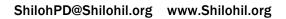


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Lateral Application Packet

All completed applications should contain:

- Preliminary Questionnaire Certification (included)
- Importance of Honesty Statement (included)
- Authorization of Release Information form (included)
- General Information Disclosure (included)
- Employment Disclosure (included)
- Driver's History Disclosure (included)
- Military Service Disclosure (included)
- Financial Obligation Disclosure (included)
- Educational Information Disclosure (included)
- Relative and Marital Status Information Disclosure (included)
- Narcotic, Liquor and Tobacco Usage Disclosure (included)
- Resume (applicant must attach)
- Photocopy of the certificate issued by the State of Illinois Law Enforcement Training and Standards Board verifying completion of the Law Enforcement Basic Training Course (applicant must attach)
- Photocopy of Driver's License (applicant must attach)
- Photocopies of high school diploma and/or GED (applicant must attach)
- Photocopies of college transcript (applicant must attach)

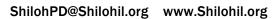
Applications submitting incorrect or insufficient proof or incomplete applications will be automatically disqualified from employment consideration.

Applicant's name:_			



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Preliminary Questionnaire Certification

Please review each question of the Preliminary Questionnaire before signing.

Please print your name below, read carefully, sign and date.

I,		
First Name	Middle Initial	Last Name
question of this Preliminary Ques not be considered for the public s purposefully conceal pertinent in I understand this document is a pe	o every question is true and complete. I stionnaire I understand that I must say s afety position with the Village of Shilo formation or fail to answer any question ermanent record and the exclusive propmation obtained during the investigation nent provided by me.	o now. I understand that I may h if I fail to disclose, omit or a truthfully or completely. erty of the Village of Shiloh. Al
	Date: _	
Applicant's Signature		



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Importance of Honesty Statement

The Village of Shiloh considers honesty to be the most important characteristic demonstrated by public safety applicants and employees. The importance of honesty from the time of application, throughout the background investigation and hiring process and the entire career of the applicant cannot be overemphasized. Some activities or actions in your past may result in a temporary disqualification for employment consideration. Temporary disqualification may be based on time limits, additional documents, or information you may be cause for permanent disqualification for employment. You are responsible for all answers, oral and written. If you have any questions as to whether or not to disclose something, the answer is always "yes," disclose it. After you have signed this "Importance of Honesty Statement" and until you are hired, you must notify the Background Investigation Unit immediately if you:

- 1. Have contact with any law enforcement agency or court; this would include arrest, criminal citations in lieu of arrest, questioning by a law enforcement officer, detainment by a law enforcement officer, traffic citations or any court or summons or appearances. Not doing so, may be cause for permanent disqualification from employment.
- 2. Have any change in your employment or employment status such as termination, reprimands or any disciplinary actions. Not doing so, may be cause for permanent disqualification from employment.
- 3. Experience any event that changes or alters any information you have provided on any application or documents. Not doing so, may be cause for permanent disqualification from employment.

I have read and understand this "Importance of Honesty Statement."	
Applicant's Signature:	Date:
Investigator's Signature:	Date:



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To Whom It May Concern:

I hereby authorize the release of any information, records, or knowledge that you may have regarding my background, experience and condition of health to the Shiloh Police Department and / or its representative for the purpose of determining my fitness and qualifications for employment with the Village of Shiloh.

I further authorize the release of any and all information concerning my character, business, personal, educational, financial activities and health conditions.

You are also specifically authorized to release and to discuss any information you may have regarding my physical and mental condition and treatment rendered and any information concerning or results of any drug tests or drug screenings regarding my person.

I further authorize the release of any records or copies of records in your possession regarding any of the above.

You are also specifically authorized to release and to discuss any information you may have regarding my use of drugs and medications including but not limited to the results of any screening tests of my blood or urine for drug use, commonly referred to as drug tests and drug screenings.

This release shall be valid for a period of one (1) year from the date signature.



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General Information Disclosure

Full Name:				
Maiden Name (if a	applicable):			
Any other names y	ou have ever used	<u>:</u>		
Current Street add	ress:			
Social Security nur	mber:			
Email address:				
Home Phone:				
Cell Phone:				
Alternate contact:				
Height:	Weight:	Hair:	Eve:	

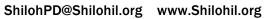
A. List all groups with which you are or have ever been a member.



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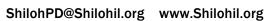


Group	Affiliation	Years Involved
C. Are you no	ow, or have vou ever been, a	member of an organization and/or religion
which advocatevel, or seeks	tes the overthrow of the Go	member of an organization and/or religion vernment, either at the local, State, or National ment of the United States or any State itutional means?
which advocatevel, or seeks	tes the overthrow of the Go to alter the form of Govern	vernment, either at the local, State, or National nment of the United States or any State
which advocatevel, or seeks Government Yes []	tes the overthrow of the Go to alter the form of Govern by any unlawful or unconst	vernment, either at the local, State, or National nment of the United States or any State itutional means?
which advocatevel, or seeks Government Yes []	tes the overthrow of the Gosto alter the form of Govern by any unlawful or unconst	vernment, either at the local, State, or National nment of the United States or any State itutional means?
which advocatevel, or seeks Government Yes []	tes the overthrow of the Gosto alter the form of Govern by any unlawful or unconst	vernment, either at the local, State, or National nment of the United States or any State itutional means?

D. Whether convicted or not, have you ever been arrested, given a summons or charged with a crime by any law enforcement agency? Yes [] No[]



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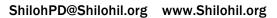
Fonce Agency.
Charges:
Date of arrest (year) or date charges were filed:
E. Have you ever been handcuffed, detained, and/or searched by police? Yes [] No[] If yes, explain:
11 yes, explain.
F. Have you ever been fingerprinted? Yes [] No[]
If yes, explain:
G. If necessity arose for you to use force against (up to and including force likely to cause death or great bodily harm) a person in the course of your duties as an officer, would you have any reluctance to do so? Yes [] No[]
If yes, explain:
H. Have you ever used a weapon to defend yourself or others? Yes [] No[]
If yes, explain:



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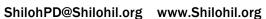
I. As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength or exertion? Yes [] No[]

J. Have you ever commit		been caught, would have been
Type of offense:		
Jurisdiction:	County:	State:
Date (year) this occurred:		
L. Type of offense:	_	
Jurisdiction:	County:	State:
Date (year) this occurred:	Date of Expu	ingement:
Police Officer, Deputy any position that enfor	Sherriff, Correction's Of	afety agency while employed as a fficer, Military Police officer on in ary, or local laws or in a position that fety? Yes [] or No []
Position:		
City, county, state:		



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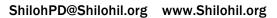


N. Are you now or have you ever been the subject of an internal affair investigation while employed in public safety? Yes [] No[]

Position and jurisdiction	ı;
Date of occurrence:	[] Currently being investigated
Investigation closed wit	h a finding of:
Date of final disposition	.:
· ·	resigned/retired from any public safety agency in lieu of being nvestigated? Yes [] No[]
Position and jurisdiction	1:
Date of occurrence:	Date of resignation:
•	s true and correct to the best of my knowledge and belief. I understand false information can result in my disqualification for consideration for ion after employment.
Date:	Applicant's signature:
	Employment Disclosure
•	ployment, part-time and full-time. Indicate name and address of tes attended and course of study.
Date of Employment: _	
Exact Position or Title:	
Name of Employer:	Kind of Business:



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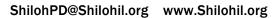




Starting Salary:	Ending Salary:
Average hours per week:	
Name of Immediate Supervisor:	
Reason for Leaving:	
Description of duties and accomplishments in your	
Date of Employment:	
Exact Position or Title:	
Name of Employer:	Kind of Business:
Address of Employer:	
Starting Salary:	_Ending Salary:
Average hours per week:	_# of Employees Supervised:
Name of Immediate Supervisor:	
Reason for Leaving:	
Description of duties and accomplishments in your	
Date of Employment:	
Exact Position or Title:	



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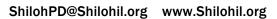




Name of Employer:	Kind of Business:
Address of Employer:	
Starting Salary:	Ending Salary:
Average hours per week:	# of Employees Supervised:
Name of Immediate Supervisor:	
Reason for Leaving:	
Description of duties and accomplishmen	ts in your work:
Date of Employment:	
Exact Position or Title:	
Name of Employer:	Kind of Business:
Address of Employer:	
Starting Salary:	Ending Salary:
Average hours per week:	# of Employees Supervised:
Name of Immediate Supervisor:	
Reason for Leaving:	
	ats in your work:
Date of Employment:	



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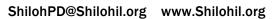




Exact Position of Title:	
Name of Employer:	Kind of Business:
Address of Employer:	
Starting Salary:	Ending Salary:
Average hours per week:	# of Employees Supervised:
Name of Immediate Supervisor:	
Reason for Leaving:	
Description of duties and accomplishments in you	r work:
Date of Employment:	
Exact Position or Title:	
Name of Employer:	Kind of Business:
Address of Employer:	
Starting Salary:	Ending Salary:
Average hours per week:	# of Employees Supervised:
Name of Immediate Supervisor:	
Reason for Leaving:	
Description of duties and accomplishments in you	



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If additional space is needed, please include on a separate pa	If a	additional	space is neede	d. please	include on	a separate pag
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I certify that the above is true and correct to the best of my knowledge and belief. I understand
that willful omissions or false information can result in my disqualification for consideration for
employment or termination after employment.

Date:	Applicant's signature:



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Driver's History Disclosure

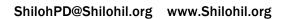
Name (Last, First, M):	
Date of Birth:	
Driver's License Number:	
Issuing State:	
Other License(s) State(s):	
A. List <u>ALL</u> traffic citations, including suspended imposition of sentence, co	those that have been dismissed, court supervision, nvictions, or quashed prior to court.
suspended imposition of sentence, co	



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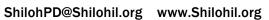




At- Fault (Y/N)	(Y/N)	Date	Location (City/Country/ State)	Agency	Disposition
D. Ha	ve your drivi	ng privileges	ever been:		
R	uspended: evoked: ancelled:	[] Ye [] Ye [] Ye	es [] No		
			questions, please explain in ons as well as reinstatement		



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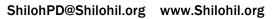
		•	nd your s	spouse own, le	ease, or have for your personal u
(including n	notorcycl	es):			
icense Plate	State	Year	Make	Model	Own / Lease?



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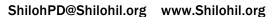


Are you registered with the U.S. Selective Services? Yes [] No [] If no, please state the reason: Have you ever served on active duty in the Army, Air Force, Coast Guard, Marine Corps, Navy, R.O.T.C., or any other military or semi-military organization? Yes [] No [] If yes, indicate below all active military services? Branch **Primary Duty** Rank Date Entered Date Discharged Type of Discharge Were you ever reduced in rank in the military? Yes [] No [] If yes, please explain in detail: Were you ever court-martialed, tried on charges, subject to a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other disciplinary action? Yes [] No [] If yes, please explain in detail:



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I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.

Date:	Applicant's signature:
Date	_Applicant's signature:



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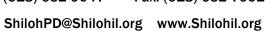
Financial Obligation Disclosure

List all debts and obligations which you now owe, and the individuals with whom you have credit dealings:

Name	Address			Phone number
Name	Address			Phone number
Name	Address			Phone number
B. Mortgage []	Rent [] N	ame:		
Address	City	State	Zip	Account Number
Unpaid balance	Monthly	Payment		Amount Past Due



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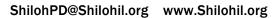




Address	City	State	Zip	Account Number
Unpaid balance		Monthly Payment		Amount Past Due
D. School Loans:		Name:		
Address	City	State	Zip	Account Number
Unpaid balance		Monthly Payment		Amount Past Due
E. Personal Loans:		Name:		
Address	City	State	Zip	Account Number
Unpaid balance		Monthly Payment		Amount Past Due
F. Credit Card:		Name:		
Address	City	State	Zip	Account Number
Unpaid balance		Monthly Payment		Amount Past Due



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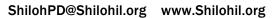




G. Credit Card:		Name:		
Address	City	State	Zip	Account Number
Unpaid balance	Mor	thly Payment		Amount Past Due
H. Credit Card:		Name:		
Address	City	State	Zip	Account Number
Unpaid balance	Mor	thly Payment		Amount Past Due
I. Other:	Nan	ne:		
Address	City	State	Zip	Account Number
Unpaid balance	Mor	thly Payment		Amount Past Due
J. Have you ever been If yes, please expla				ations? Yes [] No []
	_			collection agency?



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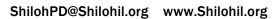




	your wages ever been ga r reconciled:		f yes, why and how was the
		audited by the IRS for any rew	
were y Ye	vou a party (plaintiff or c	ubpoenaed to court in a civil a lefendant) in a civil action, in t	•
If	yes, indicate below:		
Date	Action / Proceeding	Plaintiff/Defendant/Witness	Court Disposition
Date	Action / Proceeding	Plaintiff/Defendant/Witness	Court Disposition
Date	Action / Proceeding	Plaintiff/Defendant/Witness	Court Disposition
Date	Action / Proceeding	Plaintiff/Defendant/Witness	Court Disposition
Action:			



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Ou	acome
De	tails:
	Have you ever been denied credit? Yes [] No [] Have you ever had your property repossessed? Yes [] No []
O.	Have you ever filed bankruptcy? Yes [] No [] Have you ever been sued in court? Yes [] No []
Р.	Have you ever received a settlement in payment for damages, injuries, libel, ect. either with or without court action? Yes [] No []
Q.	Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? Yes [No []
	I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.
Da	te: Annlicant's signature:



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Educational Information Disclosure

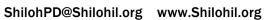
B. List all educational institutions, part-time and full-time, in order attended. Please include all high schools, trade schools, correspondence and night schools, training seminars, business schools, colleges and universities. Indicate name and address of each school, dates attended and course of study.

From Month/	To Month/	Name of School	Exact Address	Last Term/Grade
Year	Year			

C. Did you receive a high school diploma? Yes [] No []	
If no, do you have a high school equivalency certificate? Yes [] No []	
Certificate number:	
D. What is your highest completed educational level?	
[] High School Graduate [] GED [] College: Credit hrs:Degr	ree:
E. If you attended college, what was your declared major?	
F. What was your declared minor?	
G. What degree(s), if any, were conferred?	



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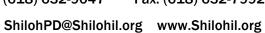




I. Were you ever d	ismissed fro	m a school or	college, or wa	as any other disciplinary st you Yes [] No []
If yes, please indicat	_	or obation, ever	taken agam	stydd Tes [j - 1.0 [j
School or college	Date			Type of Action
School or college	Date			Type of Action
J. Have you ever re	eceived any	police academ	y training? Y	es [] No []
If yes, please provide do	etails:			
K. Are you a Certif	ied Police O	fficer in Illino	is? Yes []	No []
If yes, indicated which	academy:			_Graduation date:
•	-			leral Agency? Yes [] No [] Graduation date:
,	<i>5</i> <u>—</u>			
M. Check each of th	e following	skills and licer	sed / certified	d abilities that you possess:
Aircraft pilot [] Ar	tist[]	Audio-visual te	chnician []	Bus driver []
Computer Operator []	Demoli	tion []	Finger printer	[] Firefighter[]
Heavy Equipment Opera	tor []	Photographer [] Radio	Operator []



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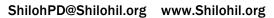


	te level of fluency you	-	Smooth	Wwite
Language	Understand	Read	Speak	Write
ASL	Understand	Read	Speak	Write
Braille	Understand	Read	Speak	Write
Chinese	Understand	Read	Speak	Write
French	Understand	Read	Speak	Write
German	Understand	Read	Speak	Write
talian	Understand	Read	Speak	Write
apanese	Understand	Read	Speak	Write
Russian	Understand	Read	Speak	Write
Spanish	Understand	Read	Speak	Write
Other (please li	st language and level of	fluency):		



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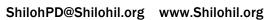


A. Please furnish the following information concerning your relatives. Include stepbrothers and sisters, half-brothers and sisters. If you have step-parents, legal guardians or others who raised you instead of your natural parents, the requested information should be furnished concerning them as well as your natural parents. Please list first, middle, and last names, as well as maiden names (where applicable).

Father:		Age:
Address:		
Date of birth:	Place:	
Phone Number:		
Mother (include maiden na	nme):	Age:
Address:		
Date of birth:	Place:	
Phone Number:		
Spouse (include maiden na	me):	Age:
Address:		
	Place:	
Father-in-law:		Age:
Address:		
Phone Number:		
Other:		Age:
Address:		



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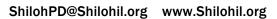




Date of birth:	Place:	
Other:		Age:
Address:		
Date of birth:	Place:	
(please continue on	attached second page if needed)	
•	nember of your family or close relative, i accused, convicted, or imprisoned for an	
If yes, please explai	in in detail on the attached page.	
	police ever been called to your residence s) for any reason? Yes [] No []	(current and all former
If yes, please explai	in in detail on the attached page.	
that willful omission	ove is true and correct to the best of my knowns or false information can result in my dismination after employment.	_
Date:	Applicant's signature:	



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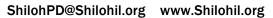




Other:		Age:
Address:		
Date of birth:	Place:	
Other:		Age:
Address:		
Date of birth:	Place:	
Other:		Age:
Address:		
Date of birth:	Place:	
Other:		Age:
Address:		
Date of birth:	Place:	
Other:		Age:
Address:		
Date of birth:	Place:	



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Please explain any member of your family or close relative, including in-laws who ever been arrested, accused, convicted, or imprisoned. Include dates and charges	
Please explain the reason the police have been called to your residence (current of	or former
for any reason:	



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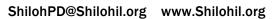
Narcotic, Liquor, and Tobacco Usage Disclosure

A. Within the last six months, have you consumed any alcoholic beverages becau addiction to alcohol? Yes [] No []	ise of an
If yes, explain:	
B. Have you ever abused alcohol? Yes [] No []	
If yes, explain:	
C. Have you ever purchased liquor for a minor? Yes [] No []	
If yes, explain:	
D. Did you ever purchase or consume liquor when you were a minor? Yes []	No []
If yes, explain:	
E. Have you ever purchased tobacco for a minor? Yes [] No []	
If yes, explain:	



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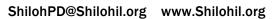
F. Within the last six months, have you used a controlled substance without a prescription? Yes [] No []

Orug used:	Times used:	Date of last use:/
Age last used:	Time used sin	nce 18 th birthday:
f yes, explain:		
		Date of last use:/
Age last used:	Time used sin	nce 18 th birthday:
f yes, explain:		

J. Methamphetamines (meth, ice, crank) Yes [] No []



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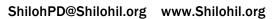




Times used:	Date of last use:/
Age last used:	Time used since 18 th birthday:
K. Any designer dr	rug (Ecstacy, bath salts, synthetic marijuana) Yes [] No []
Times used:	Date of last use:/
Age last used:	Time used since 18 th birthday:
L. Marijuana or m	arijuana in any form (THC, hashish, hash oil, Thai sticks) Yes [] No[]
Times used:	Date of last use:/
Age last used:	Time used since 18 th birthday:
	owners, red devils, yellow jackets, Nembutal, Quaaludes) Yes [] No []
Age last used:	Time used since 18 th birthday:
N. Amphetamines	(uppers, speed) Yes [] No []
Times used:	Date of last use:/
Age last used:	Time used since 18 th birthday:
Times used:	Date of last use:/



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Times used:	Date of last use:/	
Age last used:	Time used since 18 th birthday:	
P. Heroin Yes []	lo []	
Times used:	Date of last use:/	
Age last used:	Time used since 18 th birthday:	
Q. PCP (Green, An	el Dust) Yes [] No []	
Times used:	Date of last use:/	
Age last used:	Time used since 18 th birthday:	
Yes [] No []	hallucinogens (MDMA, ecstasy, mushrooms, mescaline, peyoto	te, ect.)
Age last used:	Time used since 18 th birthday:	
•	is true and correct to the best of my knowledge and belief. I unders r false information can result in my disqualification for considerati tion after employment.	
Date:	Applicant's signature:	