



**Wauconda Police Department
Village of Wauconda**

311 South Main Street
Wauconda, IL
60084
Phone: 847-526-2421
www.Wauconda-il.gov

LATERAL TRANSFER POLICE OFFICER SUPPLEMENTAL APPLICATION

The Village of Wauconda accepts for employment and promotes its employees without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, physical or mental handicap unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law. The Village of Wauconda bases its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The Village of Wauconda complies with the American with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the Village of Wauconda Human Resources Department 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 Wauconda.

See the "Required Documents and Application Checklist" on page 3 in this document for complete application instructions. Please furnish us with complete information as outlined in the online application and this supplemental application. For this document, please print in black ink.

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination for appointment. Any false statements on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Village of Wauconda.

THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE COMPLETED IN ITS ENTIRETY and ALL REQUIRED DOCUMENTS MUST BE ATTACHED UPON SUBMISSION.

See the [Minimum Qualifications](#).

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

Any questions concerning the employment process should be directed to the Village of Wauconda Police Department, 311 South Main Street, Wauconda, IL 60084; 847-526-2421.

Minimum Requirements and Qualifications

Applicants for lateral transfer Police Officer appointments must meet the following minimum qualifications and requirements at the time of application:

- Have been employed, whether currently or in the past, for at least
- (2) years as a full-time, non-probationary, sworn law enforcement officers by a Federal, State, County or local law enforcement agency. Applicants must be in good standing with the agency in which they served. (Part-time certification as a law enforcement officer does not meet this requirement.)
- Confirm status as a sworn municipal police officer, Illinois state trooper or county sheriff's deputy who possess State of Illinois certification by the Illinois Law Enforcement Training and Standards Board. (Part-time certification as a law enforcement officer does not meet this requirement.)
- United States citizen.
- Individuals must be at least 23 years old.
- Education – Must possess an Associates or equivalent.
- Experience – Current status as a Police Officer for two (2) years after completion of a probationary period and currently in good standing in the Police Department in which the person serves or in laid-off status due to financial restraints only. Also must possess substantially equivalent skills and abilities as a current Village of Wauconda Police Officer.
- Valid Driver's License.
- Must agree to comply with all requirements of the position and have the ability to pass all examination and training requirements.
- Ability to furnish upon request, a copy of the following, to the extent applicable: a resume; professional licenses; training certificates; documents confirming work experience; birth certificate; high school diploma or GED certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214/Copy 4); last two employee evaluations; two police reports demonstrating best work and any other employment related material as requested or required.

Selection Process

Each phase of the process is pass / fail and required to proceed to the next.

- Review of application materials.
- Interview.
- Background investigation.
- Post-offer examinations, including but not limited to: psychological assessment; polygraph; medical examination; functional capacity evaluation; and drug screening.

Lateral Eligible Police Officer Candidate Pool

- A lateral transfer Police Officer candidate pool will be established from qualified applicants that submit the required application materials by the application deadline.
- Inclusion in the lateral transfer candidate pool shall be based upon the relative excellence of the applicants.
- The candidate list of lateral transfer Police Officers will be maintained by department personnel.
- In the event that the selection process identifies applicants who have certain knowledge, skills and abilities that make those applicants more desirable for the position sought to be filled, the Board of Fire and Police Commissioners may choose to appoint those applicants.
- Applications will be valid for one year from the date of acceptance by the Village of Wauconda. Such applications for lateral transfer will be accepted as needed and determined by the Village.

REQUIRED DOCUMENTS & APPLICATION CHECKLIST

The following is a checklist to ensure you complete the Application Packet as required and attach and return copies of all required certificates and other documentation. This form should be submitted with the documentation.

- Download the **Employment Application** at www.Wauconda-il.gov and include **resume** in the application _____

- Submit this completed application packet to the Wauconda Police Department including the following required documents:
 - Photocopy of certificate issued by the State of Illinois Law Enforcement Training and Standards Board verifying completion of the Law Enforcement Basic Training Course _____
 - Photocopy of Driver’s License _____
 - Disqualification Statement _____
 - Acknowledgement and General Release of All Claims Form _____
 - Authorization to Release Information Form _____
 - Consumer Disclosure and Authorization Form _____
 - Data Collection Form (optional) _____

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

Applications are considered complete when the application has been completed, AND the required documents and forms have been submitted in person or by mail to the Wauconda Police Department, 311 South Main Street, Wauconda, IL. 60084 (hours are M-F 8:30 a.m. to 3:30 p.m.)

Internal Use Only
Date and Time Received: _____ APD Records Staff Initials: _____

COMPLETE & RETURN THE FOLLOWING PAGES; ATTACH ALL REQUIRED FORMS & DOCUMENTS

Name _____
Last First Middle

Address _____
Number & Street City Zip

State Home Phone Number _____ Cell Phone Number _____

Email address: _____

Are you a U.S. Citizen? YES ___ NO ___

Are you eligible to participate in the Police Pension Fund – Municipalities 500,000 and under? YES ___ NO ___

Do you have a valid driver's license? YES ___ NO ___

Do you meet the minimum requirements for this position? YES ___ NO ___

Are you certified as a Law Enforcement Officer by the Illinois Law Enforcement Training & Standards Board?

