

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**VILLAGE OF HOFFMAN ESTATES**  
An Equal Opportunity Employer



**Hoffman Estates Police Department**

411 West Higgins Road

Hoffman Estates, IL 60169

Phone: 847-882-1818

www.hoffmanestates.org

**CERTIFIED LATERAL  
POLICE OFFICER APPLICATION**

It is the policy of the Village of Hoffman Estates to provide equality of opportunity to all persons regardless of race, color, ancestry, national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, service in the military, or any other protected group status. This policy applies to all aspects of our personnel policies, practice and operations. The Village complies with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Human Resources Director in advance. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Hoffman Estates. Please furnish us with complete information as outlined in this application.

Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Village of Hoffman Estates.

**THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE AS COMPLETE AS POSSIBLE.**

**See the Minimum Qualifications.**

You cannot be considered for the position unless you meet these requirements.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

### MINIMUM QUALIFICATIONS

All persons possessing certification from the Illinois Law Enforcement Training and Standards Board may be considered for accelerated entry (referred to as “certified entry candidates”).

Certified entry candidates selected must first meet all of the following criteria:

1. Possesses a Bachelor’s Degree from an institution of higher education certified by a regional or national accreditation agency for employment,  
  
**OR** (1) the applicant has served for 36 months of honorable active duty in the United States Armed Forces and has not been discharged dishonorably or under circumstances other than honorable **OR**  
  
(2) the applicant has served for 180 days of active duty in the United States Armed Forces in combat duty recognized by the Department of Defense and has not been discharged dishonorably or under circumstances other than honorable.
2. Valid Driver’s License.
3. Vision correctable to 20/20 in both eyes with no color blindness.
4. Pass medical exam including drug screening.
5. Be over 21 years of age.
6. Understand the written and spoken English language.
7. Must possess certification from the Illinois Law Enforcement Training and Standards board and be in good standing with the ILETSB and police department in which they serve.
8. Must have served at least two years of full-time continuous service as a non-probationary sworn officer and possess skills and abilities that are substantially equivalent to those possessed by a non-probationary Village Police Officer.
9. Taken and passed such examinations as the Commission deems necessary to determine fitness for duty as a police officer.

Certified entry candidates who have been determined by the Commission to meet the aforementioned requirements will not be required to attend an orientation or take a written examination. For such candidates, the examination process shall consist of oral interviews, background investigation, polygraph, psychological, and medical examination.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**An application is not complete without attaching the following documents:**

1. Signed copy of Authorization for Credit Report.
2. Signed copy of Background Authorization.
3. Copy of birth certificate.
4. Copy of Military Discharge form DD214, if applicable.
5. Copy of High School diploma or G.E.D. certificate.
6. **Original college transcript must be sent directly from the institution to the Hoffman Estates Police Department, 411 West Higgins Road, Hoffman Estates, IL 60169 Attention: Staff Services.**
7. Performance Appraisals and Evaluations for the past two years.

**GENERAL INSTRUCTIONS**

1. Type or print in black ink an answer to every question. To be eligible for consideration, applications **MUST** be complete, accurate and legible.
2. If a question does not apply to you, mark N/A in the space provided.
3. If space provided is insufficient, attach a separate sheet and precede the additional information with the section title to which you are referring.
4. It is your responsibility to notify the Village of any changes of address or phone number.
5. The Hoffman Estates Police Department will verify conviction record, places of employment and other information listed on this application.
6. If you have any questions, you may call the Staff Services Sergeant at (847) 781-2866 Monday through Friday 8:00 a.m. - 4:00 p.m.



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**RESIDENCES**

List your addresses for the last ten years, starting with present address

| From (Mo & Yr) | To (Mo & Yr) | Address of Residence | City & State |
|----------------|--------------|----------------------|--------------|
|                |              |                      |              |
|                |              |                      |              |
|                |              |                      |              |
|                |              |                      |              |

**EDUCATIONAL INFORMATION**

| SCHOOL             | Name and Mailing Address of School<br>(including City and State) | Dates Attended<br>From To | Credits Awarded | Degree |
|--------------------|--|---------------------------|-----------------|--------|
| COLLEGE            |  |                           |                 |        |
| GRADUATE           |  |                           |                 |        |
|                    |  |                           |                 |        |
| TECHNICAL<br>OTHER |  |                           |                 |        |

Have you ever been disciplined by any school or been placed on any type of school academic, behavioral or disciplinary probation?      **Yes**      **No**

If yes, please explain: \_\_\_\_\_



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service?

Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended by any employer for any reason?

Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you related to any employee, elected or appointed official at the Village of Hoffman Estates?

Yes No

If yes, please list name/department/relationship: \_\_\_\_\_

**UNSALARIED EXPERIENCE, VOLUNTEER, WORK INTERNSHIPS ETC.**

Organization: \_\_\_\_\_  
Organization's Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ # of hours worked weekly: \_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**CRIMINAL HISTORY**

**Have you ever been convicted of a felony?**

*The Village of Hoffman Estates will not automatically reject an applicant who has been convicted. This information will only be used for job-related purposes and only to the extent permitted by law. There is no obligation to disclose expunged juvenile records.*

**Yes      No**

If yes explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed on probation?

**Yes      No**

If yes, explain: \_\_\_\_\_

Have you ever been the respondent or named in an order of protection in any state?

**Yes      No**

If yes, explain: \_\_\_\_\_

Have you ever had a professional license or certification suspended or revoked?

**Yes**      **No**

If yes, please explain: \_\_\_\_\_

Have you ever had an operator's or driver's license in another state?

**Yes**      **No**

If yes, which state? \_\_\_\_\_

Have you ever been refused an operator's or driver's license in another state?

**Yes      No**

If yes, which state? \_\_\_\_\_

Please list any and all traffic convictions, accidents and citations in the last five years; (include; location, time, constraints)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK DISCIPLINE HISTORY**

Describe any discipline you have received: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a Police Officer license or certification in ANY state suspended or revoked?

**Yes      No**

If Yes, where? \_\_\_\_\_

**Applicants must sign a waiver allowing the Village to review their personnel file at their current place of employment as a police officer.**

**Lateral Applicants must submit copies of all performance evaluations and appraisals for the past 2 years with this application.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**CRIMINAL HISTORY CONT.**

Have you ever been convicted of an offense other than a traffic violation?  
If yes, please complete the section below:

Yes      No

| Date | Agency | Crime Charged | Disposition of Case |
|------|--------|---------------|---------------------|
|      |        |               |                     |
|      |        |               |                     |
|      |        |               |                     |

Have you ever been fingerprinted by a police agency other than for an arrest?

If yes, please complete the section below:

Yes      No

| Agency | Date | Purpose |
|--------|------|---------|
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |
|        |      |         |

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**DRUG/NARCOTIC USE**

- 1) Within the last two years, have you illegally used Marijuana (by illegal, we mean illegal at the time and location that you used it)?  
 Yes  No  
If yes, please indicate estimated time of last use: \_\_\_\_\_
- 2) Within the last five years, have you ever used or experimented with any illegal or non-prescribed drug, narcotic or substance?  
 Yes  No  
If yes, please indicate which of the following substance(s) you have ever used or experimented with and estimated time of last use:
- Cocaine
    - o Estimated time of last use: \_\_\_\_\_
  - Amphetamines, methedrine, dexedrine, "speed," "crank"
    - o Estimated time of last use: \_\_\_\_\_
  - PCP (angel dust)
    - o Estimated time of last use: \_\_\_\_\_
  - Crack cocaine, opiates, morphine, heroin
    - o Estimated time of last use: \_\_\_\_\_
  - Hallucinogens
    - o Estimated time of last use: \_\_\_\_\_
  - Pharmaceutical drug not prescribed to you
    - o Name of drug(s): \_\_\_\_\_
    - o Estimated time of last use: \_\_\_\_\_
  - Illegal use of a prescription drug:
    - o Name of drug(s) \_\_\_\_\_
    - o Estimated time of last use: \_\_\_\_\_
  - Illegal drug not listed here
    - o Name of drug(s) \_\_\_\_\_
    - o Estimated time of last use: \_\_\_\_\_

\*\*The responses to the above questions may prevent you from moving on in the hiring process for the position of Police Officer.\*\*

**TATTOOS / BODY ART**

Do you have any tattoos, body art or brand that would be visible if wearing a Village uniform?

- Yes  No

If yes, please describe:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**CREDIT HISTORY**

List three commercial or business credit references (include Bank or Charge Accounts or Firms from which you have borrowed money for any purpose):

| Name and Address of firm | Type of business | Amount | Approx. Date |        |
|--------------------------|------------------|--------|--------------|--------|
|                          |                  |        | Opened       | Closed |
| 1. _____                 |                  |        |              |        |
| 2. _____                 |                  |        |              |        |
| 3. _____                 |                  |        |              |        |

List any outstanding debts and list amount(s) and whether in arrears:

|    | Amt. of original debt | Amt. now owed | In arrears |    | Name (Owed to) | Address |
|----|-----------------------|---------------|------------|----|----------------|---------|
|    |                       |               | Yes        | No |                |         |
| 1. | _____                 | _____         |            |    | _____          | _____   |
| 2. | _____                 | _____         |            |    | _____          | _____   |
| 3. | _____                 | _____         |            |    | _____          | _____   |
| 4. | _____                 | _____         |            |    | _____          | _____   |
| 5. | _____                 | _____         |            |    | _____          | _____   |
| 6. | _____                 | _____         |            |    | _____          | _____   |

**REFERENCES**

Fill in below the names of three adults not related to you and not former employers, who have known you for a period, preferably, more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

|                  |                       |                               |
|------------------|-----------------------|-------------------------------|
| 1. <u>Name</u>   | <u>Address</u>        | <u>Home Phone Number</u>      |
| Business Address | Occupation/Profession | Business Phone      Yrs Known |
| 2. <u>Name</u>   | <u>Address</u>        | <u>Home Phone Number</u>      |
| Business Address | Occupation/Profession | Business Phone      Yrs Known |
| 3. <u>Name</u>   | <u>Address</u>        | <u>Home Phone Number</u>      |
| Business Address | Occupation/Profession | Business Phone      Yrs Known |

|                  |              |               |
|------------------|--------------|---------------|
| Last Name: _____ | First: _____ | Middle: _____ |
|------------------|--------------|---------------|

**PERSONAL HISTORY**

Do you have full-time police experience in a city, county, or state agency and have you completed two years of service in addition to the probationary period?

**Yes      No**

If Yes, please indicate where and dates of service:

Were you given a psychological examination for any police officer position?

**Yes      No**

If Yes, please indicate for which department(s):

---

---

Were you given a polygraph for any police officer position?

**Yes      No**

If Yes, please indicate for which department(s):

---

---

Have you had a break of service in your law enforcement career?

**Yes      No**

If Yes, list dates not in active service, duration of break, and reason for break in service:

---

---

Have you ever been certified as a police officer in any other state?

**Yes      No**

If Yes, where and dates of employment:

---

Have you ever held part time Police Officer employment?

**Yes      No**

If Yes, where and dates of employment:

---

Have you ever held any other professional licenses or certifications?

**Yes      No**

If Yes, please list:

---

---

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**LAW ENFORCEMENT TRAINING**

Please describe courses taken relating to police work including basic police academy:  
(attach additional sheets if necessary).

Course Title: \_\_\_\_\_

Provider: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Hours: \_\_\_\_\_

---

Course Title: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Hours: \_\_\_\_\_

---

Course Title: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Hours: \_\_\_\_\_

---

Course Title: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Hours: \_\_\_\_\_

---

Course Title: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Hours: \_\_\_\_\_

---

Course Title: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Hours: \_\_\_\_\_

---

|                  |              |               |
|------------------|--------------|---------------|
| Last Name: _____ | First: _____ | Middle: _____ |
|------------------|--------------|---------------|

**AREAS OF POLICE EXPERIENCE**

Describe all duty and specialty assignments in your police career, such as traffic, investigations, narcotics, community relations/crime prevention, training of officers, patrol, administration, public education, etc. Note the duration of each assignment and where held. Please give reasons for transfers or reassignments.

---

---

---

---

---

---

---

---

**WORK ACTIVITIES**

Describe any information regarding the following areas:

Innovative programs you implemented or recommended:

---

---

---

---

Commendations and/or special achievements:

---

---

---

Experience using computer software:

---

---

---

---

---

|                  |              |               |
|------------------|--------------|---------------|
| Last Name: _____ | First: _____ | Middle: _____ |
|------------------|--------------|---------------|

Discuss your interest in and qualifications for becoming a police officer with the Village of Hoffman Estates.





Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**PLEASE READ THE FOLLOWING BEFORE SIGNING**

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment. I authorize investigation of all statements contained herein and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from liability for any damage that may result from furnishing information to the Village of Hoffman Estates.

In consideration of my employment I agree to conform to the rules and regulations of the Village of Hoffman Estates.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date

**Please Note:** If you fail to respond to a letter or phone call concerning your interest in the position, your application will be removed from the active file. Your application, also, will be removed from the active file if you fail to show for a scheduled test or interview.

The information listed below is NOT part of this application process, but it is used to improve advertising and recruiting efforts.

**How did you FIRST learn of this opportunity?**

- The Blue Line website posting
- Village of Hoffman Estates posting
  - Website
  - Facebook
  - Twitter
  - Other (please specify): \_\_\_\_\_
- Informed by a current Village of Hoffman Estates / Hoffman Estates Police Department employee
- Informed by a co-worker in another Police Department / municipality
- Informed by a friend or a relative
- Other referral source (please specify): \_\_\_\_\_

**ATTACH ALL DOCUMENTS TO THE LAST PAGE OF THIS APPLICATION. PLEASE STAPLE.**

|                  |              |               |
|------------------|--------------|---------------|
| Last Name: _____ | First: _____ | Middle: _____ |
|------------------|--------------|---------------|

**AUTHORIZATION FOR CREDIT REPORT**

\_\_\_\_\_ (“Applicant”) hereby authorizes the Village of Hoffman Estates to obtain a consumer credit report as part of its pre-employment background investigation from the following credit reporting agency:

Experian  
P.O. Box 2104 Allen  
TX 75013-0949  
1-888-397-3742

The applicant has the right under federal law, on request and after providing proper identification, to obtain from the above-named consumer reporting agency the following information:

1. The nature and substance of all the Applicant’s information in its files (except medical information) at the time of the request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished, and the Applicant may be accompanied by one other person when visiting the agency. If the Applicant is accompanied by another person, he or she must furnish reasonable identification, and the agency may require the Applicant to furnish a written statement granting permission to the agency’s personnel to discuss the Applicant’s file in the other person’s presence.

The applicant can obtain information from the consumer reporting agency by the following methods:

1. The Applicant can appear in person at the agency during normal business hours, with reasonable notice to the agency, and with reasonable identification.
2. The Applicant can receive the information by telephone provided the Applicant has first made written request of the agency to obtain disclosures by this means. The Applicant must pay any toll charges involved, and may be required to provide proper identification.

The Village will not use the information from the credit report in violation of any applicable Federal or State equal Opportunity law or regulation. Before the Village takes any adverse action, based in whole or in part upon information contained within the credit report, the Village will provide a copy of the credit report to the Applicant along with a description of the Applicant’s rights under the Federal Credit Reporting Act, 15 USCS 1681(g)(3).

The undersigned consents to the release of this information.

|                             |                    |
|-----------------------------|--------------------|
| (Signature)                 | (Date)             |
| (Print Name)                | (Telephone Number) |
| (Address, City, State, Zip) |                    |

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_



## **PRE-EMPLOYMENT**

### **BACKGROUND AUTHORIZATION**

I authorize and empower the Village of Hoffman Estates and its representatives, any consumer reporting agency, or other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I am aware and understand that my fingerprints and/or personal identifiers will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

I authorize and empower the Village of Hoffman Estates to review my personnel file at my current place of employment as a Police Officer.

Upon written request, I understand that said organization will provide me with information regarding the scope of the investigation if one is made.

I release the Village from any liability for damages resulting from conducting the background investigation.

I certify that I have read this authorization form and understand its meaning and purpose.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (Including Middle Initial)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Maiden Name if Applicable

\_\_\_\_\_  
Address

\_\_\_\_\_  
\*Date of Birth

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Driver's License Number / State of Issuance

\* Date of Birth is a personal identifier that will not be used in an employment decision.

**VOLUNTARY SELF IDENTIFICATION**

**APPLICANT FLOW DATA**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Village of Hoffman Estates believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

**Position Applied For** \_\_\_\_\_ **Home Zip Code** \_\_\_\_\_

Race/Ethnic Data:

- |                         |                                    |                   |
|-------------------------|------------------------------------|-------------------|
| American Indian/Alaskan | Asian                              | Black             |
| Hispanic or Latino      | Native Hawaiian / Pacific Islander | Two or more races |
| White                   |                                    |                   |

**Gender:** Male Female **Date** \_\_\_\_\_

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulation, and without subjecting the individual in adverse treatment.

\*Disabled/Veteran Classification(s):

- |                 |                     |  |
|-----------------|---------------------|--|
| Disabled person | Vietnam Era Veteran | Special Disabled Veteran<br>(30% or more disability) |
|-----------------|---------------------|--|

PLEASE ANSWER THE FOLLOWING QUESTIONS: CHECK ONE ANSWER FOR EACH QUESTION ONLY:

- |   |   |
|---|---|
| 1. How did you <u>first</u> learn of this position?   | 2. In which newspaper did you <u>first</u> see our ad? (if applicable)  |
| <input type="checkbox"/> Job Fair<br><input type="checkbox"/> From a friend<br><input type="checkbox"/> Referred by Municipality<br><input type="checkbox"/> Read a notice<br><input type="checkbox"/> Newspaper Ad<br><input type="checkbox"/> Television<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Other | <input type="checkbox"/> Chicago Sun Times<br><input type="checkbox"/> Chicago Tribune<br><input type="checkbox"/> Daily Herald<br><input type="checkbox"/> Chicago Defender<br><input type="checkbox"/> La Raza<br><input type="checkbox"/> Korean Times<br><input type="checkbox"/> Other |

\*Explanation of the Disabled/Veteran:

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER