70 South Byron St. (P.O. Box 42) Cícero, Indiana 46034

Jim Hunter Chief of Police Administration 317-984-3648 Fax 317-984-9645

APPLICATION FOR POLICE OFFICER

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Jím Hunter Chíef of Políce Administration 317-984-3648 Fax 317-984-9645

Applicant:

The Cicero Police Department Officer Application is commonly referred to as the application. Information collected in this document will be used for background investigation purposes to determine suitability for employment with the agency. It is very important that you read and follow all directions outlined in this document. Information must be complete and accurate. Information that is not applicable should be marked "N/A." Failure to provide complete and accurate information may result in your elimination from the hiring process.

Before beginning, carefully read all the instructions throughout the document. There are a number of official records you will need to obtain in order to accurately complete the application.

When listing persons, be sure to fully identify the individual by legal name. Give complete addresses, phone numbers with area codes, and other pertinent information. Our investigators will not attempt to determine street numbers, correct spellings, apartment numbers, area codes, or zip codes. This is your responsibility and reflects on your ability to succeed in law enforcement.

When completing the "Residences" section, make sure to list all location in which you have resided for the last ten (10) years, beginning with your current address. If necessary, call the appropriate person to determine the exact address and time period during which you resided at the address.

When completing the "References" section, please note the first reference is your closest friend who is not a relative. Make sure to list complete and accurate contact information for all references.

Page 16 may be used if additional space is needed for any question. Identify the additional response by number and title (ie, 5. Residences). If more room is needed you may attach additional pages.

Answer each question as completely and honestly as possible. Any omission or concealment will be considered deception and possible grounds for dismissal from the process. While indiscretions and other situations in your life may or may not be condoned, deception will absolutely not be tolerated.

If your application is not complete and/or is not notarized you may be eliminated from the process.

Information obtained by the Cicero Police Department through testing and investigation will be held in the strictest confidence, except for outstanding criminal or civil warrants or evidence of criminal activity. Any information obtained may be released to other law enforcement agencies who are conducting their own investigations for hiring purposes. This information will only be divulged if the other law enforcement agency has a signed waiver of release on file from you.

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STATEMENT ON EQUAL OPPORTUNITY EMPLOYMENT

The Cicero Police Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, political affiliation, or on the basis of age against individuals whose age is between 40 and 70, except when age, sex, or physical requirement constitute a *bona fide* occupational qualification necessary to proper and efficient administration, or the health, safety, and welfare of the applicant and others, as provided by law. No question on this application is intended to secure information to be used for such discrimination.

The Cicero Police Department, pursuant to and in accordance with the *Americans with Disabilities Act (ADA)*, specifically Title I of the "ADA", shall not discriminate against a qualified individual with a disability because of the disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions, and privileges of employment. Additionally, no qualified individual with a disability may, on the basis of disability, be subjected to discrimination in employment under any service, program, or activity conducted by the Cicero Police Department.

This application must be completed by the applicant only; however, the applicant may request any needed accommodation to participate in the application process unless such accommodation causes undue hardship to the Cicero Police Department. Type or print legibly in black ink and complete the application thoroughly and neatly. Attach supplements if necessary to expand on requested information. All information will be regarded as confidential. This application will be given every consideration for employment but its receipt does not imply a guarantee of employment.

The Cicero Police Department encourages and invites applicants to identify themselves as individuals with disabilities in order for the agency to collect and analyze information for satisfaction of affirmative action requirements, "ADA" requirements, and determination of appropriate accommodations for the applicant. No qualified applicant shall be refused employment because of such person's need for an accommodation required under "ADA", unless such accommodation causes undue hardship to the Cicero Police Department.

Because of the sensitive and important position of law enforcement officer, the Cicero Police Department must select officers who possess the best physical, mental, moral, and emotional character for the performance of police duties. In order to best ascertain who these individuals are, it is necessary to gather as much information as possible about each applicant as that information may have a bearing on the ability to perform the required duties with or without accommodation. Several questions in this application are designed to give the agency a more complete background on each applicant. All responses will be considered, along with attendant facts, to form a basis for employment potential. No question on this application is intended to secure information to be used for unlawful discrimination.

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STATEMENT ON EMPLOYMENT OF EX-OFFENDERS

Consideration for employment of ex-offenders shall be given without regard to race, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, political affiliation, or on the basis of age against individuals whose age is between 40 and 70, except when age, sex, or physical requirement constitute a *bona fide* occupational qualification necessary to proper administration, or for the health, safety, and welfare of the applicant and others, as provided by law. The term "ex-offender" as used herein refers to anyone convicted of any criminal statute or convicted of a military offense while in the service.

Felony Conviction

Any individual convicted of a felony offense shall be ineligible for employment with the Cicero Police Department. A felony is defined by Indiana Law as any offense for which a person may receive one (1) or more years of confinement in a state or federal institution.

Evaluation

With respect to all other criminal convictions which are not felonies, in each case the Cicero Police Department will consider whether the prior criminal conviction or military offense conviction of the applicant will have a bearing on the applicant's job performance or capability. The date and nature of the offense, the requirements of the position, and the applicant's other qualifications will be considered.

Confidentiality

As a matter of policy, every effort will be made to keep the applicant's criminal record confidential. During the selection and placement process it may be necessary to inform other personnel within the agency participating in the selection process of the applicant's criminal record.

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STATEMENT ON BACKGROUND INVESTIGATIONS

It is the policy of the Cicero Police Department to recruit qualified individuals for positions in the agency. In pursuing this goal, a background investigation of each applicant is conducted with respect to factors that may have a bearing upon the applicant's job performance as member of the Cicero Police Department.

Members of the agency are public servants. Police officers are placed in situations of public trust and must be of high integrity and character. A police officer's job often involves critical and dangerous situations and an officer should not be prone to external pressures that would affect job performance.

The following items and circumstances surrounding such items are among subjects to be investigated:

- -Contents and completeness of employment application
- -Driving responsibility
- -Former employment
- -Financial condition
- -Criminal record, pursuant to Statement of Employment of Ex-Offenders
- -Personal character references
- -Personal history of applicant

A negative finding on any one of these factors may not, in and of itself, be reason for automatic rejection of an applicant. Instead, the circumstances underlying such matters will be considered as they relate to the applicant's potential ability to perform the job of police officer. Although it is impossible to state all relevant and material factors to a background investigation and to the applicant's qualifications, in each case the agency will consider whether the applicant's background will have a bearing on job performance. The date and circumstances surrounding any negative findings in the background investigation, the requirements of the position, and the applicant's other qualifications, will be considered.

The background investigation phase of the hiring process shall be based upon objective factual findings and any required subjective determination shall be in accordance with the aforementioned policy and conducted in such a manner as to not discriminate based on the Statement on Equal Opportunity Employment.

CICERO POLICE DEPARTMENT APPLICATION FOR POLICE OFFICER

Application for position of:	POLICE OFFICER	Date: / /

All information supplied in connection with your application will be held in strict confidence. No information will be released without your Waiver of Release

GENERAL INSTRUCTIONS: TYPE or PRINT an answer to every question. If additional space is needed, use a separate sheet and precede each answer with the number of the reference block.

IF HAND PRINTED USE
BLACK INK ONLY

<u>DO NOT MISSTATE</u> OR <u>OMIT</u> material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. PERSONAL INFORMA	TION		Ī							
LAST NAME	FIRST NAM	1E	MIDDLE NAME	AGE		MALE	FEMALE			
ALIAS(es) or PREVIOUS NA	ME(s) H	OME TELEPHONE) -	CELL TELEPHONE () -	BUSINESS () -	TELEPHONE	DATE OF	BIRTH			
STREET ADDRESS				CITY		STATE	ZIP CODE			
EMAIL ADDRESS										
ARE YOU LEGALLY QUAL	IFIED TO WORK	IN THE UNITED STA	ATES? YES	NO						
ARE YOU A UNITED STAT	ES CITIZEN OR V	WILL YOU BE A UNIT	TED STATES CITIZEN BEI	FORE TIME OF A	APPOINTMENT?	? YES	□ NO			
2. RELATIVES										
List all information on the follow residence at year of death.	ring relatives, includ	ing maiden names where	applicable. <u>Note:</u> Even if a rela	tive is deceased, plo	ease give all inform	ation requeste	d and indicate last			
Father FULL NAME	DATE OF BIRTH	HOME TELEPHONE	E .	ADDRESS		El	MPLOYER			
	/ /	() -	CITY	STATE	ZIP CODE	OC	CUPATION			
Mother Maiden Name	DATE OF BIRTH	HOME TELEPHONE	3	-1	EMPLOYER					
	/ /	() -	CITY	STATE	ZIP CODE	OC	CUPATION			
Step Mother or Father	DATE OF BIRTH	HOME TELEPHONE	3	ADDRESS		El	MPLOYER			
	/ /	() -	CITY	STATE	ZIP CODE	OC	CUPATION			
Brothers, Step or Half Brothers	DATE OF BIRTH	HOME TELEPHONE	3	ADDRESS		El	MPLOYER			
	/ /	() -	CITY	STATE	ZIP CODE	OC	CUPATION			
Brothers, Step or Half Brothers	DATE OF BIRTH	HOME TELEPHONE	3	ADDRESS		El	MPLOYER			
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Brothers, Step or Half Brothers	DATE OF BIRTH	HOME TELEPHONE	3	ADDRESS		El	MPLOYER			
	/ /	() -	CITY	STATE	ZIP CODE	OC	CUPATION			
Sisters, Step or Half Sisters	DATE OF BIRTH	HOME TELEPHONE		ADDRESS		EMPLOYER				
	/ /	() -	CITY	STATE	ZIP CODE	OC	CUPATION			
Sisters, Step or Half Sisters	DATE OF BIRTH	HOME TELEPHONE	3	ADDRESS		E	MPLOYER			
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Sisters, Step or Half Sisters	DATE OF BIRTH	HOME TELEPHONE	3	ADDRESS		E	MPLOYER			