If YES, provide date of certification: _____ YES ___ NO ___

Do you meet the education requirements of this position? YES ___ NO ___

Do you meet the work experience requirements of this position? YES ___ NO ___

Do you hold a valid Firearms Owners ID [FOID] card? YES ___ NO ___

Number: _____ Expiration: _____

EDUCATION

List any training, skills, professional licenses or certificates that you have that pertain to the position for which you are applying:

PERSONAL HISTORY AND CONVICTION INFORMATION (for background investigation purposes)

You are not obligated to disclose criminal history records that have been sealed, impounded, or expunged.

List all names or aliases you have used, or have been known by _____

Date of birth _____

Driver's license number _____ State _____ Expiration date _____

Have you ever had a driver's license in any other state? YES ___ NO ___ If YES, where? _____

Has your license ever been suspended or revoked, or have you ever been issued a judicial driving permit?
YES ___ NO ___

If YES, please explain _____

Have you ever been convicted of a felony or misdemeanor in any jurisdiction? YES ___ NO ___

If YES, provide the following information for all convictions:

Date of Offense	Jurisdiction	Type of Offense	Disposition of Case
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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 used marijuana or any other illegal drug? YES ___ NO ___

Have you ever been involved with the sale and/or distribution of illegal drugs? YES ___ NO ___

If the answer to either of these questions is YES, explain:

List all traffic convictions and accidents you have been involved in during the last seven (7) years:

Date of Incident	Jurisdiction	Type of Offense	Disposition of Case

LIST ALL ADDRESSES FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER

Address _____
 Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
 Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
 Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
 Number & Street _____ City _____ State _____ Zip _____ Date range _____

Address _____
 Number & Street _____ City _____ State _____ Zip _____ Date Range _____

EMPLOYMENT HISTORY

Have you ever received formal discipline during your employment as a law enforcement officer, such as written reprimands, suspension, etc.? YES ____ NO ____

If “YES”, please attach a separate sheet with explanation for each incident, including the employer’s name and dates of occurrence.

Have you ever been discharged or forced to resign from any employment? YES ____ NO ____

If “YES”, please attach a separate sheet with explanation for each incident, including the employer’s name and date of occurrence.

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, or other law enforcement areas. Note the duration of each assignment and where held. Please give reasons for transfers or reassignments.

POLICE WORK 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:

Describe any information regarding the following areas:

Innovative programs you implemented or recommended:

Commendations and/or special achievements:

Experience using computer software:

Please review the job description. Are you able to perform the essential job functions listed therein with or without reasonable accommodation? YES ____ NO ____

If accommodation is needed, please explain: _____

MILITARY SERVICE

Are you now a member or veteran of the U.S. military service, including reserve forces or National Guard?

YES ____ NO ____

If YES, which branch of service do, or did, you serve in? _____

Date and location _____

Were you ever convicted at a court-martial? YES ____ NO ____

If YES, explain in detail: _____

Were you Honorably Discharged? YES ____ NO ____

If NO, explain in detail: _____

REFERENCES

Please list five (5) adults not related to you and not former employers, whom you have known for at least three (3) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. The Wauconda Police Department or its designee reserves the right to contact the references at any time.

Name _____ Relationship _____
Address _____
Home phone _____ Cell phone _____ Business phone _____
Occupation _____ Number of years acquainted _____
Email address _____

Name _____ Relationship _____
Address _____
Home phone _____ Cell phone _____ Business phone _____
Occupation _____ Number of years acquainted _____
Email address _____

Name _____ Relationship _____
Address _____
Home phone _____ Cell phone _____ Business phone _____
Occupation _____ Number of years acquainted _____
Email address _____

Name _____ Relationship _____
Address _____
Home phone _____ Cell phone _____ Business phone _____
Occupation _____ Number of years acquainted _____
Email address _____

Name _____ Relationship _____
Address _____
Home phone _____ Cell phone _____ Business phone _____
Occupation _____ Number of years acquainted _____
Email address _____

DISQUALIFICATION NOTICE

The Rules and Regulations of the Wauconda Board of Fire and Police Commissioners (BFPC) govern the testing and hiring processes. According to the Rules, the BFPC may refuse to examine or, after examination, refuse to certify as eligible, or refuse to hire, a candidate who:

