

# APPLICATION FOR POLICE OFFICER

Chillicothe Police Department  
823 N. Second Street - Chillicothe, IL 61523



Please fill out the application by completing each section. If there is a field that is not applicable please write DNA or NA in the block. Please write clearly in black or blue ink. Please use the continuation sheet, provided on the last page, to add any additional information.

Name: Last	First	Middle

List any alias or maiden name

Address (Street, City, State, Zip Code)

Telephone Number	Email Address

Date and Place of Birth

Gender	Height	Weight	Hair Color	Eye Color

Driver's License State/Number	Social Security Number

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Are you a citizen of the United States

Marital Status	Are you living with your spouse

<b>A. List each member of your immediate family. Include spouse and children. Include address and telephone number.</b>	

<b>B. Educational Background. Include Name of School, address, and years attended.</b>

<b>C. List any special training or professional licenses/certifications you hold</b>

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D. List your address for the last ten years, starting with your present address	
Date	Address

E. Criminal History: Have you ever been arrested and/or convicted?

F. Have you ever been fingerprinted other than for an arrest? If yes, why?

G. List all traffic citations received, with date, nature of citation, and disposition

H. If you served in the Military	
Branch	
Dates of Service	
Discharge Received	

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I. Are you currently in the National Guard or Reserves?	
Dates	
Branch	

J. Employment: List all jobs held for the last ten years starting with the most recent.			
Employer	Dates	Address/Telephone	Supervisor

K. Are you currently on any eligibility lists?

L. List any outstanding debts and amounts	
Amount	Owed To

M. Have you ever filed for bankruptcy? If yes, give details.

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[illegible]

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References. List the names of five adults, not related to you, who have known you preferably more than five years. Persons listed may be asked to appraise your character, ability, experience and personality.		
Name	Address/Telephone	Years Known

Person to contact in case of emergency		
Name	Telephone	Relationship

Please list all social media accounts you utilize.

I certify that the above information is true to the best of my knowledge. I understand that this information is subject to verification.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**CITY OF CHILLICOTHE  
BOARD OF POLICE COMMISSIONERS**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Chillicothe, Illinois Police Department. The Chillicothe Police Commission needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Commission.

I hereby authorize any representative of the Chillicothe Police Commission bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Chillicothe Police Commission, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Chillicothe Police Commission to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damage pursuant to any state or federal laws. I hereby release you, and your officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Chillicothe Police Commission regardless of any agreement I may have made with you previously to the contrary. The Chillicothe Police Commission will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Chillicothe Police Commission's acceptance and processing of my application for employment, I agree to hold the City of Chillicothe and the Chillicothe Police Commission, their agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Chillicothe Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and my rights under Section 7 of the Illinois Review of Personnel Records Act to written notice from any previous employer that personnel information, including any disciplinary reports, written reprimand or other disciplinary action, is being or has been divulged by the employer or its agents. I waive those rights with the understanding that information furnished will be used by the Chillicothe Police Commission in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. This waiver is valid for a period of two years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to which this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Dated: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**APPLICANT MUST SIGN AND RETURN THIS FORM WITH THE  
APPLICATION FOR EMPLOYMENT**



**CITY OF CHILLICOTHE  
BOARD OF POLICE COMMISSIONERS**

**ACKNOWLEDGEMENT/CONSENT FOR  
BACKGROUND AND CREDIT HISTORY**

As part of the application process for employment as a police officer with the Police Department of the City of Chillicothe, Illinois, the applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicant's neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry will include, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living and may include contacts with the applicant's current and previous employers as well as a check to determine if the applicant has a criminal history.

In addition, the applicant has been informed and understands that part of the Background Investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history.

The applicant acknowledges that he or she consents and authorizes the City of Chillicothe, Illinois, its agents and assigns, to conduct a Background Investigation and to request a report of his or her credit history. The applicant agrees and consents to the release of such information to the Board of Police Commissioners of the City of Chillicothe, Illinois, as the applicant's prospective employer.

The applicant further acknowledges, agrees and consents that the Background Investigation may include a search of the internet, particularly social networking websites (including but not limited to Facebook, My Space, Twitter, LinkedIn) or other web pages, and any information obtained will be used as part of the application process.

Dated: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**CITY OF CHILLICOTHE  
BOARD OF POLICE COMMISSIONERS**

**AUTHORIZATION TO TAKE SPECIMEN FOR DRUG SCREENING AND RELEASE**

1. I understand that the City of Chillicothe has a policy requiring each applicant for employment to be tested for the use of or presence of drugs, intoxicants and other controlled substances.
2. I authorize the City of Chillicothe and/or any contractor it selects to take from me any required specimen, which will be tested for the use or presence of various drugs within my bodily system, including but not limited to, cannabinoids(marijuana), cocaine, benzodiazepines, opiates, phencyclidine (PCP), amphetamines, barbiturates, methadone and methaqualone.
3. I understand that the specimen will be tested to determine the presence of these drugs using a chain-of-custody procedure to insure the integrity of the specimen and its identification. In other words, this procedure may include a viewed specimen collection to insure the specimen provided is authentic and unadulterated.
4. I understand that the results of this testing will be viewed and that the City of Chillicothe may terminate the application process or withdraw any employment offer if the results indicate the presence of illegal or improperly used prescription drugs in my system or if there is any question of authenticity of the specimen. I further understand that this authorization does not constitute an offer of employment with the City of Chillicothe.
5. I understand that should I be hired by the City of Chillicothe, I may be subject to further substance testing, consistent with the Policy of the City concerning such testing.
6. I hereby release the City of Chillicothe and its affiliates, agents, and employees from liability or responsibility related to test administration or processing or any act or omission arising therefrom.

Dated: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**CITY OF CHILLICOTHE  
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**RELEASE OF ALL LIABILITY**

The undersigned, in consideration of the acceptance and processing of my application for employment for a position with the police department of the City of Chillicothe, Illinois, hereby releases and discharges the City of Chillicothe, the Board of Police Commissioners of the City of Chillicothe, the testing agency contracted to perform any tests should they be contracted out, and all officers, agents, and employees of the forgoing of and from any and all injuries, diseases, losses and damages to me that may at any time arise as a result of my participation in the application process and all tests relating thereto (including but not limited to, the physical aptitude test, polygraph examination, psychological assessment, drug and medical examinations and background investigation). The intention of this Release is to completely, absolutely and finally release the City of Chillicothe, Illinois, the Board of Police Commissioners, the testing agency contracted to do the tests should they be contracted out, officers, agents, and employees of and from any and all liability arising wholly or partially from my participation in the application process.

Dated: \_\_\_\_\_

APPLICANT NAME (PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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