SUPPLEMENTAL APPLICATION

Complete and return the following pages with the required forms and documents.

Name: _____
Last First Middle

Address_____
Number & Street City State Zip

Home Phone Number (____) _____ Cell Phone Number ( ) _____

Email address:_____

Are you a U.S. Citizen? YES☐ NO☐

Do you have a valid driver's license? YES☐ NO☐

Do you meet the minimum requirements for this position? YES☐ NO☐

Are you certified as a Law Enforcement Officer by the Illinois Law Enforcement Training & Standards Board?

If YES, provide date of certification: _____ YES☐ NO☐

Are you a Certified Law Enforcement Officer in good standing outside of Illinois? YES☐ NO☐

If yes, provide State and Date of Certification: _____

Do you meet the education requirements of this position? YES☐ NO☐

Do you meet the work experience requirements of this position? YES☐ NO☐

Do you hold a valid Firearms Owners ID [FOID] card? YES☐ NO☐

Number: _____ Expiration: _____

EDUCATION

List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:

You are not obligated to disclose criminal history records that have been sealed, impounded, or expunged. Candidates are advised that they are not obligated to disclose expunged juvenile records of adjudication or arrest.

List all names or aliases you have used, or have been known by_____

Date of birth_____

Driver's license number_____State_____ Expiration date _____

Have you ever had a driver's license in any other state? YES☐ NO☐ If YES, where?_____

Has your license ever been suspended or revoked, or have you ever been issued a judicial driving permit?

YES☐ NO☐.

If YES, please explain:

Have you ever been convicted of a felony or misdemeanor in any jurisdiction? YES ☐ NO ☐

If YES, provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case

Have you ever been placed on probation? YES ☐ NO ☐

If YES, explain:_____

Have you ever been the respondent or named in an order of protection in any state? YES ☐ NO ☐

If YES, explain:_____

Have you ever used marijuana or any other illegal drug? YES ☐ NO ☐

Have you ever been involved with the sale and/or distribution of illegal drugs? YES ☐ NO ☐

If the answer to either of these questions is YES, explain:

List all traffic convictions and accidents you have been involved in during the last seven (7) years:

Date of Incident	Jurisdiction	Type of Offense	Disposition of Case

LIST ALL ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

Address_____

Number & Street City State Zip Date range

Address_____

Numbers Street City State Zip Date range

Address_____

Numbers Street City State Zip Date range

Address_____

Numbers Street City State Zip Date range

Address_____

Numbers Street City State Zip Date range

EMPLOYMENT HISTORY

Have you ever received formal discipline during your employment as a law enforcement officer, such as written reprimands, suspension, etc.?

YES_____ NO_____

If "YES", please attach a separate sheet with explanation for each incident including the employer's name and dates of occurrence.

Have you ever been discharged or forced to resign from any employment? YES____ NO____

If "YES", please attach a separate sheet with explanation for each incident including the employer's name and date of occurrence.

AREAS of POLICE EXPERIENCE

Describe all duty and specialty assignments in your police career, such as traffic, investigations, narcotics, community relations / crime prevention, training of officers, patrol, administration, public education, or other law enforcement areas. Note the duration of each assignment and where it was held. Please give reasons for transfers or reassignments.

POLICE WORK HISTORY

Do you have full-time police experience in a city, county, or state agency and have you completed the probationary period?

YES_____ NO_____

If yes, please indicate where and dates of service:

Were you given a psychological examination for any police officer position? YES_____ NO_____

If yes, please indicate for which department(s):

Were you given a polygraph for any police officer position? YES___ ___ NO___ ___

If yes, please indicate for which department(s):

Have you had a break of service in your law enforcement career? YES___ ___ NO___ ___

If yes, list dates not in active service, duration of break, and reason for break in service:

Have you ever been certified as a police officer in any other state? YES___ ___ NO___ ___

If yes, where and dates of employment:

Have you ever held part time Police Officer employment? YES___ ___ NO___ ___

If yes, where and dates of employment:

Have you ever held any other professional licenses or certifications? YES___ ___ NO___ ___

If yes, please list:

Describe any information regarding the following areas:

Innovative programs you implemented or recommended:

Commendations and/or special achievements:

Experience using computer software:

Are you able to perform the essential job functions listed therein with or without reasonable accommodation?

YES ☐ NO ☐

If accommodation is needed, please explain:

MILITARY SERVICE

Are you now a member or veteran of the U.S. military service, including reserve forces or National Guard?

YES ☐ NO ☐

If YES, which branch of service have you served in? _____

Date and location _____

Were you ever convicted at a court-martial? YES ☐ NO ☐

If YES, explain in detail: _____

_____

Were you Honorably Discharged? _____ YES ☐ NO ☐

If NO, explain in detail:

INTEREST STATEMENT

Please indicate your interest in and qualifications for becoming a police officer with the City of Crystal Lake Police Department:

REFERENCES

Please list five (5) adults not related to you and not former employers, whom you have known for at least three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The City of Crystal Lake Police Department or its designee reserves the right to contact the references at any time.

Name_____ Relationship_____

Occupation_____ Number of years acquainted_____

Address_____

Home phone_____ Cell phone_____ Business phone_____

Email address_____

Name_____ Relationship_____

Occupation_____ Number of years acquainted_____

Address_____

Home phone_____ Cell phone_____ Business phone_____

Email address_____

Name_____ Relationship_____

Occupation_____ Number of years acquainted_____

Address_____

Home phone_____ Cell phone_____ Business phone_____

Email address_____

Name_____ Relationship_____

Occupation_____ Number of years acquainted_____

Address_____

Home phone_____ Cell phone_____ Business phone_____

Email address_____

Name_____ Relationship_____

Occupation_____ Number of years acquainted_____

Address_____

Home phone_____ Cell phone_____ Business phone_____

Email address_____

CITY OF
Crystal Lake
ILLINOIS

CONSENT AND RELEASE FOR JOB APPLICATION, BACKGROUND CHECK AND PHYSICAL ABILITY ASSESSMENT

Application and Background Check

I acknowledge that as a condition of being considered for employment with Crystal Lake Police Department ("Employer"), or of my continued employment at Employer, it is required that I consent to an investigation of my background. I hereby authorize Employer to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal references, verifications of academic credentials and licenses, military history, and credit and consumer reports, as permitted under the federal Fair Credit Reporting Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Employer, I hereby consent to participate in a personal interview, testing process, polygraph examination, and/or post-offer psychological evaluation and medical evaluation.

All information obtained by Employer pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent, from liability that might results from the request for, use of, and/or disclosure of any background information, as described above. I further released and hold harmless Employer and their respective personnel from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at Potential Employer.

I hereby consent to this background information investigation by Employer. I understand that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, in accordance with the requirements of the FCRA.

I hereby certify that I have read this document and I understand its content.

Print Name: _____

Signature: _____ Date: _____