

# *CICERO POLICE DEPARTMENT*

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

*Jim Hunter  
Chief of Police*

*Administration  
317-984-3648  
Fax 317-984-9645*

# APPLICATION FOR POLICE OFFICER

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## 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: <b>POLICE OFFICER</b>	Date: / /
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\*\*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** **DO NOT MISSTATE OR OMIT** material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	AGE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ALIAS(es) or PREVIOUS NAME(s)	HOME TELEPHONE ( ) -	CELL TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	DATE OF BIRTH / /	
STREET ADDRESS			CITY	STATE	ZIP CODE
EMAIL ADDRESS					
ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU A UNITED STATES CITIZEN OR WILL YOU BE A UNITED STATES CITIZEN BEFORE TIME OF APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

2. RELATIVES						
List all information on the following relatives, including maiden names where applicable. <u>Note:</u> Even if a relative is deceased, please give all information requested and indicate last residence at year of death.						
Father FULL NAME	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Mother Maiden Name	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Step Mother or Father	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTH / /	HOME TELEPHONE ( ) -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION



**4. EMPLOYMENT**

Begin with your most recent job and list all previous employment, including part-time, temporary or seasonal, and all periods of unemployment. (LIST PERIODS AS A STUDENT ALSO)

Are you currently unemployed?  YES  NO If YES, since what date? / /

May we contact your present and past employers?  YES  NO If NO, explain:

START DATE / /	BUSINESS NAME	TELEPHONE ( ) -		REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME	TELEPHONE ( ) -		REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME	TELEPHONE ( ) -		REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME	TELEPHONE ( ) -		REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME	TELEPHONE ( ) -		REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
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END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
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END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER



/ /	( ) -				
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME		TELEPHONE ( ) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
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START DATE / /	BUSINESS NAME		TELEPHONE ( ) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME		TELEPHONE ( ) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME		TELEPHONE ( ) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME		TELEPHONE ( ) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME		TELEPHONE ( ) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$ .	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER

**5. EMPLOYMENT (continued)**

Have you ever been discharged (fired), asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?  YES  NO

If **YES**, state circumstances (use supplemental page if additional space is needed).\_\_\_\_\_

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?  YES  NO

If **YES**, explain, giving name and address of employer, approximate date, and reason in each case (use supplemental page if additional space is needed).\_\_\_\_\_

**6. MILITARY SERVICE**

Have you ever been in the U.S. Armed Forces YES  NO

BRANCH OF SERVICE	PRIMARY MOS/AFSC	DATES		COMPONENT	TYPE OF DISCHARGE
		/ /	/ /	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	
		/ /	/ /	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	

		/ /	/ /	<input type="checkbox"/> Active <input type="checkbox"/> Reserve
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List Name of Current Commanding Officer:	Telephone Number: ( ) -
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Are you presently a member of the U.S. Armed Forces (Active, Reserve or State Guard Organization): YES  NO  If **YES**, complete the following below:

GRADE/RANK AND SERVICE NUMBER	BRANCH OF SERVICE
ORGANIZATION AND STATION OR UNIT AND LOCATION	ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD <input type="checkbox"/> IRR <input type="checkbox"/>

While in the military service, were you ever disciplined, arrested or court martialled? YES  NO

**If YES, complete the information below.**

DATE	PLACE	AGENCY	CHARGE, INFRACTION, ARTICLE	DISPOSITION
/ /				
/ /				
/ /				

Identify any awards, medals, qualifications or certificates received while in the military: \_\_\_\_\_

**7. EDUCATION**

**List all elementary, junior high and high schools attended.**

NAME	CITY	ZIP CODE	YEARS ATTENDED	YEARS COMPLETED	GRADUATED		
					YES	NO	N/A
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Higher Education. List information below for all colleges or universities, trade schools, or other schools attended:**

NAME AND CITY, STATE OF COLLEGE OR UNIVERSITY	ZIP CODE	DATES ATTENDED	CREDIT HOURS	TYPE OF DEGREE	YEAR RECEIVED
		FROM TO			
		FROM TO			
		FROM TO			
		FROM TO			
		FROM TO			
		FROM TO			

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_ Are presently attending college:  YES  NO How many semester hours are you enrolled in? \_\_\_\_

Have you ever been expelled or suspended from school?  YES  NO

If **YES**, explain: \_\_\_\_\_

**8. DRIVING RECORD**

**List all vehicle operator licenses (operator, chauffeur, etc.). Give the following information concerning any vehicle operator's license you have held or hold now:**

TYPE OF LICENSE	STATE	LICENSE NUMBER	DATE OF EXPIRATION	RESTRICTIONS
			/ /	
			/ /	
			/ /	

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  YES  NO

If **YES**, explain fully (use supplemental page if additional space is necessary): \_\_\_\_\_

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?  YES  NO

If **YES**, give details, including reasons, names of companies, dates, etc.(use supplemental page if additional space is needed): \_\_\_\_\_

**List all traffic violations and warnings that you have ever received.**

DATE	CHARGE	NAME OF LAW ENFORCEMENT AGENCY	CITY	STATE	DISPOSITION, FINE, NOT GUILTY, ETC.





**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
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Have you ever had any of your bills, accounts, or loans turned over to a collection agency?  YES  NO If **YES**, complete the information below:

DATE / /	REASON
DATE / /	REASON
DATE / /	REASON
DATE / /	REASON
DATE / /	REASON

**13. REFERENCES****List the following information regarding your closest or best friend: (please do not include your spouse or other relative).**

NAME	AGE	ADDRESS, CITY & ZIP CODE	BUSINESS NAME, ADDRESS, CITY & ZIP CODE	
YEARS KNOWN	HOME TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	MOBILE TELEPHONE ( ) -	OCCUPATION

**B. Personal References: (Provide a minimum of five (5) and DO NOT include employers or relatives) (Only include references you have personally known)**

NAME	HOME ADDRESS	BUSINESS ADDRESS	
YEARS KNOWN	HOME TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	OCCUPATION
NAME	HOME ADDRESS	BUSINESS ADDRESS	
YEARS KNOWN	HOME TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	OCCUPATION
NAME	HOME ADDRESS	BUSINESS ADDRESS	
YEARS KNOWN	HOME TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	OCCUPATION
NAME	HOME ADDRESS	BUSINESS ADDRESS	
YEARS KNOWN	HOME TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	OCCUPATION
NAME	HOME ADDRESS	BUSINESS ADDRESS	
YEARS KNOWN	HOME TELEPHONE ( ) -	BUSINESS TELEPHONE ( ) -	OCCUPATION

**14. SUBVERSIVE ORGANIZATIONS**











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 of 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 PROCCES 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Applicant Name Printed: \_\_\_\_\_

**NOTARY PUBLIC**

Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary public in and for said County of \_\_\_\_\_, State of \_\_\_\_\_.

Seal

Notary Public: \_\_\_\_\_

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 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary public in and for said County of \_\_\_\_\_, State of \_\_\_\_\_.

Seal

Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_