

NAME / Last, First, Middle: _____

POSITION(S) APPLYING FOR: Police Officer Other:	FOR OFFICE USE ONLY
	Date Received: Received By:



MORRISON POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Brian R. Melton, Chief of Police
200 West Main Street, Morrison, Illinois 61270
Office (815) 772-7650 ★ Fax (815) 772-4291
www.morrisonil.org

AN EQUAL OPPORTUNITY EMPLOYER – The City of Morrison considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The City of Morrison complies with all applicable local, state and federal civil rights and equal employment laws and regulations.

INSTRUCTIONS - TYPE OR PRINT CLEARLY USING INK. Read every question CAREFULLY, then answer truthfully and completely. If a question does not pertain to you, write "N/A" (Not Applicable) within the appropriate space(s).

RETURN APPLICATION TO: Morrison Police Department, 200 West Main Street, Morrison, Illinois 61270

PERSONAL INFORMATION

NAME [Last, First, Middle]:	
Are there any other names [i.e., maiden names, nicknames, aliases] you have used or are known by? <input type="checkbox"/> Yes <input type="checkbox"/> No If δ Yes δ , please list:	
ADDRESS [Number, Street, City, State, Zip]:	
PREVIOUS ADDRESS [If at present address less than one (1) year]:	
TELEPHONE NUMBER(S):	
SOCIAL SECURITY NO.:	PLACE OF BIRTH [City, County, State]:
E-MAIL ADDRESS:	
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No DRIVER'S LICENSE NO.: STATE:	
Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of U.S. Citizenship or immigration status may be required.	
POSITION(S) APPLYING FOR: <input type="checkbox"/> Police Officer <input type="checkbox"/> Other: _____ Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If δ Yes δ , give date: Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If δ Yes δ , give date: What are you available to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary Are you related to any person currently employed by the City of Morrison? <input type="checkbox"/> Yes <input type="checkbox"/> No If δ Yes δ , name of person:	

EDUCATION

The City of Morrison requires its employees to possess a high school diploma or its equivalent prior to employment. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes and completing other entries. Copy of diploma or other equivalent may be required.				
<input type="checkbox"/> I possess a high school diploma. <input type="checkbox"/> I passed the General Educational Development (G.E.D.) Examination.				
SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	GRADUATE?	List Diploma or Degree
HIGH			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

Beginning with your most recent/current employment, please list all jobs, including full time, part time, temporary, and voluntary positions, you have held in the past five (5) years. For identification and verification, please indicate the nature of activity including whether employment is full time, part time, temporary, or voluntary, and description of responsibilities and duties. If additional space is needed, use a separate sheet. If you have had intervening periods of military service and/or unemployment, please document those periods.	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAMES OF CO-WORKERS:	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAMES OF CO-WORKERS:	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAMES OF CO-WORKERS:	
EMPLOYER:	DATE EMPLOYMENT STARTED:
ADDRESS:	DATE EMPLOYMENT ENDED:
TELEPHONE:	POSITION/TITLE:
NATURE OF DUTIES:	REASON LEFT:
NAMES OF CO-WORKERS:	

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard, or Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If öYesö, please supply the following Military Service information.		
Branch of Service:	Service Number:	
Dates of Service [From/To]:	Type of Discharge:	
Are you currently participating in any Military Reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If öYesö, please explain [include branch of service, when, where, and circumstances]:		
Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.		
Name	Address & Telephone	Years Known

EXPERIENCE / SPECIALIZED TRAINING / SKILLS

Describe/List any specialized training, apprenticeships, certifications and/or job related skills that you have received/possess:
Check relevant equipment that you are able to operate: <input type="checkbox"/> TDD <input type="checkbox"/> Facsimile <input type="checkbox"/> Computer <input type="checkbox"/> Telephone System <input type="checkbox"/> Dictation Machine <input type="checkbox"/> Two-Way Radio <input type="checkbox"/> Automobile <input type="checkbox"/> Firearm <input type="checkbox"/> Other <input type="checkbox"/> Electro-Muscular Disruption Device <input type="checkbox"/> Handheld Mobile Communication Device
Describe any computer experience/knowledge that you may have:
Indicate any language skills you may have:
List any professional, trade, business, or civic activities. You may exclude any memberships which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:

GENERAL INFORMATION

Have you ever been convicted of, or plead guilty to, a misdemeanor or felony other than a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been issued a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been suspended, revoked, or otherwise not valid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above, explain in detail [including all charges, dates, dispositions and circumstances]. You are not required to disclose any sealed or expunged criminal records.
Can you travel if employment requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other:
Please explain your reason(s) for applying for this position:

APPLICANT'S STATEMENT

<p>READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW</p> <p>I do hereby affirm and certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained within this application for employment as may be necessary in arriving to an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge, dismissal or penalty under law. I further understand that I am required to abide by all rules and regulations of the employer.</p> <p>I understand that employment may be conditional upon successfully passing a screening process that may include a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. My refusal to take a drug screening will result in no further consideration for employment.</p>
Applicant's Signature: _____ Date: _____

MORRISON POLICE DEPARTMENT

AUTHORIZATION FOR BACKGROUND INVESTIGATION
RELEASE OF PERSONAL INFORMATION

READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW

I do hereby authorize a review of and full disclosure of all records concerning myself to the City of Morrison, Illinois, 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 whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

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 by the City of Morrison, Illinois. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for liability which may be incurred as a result of furnishing such information.

A photocopy 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.

PRINTED NAME OF APPLICANT:

DATE OF BIRTH:

SOCIAL SECURITY NO.:

Signature of Applicant:

Date:

Signature of Witness:

Date: