



Shiloh Police Department

3498 Lebanon Avenue, Shiloh Illinois 62221

(618) 632-9047 Fax: (618) 632-7992

ShilohPD@Shilohil.org www.Shilohil.org



LATERAL ENTRY APPLICATION FOR EMPLOYMENT

Date of Application: _____

APPLICANT INFORMATION- Information provided in this section is used for identification purposes only.

1. Name: _____

Last

First

Middle

2. List any other names or aliases you have used or been known by (include maiden name, if applicable): _____

3. Address: _____

Street

City

State

Zip Code

4. Telephone Number: (____) _____ Email: _____

5. Social Security Number: _____ Date of Birth: _____

6. Are you a U. S. Citizen? Yes No If yes: Native Born or Naturalized
If "Naturalized", please give particulars: _____

7. Are you authorized to work in the United States on an unrestricted basis: Yes No

8. Have you ever been convicted of a felony? Yes No

EDUCATION AND SKILLS

1. High School:

Name City State

Did you graduate? Yes No

2. College/University: _____

Name

City

State

Major/Minor: _____ Degree received, if any: _____

3. College/University: _____

Name

City

State

Major/Minor: _____ Degree received, if any: _____



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4. List any other schools attended (trade, vocational, business, etc.) Give names and dates of attendance, course of study, certificate received, and any other pertinent information. _____

5. Were you ever expelled or suspended from any school? Yes No

If yes, please explain: _____

6. List other formal education beyond high school you may have, including special training courses: _____

7. List any professional licenses or certificates you hold or have held: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of 18, including part time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. Employer: _____

Name

Address

Phone number: _____ Job title: _____

Duties: _____

From: _____ To: _____

Reason for leaving: _____



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2. Employer: _____
Name Address

Phone number: _____ Job title: _____

Duties: _____

From: _____ To: _____

Reason for leaving: _____

3. Employer: _____
Name Address

Phone number: _____ Job title: _____

Duties: _____

From: _____ To: _____

Reason for leaving: _____

4. Employer: _____
Name Address

Phone number: _____ Job title: _____

Duties: _____

From: _____ To: _____

Reason for leaving: _____



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5. Employer: _____

Name

Address

Phone number: _____ Job title: _____

Duties: _____

From: _____ To: _____

Reason for leaving: _____

INDICATE BY NUMBER, ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT _____

SPECIAL QUALIFICATIONS AND SKILLS

1. Have you ever received any police academy training? Yes [] No []

If yes, please provide details:

Are you a Certified Police Officer in Illinois? Yes [] No []

If yes, indicate which academy: _____ Graduation date: _____

Are you a certified police officer in another State or Federal Agency? Yes [] No []

If yes, indicate which academy: _____ Graduation date: _____

2. List any special license you hold (such as paramedic, pilot, radio operator, scuba, etc.) Show licensing authority, original dates of issue, and date of expiration.



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3. List any specialized machinery or equipment that you are trained to operate:

4. If you are fluent in a foreign language, indicate in each area your level of fluency (excellent, good, fair)

Language	Writing	Reading	Speaking	Understanding
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5. Please use the space below to state why you want to work as a police officer for the Village of Shiloh. You should also state any special talents you would bring to the position. If you need more space, please use a separate sheet of paper and attach it to the application.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers I have provided in this application. I am fully aware that any such willful misrepresentation, omission, or falsification may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date



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AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Shiloh Police Department, whether the said records are of a public, private or confidential nature, including but not limited to, applicant background information.

I authorize you to furnish the Shiloh, Illinois, Police Department with any and all information that you have concerning my: work record, salary, attendance, reputation, medical records, criminal history, credit history, loan history, driving history, and military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Shiloh Police Department in determining my qualifications and fitness for the position I am seeking with the department.

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 Shiloh Police Department. I understand that all materials pertaining to this background investigation become the property of the Shiloh Board of Fire and Police Commissioners and will not be returned to me.

I hereby release you and your organization from any and all liability or damages which may result from furnishing the information requested. I further release the Shiloh Police Department, and its agents, from any and all liability which may be incurred or as a result from the collection of such information. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Applicant's Signature

Date of Birth

Print Name

Social Security Number

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 2

NOTARY PUBLIC