_____

City of Palos Hills
Department of Police
8555 W 103rd Street, Palos Hills, IL 60465
(phone) 708-598-2992 / (fax) 708-598-9410

CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

Acknowledgment of Consent

I, _____, acknowledge that I am seeking employment in a safety-sensitive field and that establishing my employment eligibility requires a thorough investigation into my background and character.

Furthermore, I acknowledge and agree that as a condition of being considered for employment with the City of Palos Hills – Department of Police, or for maintaining my continued employment with the employer, it is required that I consent to a complete and thorough investigation of my background to determine whether I am a suitable candidate for the position of Community Service Officer with the requesting law enforcement agency (hereinafter "employer").

Mandatory Background Investigation:

I authorize the employer and/or their designated contractor to conduct a background investigation of me, which shall include, but shall not be limited to,

(1) a review of my complete employment history.

(2) a review of my complete criminal history.

(3) a review of driving records.

(4) a background check with the Department of Children and Family Services.

(5) interviews with my personal references.

(6) a review of all internal investigation files from any previous employers.

(7) a verification of academic credentials and licenses.

(8) a review of my military service history, if any.

(9) a review of the Illinois Law Enforcement Training Standards Board's records and officer misconduct database.

Credit Check

I hereby consent to the employer obtaining and reviewing any credit and consumer reports, as permitted under the federal Fair Credit Reporting Act and local or state credit privacy laws, if applicable. I understand that the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., authorizes me to request a copy of any consumer credit report from the consumer reporting agency that compiled the report.

Applicant's Initials _____

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Department of Police
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Consent to Release of Information

I hereby consent to the release of all employment records from my current and former employers, including, but not limited to:

(1) job applications;

(2) personnel files;

(3) internal investigations;

(4) separation agreements;

(5) pre-employment evaluations;

(6) tests;

(7) questionnaires;

(8) fitness-for-duty examinations; and

(9) any other information obtained about me by the entity to whom this Consent is presented.

(10) any and all discipline files, documents, and findings, including those withheld or restricted by any collective bargaining agreement.

Consent to Required Interviews and Evaluations

I further agree to participate in a personal interview, testing process, polygraph examination, post-offer psychological evaluation and medical evaluation, or any combination of those examinations or tests, as determined by the employer.

Confidentiality

All information obtained by the employer under this background investigation shall be confidential and safeguarded against disclosure to all unauthorized persons as required by law. However, nothing prevents the employer from using the information obtained to evaluate my suitability for employment.

I specifically consent to the disclosure of information that may be covered by a settlement agreement or other confidentiality provision entered with my former employers, and I waive any rights to enforce any prior confidentiality agreement against my former employer about this disclosure.

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Waiver of Privacy

I waive any right or claim to privacy in such information and consent to the disclosure of information that may be exempt from disclosure by law. I waive any right I may have to be notified by any individuals and organizations named in my application for employment before the release of any information to the employer, including the release of information concerning any disciplinary action taken against me by former employers.

Indemnification

In exchange for this release of all of my personnel information, I, agree to release, discharge, and hold harmless any person, firm, or entity and their employees and agents that disclose information in response to receipt of this consent, from any liability for all claims, liabilities, causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of any personal information as described above. I further release and hold harmless the employer and the employer's respective personnel, employees, and agents from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at the employer or the decision to hire me, not to hire me, or retain me in my position.

Signature

I agree to sign this document and certify that I have read, understand, and agree to the terms and conditions set forth in this document and that this is a complete waiver under Section 10 of Employment Record Disclosure Act.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Date of Birth:_____

Telephone:_____ Cell phone:_____

Signature of Applicant:_____ Date:_____

Applicant's Initials _____