



MT ZION BOARD OF POLICE COMMISSIONERS

Brad Allen, Chairman

Bob Kistenfeger, Secretary

Jennifer Harris, Member At Large

Dear Lateral Applicant,

Thank you for your interest in joining the Mt. Zion Police Department. The Mt. Zion Board of Police Commissioners may keep a second register of qualified lateral applicants for the position of police officer. Completed applications may be submitted by mail or in person to:

Mt. Zion Police Commission
P.O. Box 49
410 W. Main Street
Mt. Zion, IL 62549

Or emailed to Joann Maulding at j_maulding@mtzion.com

There is no deadline for submitting applications for those who qualify as lateral candidates. At such time a position becomes open, the Mt. Zion Board of Police Commissioners may review lateral applications submitted within the last 12 months, initiate background checks, and schedule interviews for qualified candidates. On completion of this process, the commission will rank lateral candidates in order of excellence and may extend a conditional offer of employment.

Offers of employment may be conditional upon the lateral applicant's successful completion of a psychological exam, medical exam, and drug screen. Officers hired as lateral transfers will be required to complete a 1 year probationary period.

All lateral transfer candidates must meet the following requirements:

- Be a citizen of the United States
- Lateral candidates must be certified peace officers through the Illinois Law Enforcement Training & Standards Board.
- Must have no less than 2 years of experience with any municipal, county, or state law enforcement agency
- Possess a valid driver's license
- Must be willing to relocate within a 30 minute drive from the boundaries of the Village of Mt. Zion within 2 years from the date of appointment

VERY IMPORTANT

RETURN THIS CHECKLIST WITH YOUR APPLICATION. MAKE SURE ANY AND ALL DOCUMENTATION LISTED BELOW ARE INCLUDED. WITHOUT THESE DOCUMENTS YOUR APPLICATION MAY BE CONSIDERED INCOMPLETE.

- _____ Completed Application
- _____ Photocopy of Applicant's Driver's License
- _____ Photocopy of Birth Certificate
- _____ Photocopy of Proof of Education Documents (If Applicable)
- _____ Military Discharge Documentation (If Applicable)
- _____ Authority to Release Information Signed & Notarized
- _____ Waiver/Release of Liability Signed & Notarized
- _____ Disclosure/Authorization of Background Completed & Signed

Applicants who do not include all required documentation are subject to disqualification from the testing process. If you have any questions or need any assistance please contact Joann Maulding at the Mt. Zion Police Department at 217 864 5414.



| |
|-----------------------|
| Received: |
| Date: _____ |
| Time: _____ By: _____ |

MT. ZION POLICE DEPARTMENT LATERAL OFFICER APPLICATION FORM

Please return to:

Mt. Zion Police Department
Board of Police Commissioners
P.O. Box 49
Mt. Zion, IL 62549

We welcome you as an applicant for employment with the Village of Mt. Zion Police Department. Your application will be considered with others in competition for this position. It is the policy and intent of the Village of Mt. Zion to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, gender, sexual orientation, age, marital status, veteran status, or physical or mental disability. This policy applies to all phases of full, part-time, and seasonal employment.

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 Mt. Zion. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. Please type or print legibly. If you have any questions about the status of your application please contact the Mt. Zion Police Department at (217) 864-5414.

Name:

(Last) (First) (Middle)

Address:

(Street) (City) (State) (Zip Code)

Date of Birth: _____ Email: _____

Telephone Number: (Day) _____ (Evening) _____

Email address: _____

DRIVING RECORD & CRIMINAL HISTORY

Do you possess a valid Illinois Driver's License? Yes No

Class _____ License Number _____

Do you have any restrictions? Yes No

If yes, please explain:

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain:

Have you ever been convicted of any criminal or traffic violation? Yes No

If yes, please explain (attach any documentation or additional information if necessary):

In answering this question, you are not obligated to disclose sealed, annulled, or expunged convictions, or convictions that were pardoned by the Governor. A criminal conviction will not necessarily be a bar to employment; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying. Failure to honestly answer these questions will result in discontinued consideration of the application or termination of employment.

State law prohibits any individual who has ever been classified as a conscientious objector from being appointed to the Mt. Zion Police Department. Have you ever been classified as a conscientious objector? Yes No

PREVIOUS LAW ENFORCEMENT EXPERIENCE

PLEASE LIST YOUR PREVIOUS LAW ENFORCEMENT EXPERIENCE

DEPARTMENT NAME AND ADDRESS

DATES EMPLOYED

1.

2.