- a. is found lacking in any of the established preliminary requirements for the service for which he or she applies;
- b. is physically unable to perform the essential duties of the position to which he or she seeks appointment with or without a reasonable accommodation;
- c. abuses alcohol ,drugs or illegal narcotics (including but not limited to any marijuana use within the last 3 years and/or narcotics use within the last 5 years);
- d. has been convicted of a felony or any crime involving moral turpitude; no firefighter or police officer candidate shall be disqualified for any misdemeanor convictions except those listed in 65 ILCS 5/10-2.1-6 of the BFPC Act;
- e. has been dismissed for disciplinary reasons from any public service for good cause;
- f. has been or attempted to be deceptive or fraudulent in his or her application;
- g. is lacking in personal qualifications, educational requirements, or health qualifications;
- h. has character and/or employment references that are unsatisfactory;
- i. has applied for a position of a police officer and is or has been classified by his or her Local Selective Service Draft Board as a conscientious objector;
- j. has been previously disqualified as an eligible candidate by the BFPC from an existing Wauconda eligibility list; and/or
- k. has been previously disqualified for employment with the Village of Wauconda due to the failure of a polygraph exam, or police background investigation.

I, as a prospective candidate for a position with the Village of Wauconda, have read and understood these standards for disqualification.

Print Name: _____

Applicant Signature: _____

Date: _____

ACKNOWLEDGMENT and GENERAL RELEASE OF ALL CLAIMS

Read the following carefully before signing.

I, the undersigned, certify that I have read and fully comprehend this application for employment in its entirety. I acknowledge that the information provided on this application for employment and other submitted application materials is true, complete, and correct to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment / other submitted application materials, whenever or however discovered, may result in the rejection of my application for employment or termination of employment without notice or benefits.

In consideration of my participation in the employment process, I authorize an investigation by the Wauconda Police Department, the Village of Wauconda or its officials, employees, appointees, contractors, agents or representatives – jointly termed “the Employer” - of my employment history, background and criminal history, credit history, education, military service, and activities. I authorize the Employer to request and receive such information. I authorize my current / former employers to furnish their records of my service, my reasons for leaving their employ, and all other information they may have concerning me, to the Employer. I understand that the Employer is not responsible for the accuracy or completeness of the information contained in any reports. I agree to cooperate in such an investigation. I hereby fully release and discharge the Employer, its successors, heirs, executors, administrators and assigns, from all rights, claims, and damages, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever, which I may have against the Employer arising out of my participation in the employment process. This release is intended to release all claims for injuries, damages, or loss of any kind whatsoever to me, my persons or property, real or personal, whether known, unknown, foreseen, or unforeseen which I may have against the Employer. I understand and acknowledge the significance and consequences of such specific intention to release all claims and do hereby assume full responsibility for any and all expenses, liabilities, injuries, damages, and/or losses that may incur from participating in the employment process.

I understand that all tests, assessments, and results thereof become the property of the Wauconda Board of Police and Fire Commissioners and are not subject to review.

I understand that submission of an application for employment does not obligate the Employer to engage in further review of my application for employment. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the Employer to employ me.

Print Name: _____

Applicant Signature: _____

Date: _____

In signing this document, I understand that I am releasing or giving up certain potential legal rights. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release.

Printed Name _____

Signature _____

Date _____

AUTHORIZATION TO RELEASE INFORMATION

Date _____

TO WHOM IT MAY CONCERN:

I hereby authorize a comprehensive investigation into my background, including, but not limited to, all statements contained in this application and any other document(s) submitted in connection therewith, and permit the Board of Fire and Police Commissioners, Wauconda Police Department, the Village of Wauconda or its officials, employees, appointees, contractors, agents or representatives – jointly termed “the Employer” - to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the Wauconda Department.

I also authorize my previous employers, the educational institutions I attended, any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to the Employer. Any individual, educational institution, organization or business entity is hereby released from any and all liability for any damages, which may arise as a result of providing such information. I also agree to release the Employer, from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken based on such information.

As part of the procedure for processing my employment application, an investigative inquiry may be made into my background, which will concern my character and general reputation. Under the Fair Credit Reporting Act, I am entitled, upon my written request, to receive information as to the nature and scope of the investigation.

I also consent to the release to the Employer of any and all medical records prepared during the physical examination I am required to undergo for employment with the Wauconda Police Department.

If I have had any questions concerning the application process, I have contacted the Board of Police and Fire Commissioners and discussed those questions with the Commissioners to my satisfaction.

A duplicate of this form shall carry the same force as the original. This document is effective for two years from date indicated above.

Signature: _____

Printed Name: _____

Street Address, City, State, Zip: _____

If you have any questions, please contact: Alejandra Guerrero
847-526-2421

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I:

LAST NAME **FIRST NAME** **MIDDLE NAME** (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

California, Minnesota and Oklahoma Applicants only:
Check box if you request a copy of any consumer report ordered on you.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed

Today's Date

Printed Name

Position Applied For

____-____-____
Social Security Number

____/____/____
Date of Birth

Driver's License Number **State**

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:

Street Apt.# City State Zip Code How long here?

Former Address:

Street Apt.# City State Zip Code How long here?

Former Address:

Street Apt.# City State Zip Code How long here?

May we contact your current employer? **Yes** **No**