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Additional relative			TE OF BIRTH	HOME TELEPHONE	Τ	ADD	DRESS		EMPLO	OVED
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			/ /		CITY		STATE	ZIP CODE	OCCUP.	ATION
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		<u> </u>			I				ı	
3. RESIDENC	CES									
List all residences	for the past te	n (10) y	years, beginnin	g with your present address	s (include duty statio	ons if in servi	ice and/or do	mitories when in co	ollege).	
	AND YEAR									STATE OR
FROM	TO			STREET AND NUMBER	K		CITY		ZIP CODE	COUNTRY
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4. EMPLOYMEN Begin with your most		nent, including pa	rt-time, temporary or	r seasonal, and all periods of unemploymen	nt. (LIST PERIODS AS A STUDENT
ALSO)		,	, <u>-</u> ,	· · · · · · · · · · · · · · · · · · ·	(
Are you currently unen	mployed?	If YES, since wha	t date? / /		
May we contact your p	present and past employers? YES	□ NO	If NO, exp	olain:	
START DATE / /	BUSINESS NAME		TELEPHONE	REASON FOR LEAVING	JOB TITLE
END DATE	BUSINESS	ADDRESS		DESCRIPTION OF DU	JTIES PERFORMED
HOURLY PAY	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
\$.	CITT	SIMIL	ZII CODE	WANTE OF SOFER VISOR	White of Co-worker
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	discharged (fired), a	sked to resign, f	urloughed, o	r put o	n inactive sta	tus fo	r cause.	or subjected	to disciplinary action	while in any position (except
YES, state circum	nstances (use suppler	nental page if ad	ditional spac	e is ne	eded)	-				
-	gned (quit) after being	•			_		-	-	☐YES ☐ NO all page if additional sp	ace is needed)
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<u> </u>	n in the U.S. Armed		YES [0 🗆					
BRANCH C	OF SERVICE	PRIMAR	Y MOS/AFSC		/ /	DA	TES /	/	COMPONENT	TYPE OF DISCHARGE
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List Name of Currer	nt Command	ing Officer:			one Number:	()) -											
Are you presently a	member of t	he U.S. Arm	ned Forces (Active, Reser	rve or S	State Gu	ard Organiz	zation):	YES 🗌 1	40 🗆	If YES	, comple	te the follow	ving below:				
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ORGAN	IZATION AN	DSTATION	OK UNII AN	ND LOCATIO	N		ACTIVE RESERVE GUARD IRR											
While in the military	v service, we	ere vou ever	disciplined	arrested or c	ourt m	artialed?	YES 🗆	NO	П									
If YES, complete the	•	•																
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identify any awards	, medais, qua	anneations o	or certificate	s received wi	inic in	the min	ary	_										
7. EDUCATION																		
List all elementary, ju	unior high and	d high schools	s attended.		Т		I						GRADUA	ATED				
NAM	ИE		CIT	Y	ZIP	CODE	YEAF	RS ATTE	NDED	YEAR		YES	NO	N/A				
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Higher Education. Li	ist information	n below for al	ll colleges or	universities, tı	rade scl	hools, or	other school	s attende	d:									
NAME AND C	TTY, STATE (OF COLLEGE	E OR UNIVE	RSITY	ZIP	CODE	DATE	ES ATTEN	NDED	CREDI HOUR		TYPE C	F DEGREE	YEAR RECEIVED				
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MAJOR:	MI	NOR:		Are presen	tly atte	ending co	nllege: □Y	TES □1	NO How r	nany semes	ster ho	irs are vo	ou enrolled i	n?				
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Have you ever been	•	suspended n	TOTH SCHOOL	□ IES	<u>l</u>	□ NO												
If YES , explain:																		
8. DRIVING RE	COPD																	
List all vehicle operat		perator, chau	ıffeur, etc.).	Give the follow	ving inf	formation	1 concerning	anv vehi	cle operator	's license vo	u have	held or h	old now:					
-	F LICENSE		STATE				JMBER	,	_	TE OF			ESTRICTIO	NIC				
THEO	T LICENSE		SIAIL		LICE	ANDE INC	JWIDEK		EXPIR	ATION		K	ESTRICTIO	JN3				
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Have you ever been	denied issus	nce of a lice	ense or have	vou ever had	l a lice	nse siisn	ended or re	voked?	/	/ Y	FS	□ N	<u> </u>					
-				-		_		vokeu.			Lo	·	O					
If <u>YES</u> , explain full	ly (use supple	ementai page	e ii addition	ai space is ne	cessar	y):												
Have you ever had a	automobile ii	nsurance wit	thdrawn or r	evoked or ha	ve you	ever be	en refused a	automob	ile insuranc	e? 🔲 Y	ES	□ N	Ю.					
If YES , give details					-													
List all traffic violation					,		150		T 2 1			_						
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DATE		CHARGE		NAME OF L	AW EN	NFORCE	MENT AGE	NCY		CITY		STA	STATE DISPOSITION, FINE, NOT GUITY, ETC.					

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List all accidents i	n which you have been involved a	s a driver (use supple	emental nage if additions	l space is neo	ressary).			
DATE	LOCATIO		Page		DESCRIPTION	N OF INCID	FNT	
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9. ARRESTS	DETENTIONS AND LITIGA	ATIONS						
	cluding both adult and juvenile,		ou were convicted:					
	er been arrested or detained by					☐ YES	□ NO	If YES , explain below:
DATE	LOCATION LOCATION		BENCY	ALLI	EGATION / CHAP			DISPOSITION
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R Are you curr	ently involved in any pending of	eivil or criminal liti	gation?			☐ YES	□ NO	If YES , explain below:
			gation:					
	r had a warrant for your arrest?					☐ YES	☐ NO	If YES , explain below:
 D. Regardless of 	who was at fault, have you ever	er had or been accu	sed of having a physica	al altercation	1?	☐ YES	☐ NO	If YES , explain below:
E II		4			19	YES	☐ NO	If YES , explain below:
E. Have you eve	er been given any type of court	document ordering	you to stay away from	any person	or place?			
F Since the agr	e of 18, have you ever committ	ed a crime for whic	h vou were not arrested	l or charged	9	☐ YES	☐ NO	If YES , explain below:
If the answer to a	ny of the above questions is $\underline{\mathbf{Y}}$	ES, list below the d	ate, place and full deta	ils of each in	ncident.			
	<u> </u>							
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10. DRUG USE HISTORY			
When was the last time you illegally used the	ne following?		
CANNABIS SUBSTANCES (Marijuana,			AMOUNT HEED
LIST WHAT TYPE	DATE / /	LOCATION	AMOUNT USED
INHALANTS	/ /		
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		
HALLUCINOGENS (LSD, PCP, Peyote,	Mushrooms, Mescaline, e	etc.)	
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
NA P.COMYCG (G. 1.1. C. 1. T. 1.1.	/ /		
NARCOTICS (Codeine, Opium Morphin LIST WHAT TYPE	ne, Heroin, etc.) DATE	LOCATION	AMOUNT USED
LIST WHAT TIPE	/ /	LUCATION	AWOUNT USED
DEPRESSANTS (Tranquilizers, Barbitu	rates, Benzodiazepines. M	(ethaqualone, etc.)	
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		
STIMULANTS (Cocaine, Crack, Rock, C			amphetamines, etc.)
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
STEROIDS	/ /		
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		12.20011 0022
PRESCRIPTION MEDICATION PRES	CRIBED IN SOMEONE		<u> </u>
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		
When and where was the last time that you	were present while others v LOCATION	vere using illegal drugs?	TVDE OF CHECKANOE
DATE	LOCATION		TYPE OF SUBSTANCE
/ /			
11. APPLICATIONS AT OTHER LAW		NCIES	<u>_</u>
Have you ever applied for a position with a			YES NO If <u>YES</u> , complete the information below:
DATE APPLIED AGENC	Y / STATE		DISPOSITION
/ /			
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/ /

12. FINANCES				
Have you ever filed for or been	granted bankruptcy?		YES NO If YES	, complete the information below:
DATE		REASON		
/ /				
DATE		REASON		
/ /				
Have you ever been delinquent	on income tax payments?		YES NO If YES,	complete the information below:
DATE		REASON		
/ /				
Have you ever had any of your	bills, accounts, or loans turned ov	er to a collection agency?	YES NO If YES,	complete the information below:
DATE		REASON		
/ /				
DATE		REASON		
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DATE		DEAGON		
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DATE		REASON		
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DATE		REASON		
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13. REFERENCES				
List the following information		friend: (please do not include your	r spouse or other relative).	
NAME	AGE ADDRE	ESS, CITY & ZIP CODE	BUSINESS NAME, A	ADDRESS, CITY & ZIP CODE
YEARS KNOWN	HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	OCCUPATION
	() -	() -	() -	
B. Personal References: (I	Provide a minimum of five (5) ar	nd DO NOT include employers or	relatives) (Only include referen	ces vou have personally known)
NAME		ADDRESS	BUSINESS ADDRES	
WWIL	HOWE I	IDDRESS	BUSINESS ADDRES	5
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YEARS KNOWN	HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	OCCUPATION
NAME	HOME	ADDRESS	BUSINESS ADDRES	9
NAME	HOME A	ADDRESS	BUSINESS ADDRES	5
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NAME	HOME A	ADDRESS	BUSINESS ADDRES	S
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YEARS KNOWN	HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	OCCUPATION
NAME	() -	ADDRESS	BUSINESS ADDRES	9
NAME	HOME A	NDVE99	DUSINESS ADDRES	
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YEARS KNOWN	HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE () -	OCCUPATION

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19 CONDENSES	
18. COMMENTS	
Any comments you would care to make or additional information concerning your background or qualifications in relation to the law enforcement profession?	

20. ADDITIONAL SPACE FOR ELABORATION FROM PREVIOUS QUESTIONS	
	_

Applicants are responsible for all expenses incurred in obtaining records or other materials necessary for investigative process. Upon return of the Personal History Statement, copies of the following documents must be attached.

The following information must be attached if applicable.

- 1. Proof of United States citizenship (birth certificate, naturalization paperwork, etc...)
- 2. Military Form DD-214 (member 4 copy)
- 3. Driver's License (front and back)
- 4. High School Diploma (or GED certificate) and Transcript (must be official copy)
- 5. College or University Degree and Transcript(s) (must be official copy)
- 6. Any Court Order requesting Name Change
- 7. Law Enforcement Academy Certificate

All materials and documents provided become the property of the Cicero Police Department and are not subject to return. Additional documents may be required upon offer of conditional employment. This application and associated items will be kept on file for a minimum of two (2) years.

If hired, recruit officers may be required to provide copies or their spouse's and children's birth certificates or adoption papers if applicable.

Any false, omitted, or misleading information on this application may subject the applicant to elimination from the hiring process. Any false or omitted information that comes to light after employment may be cause for immediate termination from the Cicero Police Department.

I have read, understand, and agree to the terms and guidelines outlined above.

Applicant's Signature:	Date:		
Printed Name:			

CERTIFICATE

APPLICANT: Please read the following statement carefully before signing. If you have any questions regarding the following statement or any questions contained in this application, please ask them of a qualified representative of the Cicero Police Department before signing.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE AGENCY OF ANY ADDITIONAL INFORMATION RELATING TO QUESTIONS RAISED ON THE APPLICATION WHICH MAY OCCUR SUBSEQUENT TO MY COMPLETION OF THE APPLICATION. I REALIZE THAT ANY MISREPRESENTATION OF FACTS OR THE FAILURE TO UPDATE ANY INFORMATION RELATING TO QUESTIONS ON THE APPLICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT. FINAL EMPLOYMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PRE-EMPLOYMENT PROCEDURES INCLUDING BUT NOT LIMITED TO INTERVIEWS, EXAMINATIONS, VERIFICATION OF ALL RELEVANT INFORMATION, PHYSICAL AGILITY ASSESSMENT, PHYSICAL AND PSYCHOLOGICAL TESTING, DRUG SCREENING, AND ANY APPLICABLE STATUTORY PROVISION. THE CICERO POLICE DEPARTMENT SHALL PROVIDE THE APPLICANT WITH ALL REASONABLE ACCOMODATIONS IN THE APPLICATION PROCCESS UPON VERBAL AND WRITTEN NOTIFICATION AND REQUEST OF SUCH ACCOMODATIONS REQUIRED BY THE APPLICANT.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS STATEMENT.

My Commission expires:

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant with the Cicero Police Department. This agency needs to thoroughly investigate my employment background and personal history in order to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Cicero Police Department bearing this release to obtain any and all 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 Cicero Police Department, whether such 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 and employment history for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cicero Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, regardless of how 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, my education records, my financial status, my criminal history record, including any arrest records, any information contained in any investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney at law or other counsel whether representing me or another person in any case, whether criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examination, and any internal affair investigations and discipline, including any files that are deemed as confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records or your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I direct you to release such information upon request of the duly authorized representative of the Cicero Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Cicero Police Department's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees, harmless from any and all claims of liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cicero Police Department. I understand that should such information of a serious criminal nature or regarding an outstanding criminal or civil warrant 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 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cicero Police Department in conjunction with employment procedures.

A photocopy or fax 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 one year 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 whom this request is presented and his or her agents and employees, from and against all claims, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Applicant Signature:		Date:				
Printed Name:	Date of Birth:					
Address:						
City:	State:	Zip:				
Telephone:	Cell:					
Email:						
NOTARY PUBLIC						
Subscribed and Sworn to before me thisday of		, 2	0			
Notary public in and for said County of	, State of	_·	Seal			
Notary Public:						
My Commission expires:						