

This file contains the PDF fillable form application portion of your packet.

IMPORTANT, you must have downloaded the free Adobe Reader program from www.adobe.com Once you have downloaded the program to your computer, follow these instructions when completing your application:

1. Download this file and save to your computer.
2. Type your information using upper and lower case letters (**MAKE SURE YOUR CAPS LOCK IS OFF**). Handwritten applications may be declined.
3. Save your completed application on your computer (*as a different file name; this is the file you will upload back to the website in Step 5*).
4. Print a copy of your completed application to submit with your support documents.
5. Upload your completed application file back to the website by 4:00 p.m. on Wednesday, January 20, 2021. The upload button is located in the *My Orders* section of the website.

THIS IS THE ONLY FILE THAT YOU UPLOAD!!!

NOTE: After you upload your completed application, you will need to download the additional pdf file (1_City of Belvidere Police Officer Application Instructions and Additional Forms.pdf). Follow the directions within this file: complete the additional forms and submit the required documents as directed on the "Law Enforcement Application Fact Sheet".

Please refer to your checklist to make sure that you have completed every step of the application process.

C.O.P.S. and F.I.R.E. Personnel Testing Service wishes you success in your search for a public safety position. If you have any questions please contact us at: 847-310-2677

2_Police Officer Application City of Belvidere.pdf contains 6 pages including this cover.

Application for Employment

Date _____

Position Applying For - Law Enforcement Sheriff Correction Officer Firefighter Firefighter/Paramedic

PERSONAL INFORMATION

| | |
|--|--|
| Name _____ Last, First, Middle | Social Security Number _____ xxx-xx-xxxx |
| Address _____ Street, Apt/Unit City, State Zip | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Home Phone _____ Cell Phone _____ |
| Email Address _____ | |
| Birth Date _____ MM/DD/YYYY | Age _____ Place of Birth _____ City, State Zip Code |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized | |
| Are you lawfully permitted to become employed in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of Eligibility is required) | |
| Do you have a valid Illinois driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No - OR A valid out of state driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List state, driver's license number, expiration date and class _____ | |
| List your highest level of education _____ Degree/Major _____ | |
| Have you ever been employed as a peace officer or a firefighter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |
| If yes, explain _____ Auxiliary Police Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No / No. of Years _____ | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there any criminal charges pending against you in any court of law? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain below _____ | |

MILITARY SERVICE RECORD

| |
|--|
| Did you register with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you serve in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ |
| How many years of active service? _____ Discharge Status _____ |
| If other than "Honorable" explain. _____ |
| Are you now, or were you ever a member of any branch of the U.S. Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
| Are you now, or were you ever a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Active <input type="checkbox"/> Inactive |

Application – Belvidere
EDUCATION INFORMATION

Name _____

| | | | | |
|---|---|--------------------------------------|-----------------------------|--------------------------------------|
| Indicate the highest grade completed on each line | <u>Grade School & Jr. High</u> 1 2 3 4 5 6 7 8 | <u>High School</u> 9 10 11 12 GED | <u>College</u> 1 2 3 4 5 | <u>Post Graduation</u> 1 2 MA PHd |
|---|---|--------------------------------------|-----------------------------|--------------------------------------|

| Type of School | Name and Mailing Address of School | Dates Attended | | Major / Minor | Credits Earned | Degree | |
|---------------------|------------------------------------|----------------|----|---------------|----------------|--------|----|
| | | From | To | | | Yes | No |
| College/ University | | | | | | | |
| Graduate | | | | | | | |
| Technical | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

List any licenses or certifications that you hold that may relate to the position you are applying for.

EMPLOYMENT HISTORY

Are you currently employed? Yes No

List your four (4) previous employers, including any military service. Begin with your current or most recent employer.

| | |
|---|--|
| Employer _____ Address _____ Telephone (_____) _____ Supervisor's name and title _____ Your title and duties _____ _____ Reason for leaving _____ | From: _____ / _____ Month Year To: _____ / _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|---|--|
| Employer _____ Address _____ Telephone (_____) _____ Supervisor's name and title _____ Your title and duties _____ _____ Reason for leaving _____ | From: _____ / _____ Month Year To: _____ / _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Application – Belvidere

Employment - Continued

Name _____

| | |
|--|--|
| Employer _____ Address _____ Telephone (_____) _____ Supervisor's name and title _____ Your title and duties _____ Reason for leaving _____ | From: _____ / _____ Month Year To: _____ / _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Employer _____ Address _____ Telephone (_____) _____ Supervisor's name and title _____ Your title and duties _____ Reason for leaving _____ | From: _____ / _____ Month Year To: _____ / _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

References

Please list a minimum of three (3) adults not related to you and not current employers, who 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.

1.
Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Occupation: _____ Years Known: _____ Relationship: _____

2.
Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Occupation: _____ Years Known: _____ Relationship: _____

3.
Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Occupation: _____ Years Known: _____ Relationship: _____

Application – Belvidere

References - Continued

Name _____

| |
|--|
| 4. Name: _____ Home Phone: _____ Address: _____ Cell Phone: _____ Occupation: _____ Years Known: _____ Relationship: _____ |
|--|

| |
|--|
| 5. Name: _____ Home Phone: _____ Address: _____ Cell Phone: _____ Occupation: _____ Years Known: _____ Relationship: _____ |
|--|

| |
|--|
| 6. Name: _____ Home Phone: _____ Address: _____ Cell Phone: _____ Occupation: _____ Years Known: _____ Relationship: _____ |
|--|

Applicant's Statement

I hereby certify that there are no willful misrepresentations, or falsifications on this questionnaire or supporting documents and that all of my answers are true and correct to the best of my knowledge and belief.

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 employer's service if I have been employed.

I give the employer the right to investigate all contacts listed and others to secure information about me and to use the information in the decision making process regarding my request for employment. I further release from liability the employer and its representatives for seeking such information and all other persons or corporations for furnishing such information.

I understand that neither this document, nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

By entering my name and date below I verify my acknowledgement of, and agreement to, the above statements.

Name _____ Date _____

It is the express policy of the City of Belvidere to consider all applicants for employment without regard to race, color, religion, gender, age, physical disability, political affiliation or national origin (except where a bona fide occupational qualification exists).

Application – Belvidere

VOLUNTARY AFFIRMATIVE ACTION DATA

DO NOT INCLUDE YOUR NAME ANYWHERE ON THIS FORM.

Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Community/Agency to which you are making this application: Belvidere

Gender: Male Female Home Zip Code: _____

Position Applying for: Law Enforcement Sheriff Correction Officer Campus Police
 Firefighter Firefighter/Paramedic Other _____

Date: _____ (MM/DD/YYYY) Age _____ Birth Date _____ (MM/DD/YYYY)

Indication of your race/national origin is voluntary. To help us comply with government record keeping, reporting and other legal requirements regarding the protected status of applicants, please complete the survey below. The requested data is for governmental reporting requirements only and will be used in planning and monitoring equal opportunity employment programs. All information provided will be kept confidential and separate from your application. Failure to provide the information below will have no effect on an employment offer or lack thereof.

Put a check mark next to one of the categories listed below that best indicates your origin. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself.

- Caucasian, not of Hispanic Origin.** A person having origins in any of the original peoples of Europe, North America, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures (see Hispanic). Also includes persons not included in other categories.
- African American, not of Hispanic Origin.** A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
- Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include person of Portuguese culture or origin.
- Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Native American or Alaskan Native.** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.
- Two or More Races.** A person who identifies with more than one of the above stated races.

Disabled/Veteran Classification(s)

Disabled Person Vietnam Era Veteran Special Disabled Veteran (30% or more disabled)