WHAT POLICE ACADEMY DID YOU ATTEND? PLEASE INCLUDE CLASS OR SESSION NUMBER

GRADUATION DATE

MILITARY SERVICE

Branch: _____

From: _____ To: _____

Explain your service (attached any documents or additional information if necessary):

MISC. EMPLOYMENT INFORMATION

Are you legally authorized to work in the United States? Yes No

Are you presently employed? Yes No

 If yes, may we contact your current employer? Yes No

Are you presently working for the Village of Mt. Zion? Yes No

 Current Position: _____

Have you previously worked for the Village of Mt. Zion? Yes No

 Position: _____

 Reason for leaving: _____

Do you have any relatives currently working for the Village of Mt. Zion? Yes No

 Name(s) _____ Relationship _____

 Name(s) _____ Relationship _____

 Name(s) _____ Relationship _____

EDUCATION & TRAINING

Select highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

Name and location of High School: _____

Graduated? Yes No GED

Training beyond High School; list any college or universities, specialized training courses, apprenticeships, or other classes you have attended or training you have taken. Please give detailed information and locations of schools or training sessions, dates attended, credits earned, major areas of study, and degrees or certificates you have received. Attach any additional pages as necessary.

| Name & Location | Credits Earned | Courses or Areas of Study | Degrees Earned |
|-----------------|----------------|---------------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

NON LAW ENFORCEMENT EMPLOYMENT HISTORY INFORMATION

Begin with your current employer and work back. Account for all time during the past ten (10) years including periods of unemployment. List any other work experience that may qualify you for this position. Attach any additional pages as necessary.

| | | |
|--|----------------------------------|--|
| Employer Name Address City, State, Zip Phone number | Employment Dates From: To: | Total Time Employed Years: Months: |
| Supervisor Name & Title: <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | |
| Your last job title: _____ Full-Time _____ Part-Time Hours per week: _____ | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| _____ | | |
| _____ | | |
| Reason for leaving (be specific): _____ | | |

| | | |
|--|------------------|---------------------|
| Employer Name Address City, State, Zip Phone number | Employment Dates | Total Time Employed |
| | From: To: | Years: Months: |
| Supervisor Name & Title: | | |
| Your last job title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per week: | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| | | |
| | | |
| Reason for leaving (be specific): | | |

| | | |
|--|------------------|---------------------|
| Employer Name Address City, State, Zip Phone number | Employment Dates | Total Time Employed |
| | From: To: | Years: Months: |
| Supervisor Name & Title: | | |
| Your last job title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per week: | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| | | |
| | | |
| Reason for leaving (be specific): | | |

| | | |
|--|------------------|---------------------|
| Employer Name Address City, State, Zip Phone number | Employment Dates | Total Time Employed |
| | From: To: | Years: Months: |
| Supervisor Name & Title: | | |
| Your last job title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per week: | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |
| | | |
| | | |
| Reason for leaving (be specific): | | |

CONTACTS & REFERENCES

Emergency Contact – In case of emergency notify:

| Name | Address, City, State, Zip | Telephone # | Relationship |
|------|---------------------------|-------------|--------------|
|------|---------------------------|-------------|--------------|

Professional References – List the names of three (3) supervisors/co-workers that you have known for at least one (1) year:

| Name | Address | City, State | Zip | Telephone # |
|------|---------|-------------|-----|-------------|
|------|---------|-------------|-----|-------------|

| Name | Address | City, State | Zip | Telephone # |
|------|---------|-------------|-----|-------------|
|------|---------|-------------|-----|-------------|

| Name | Address | City, State | Zip | Telephone # |
|------|---------|-------------|-----|-------------|
|------|---------|-------------|-----|-------------|

Personal References – List the names of three (3) persons (not relatives of yourself or your spouse/partner) as references to your character, integrity, honesty, personality, and qualifications for an appointment with the Village of Mt. Zion Police Department.

| Name | Address | City, State | Zip | Telephone # |
|------|---------|-------------|-----|-------------|
|------|---------|-------------|-----|-------------|

| Name | Address | City, State | Zip | Telephone # |
|------|---------|-------------|-----|-------------|
|------|---------|-------------|-----|-------------|

| Name | Address | City, State | Zip | Telephone # |
|------|---------|-------------|-----|-------------|
|------|---------|-------------|-----|-------------|

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all the statements in this application are true and accurate. I understand that any false statements on this application shall be considered sufficient cause for dismissal.

I authorize the Village of Mt. Zion to investigate any of the information contained herein, including the contacting of my references.

If I receive a conditional offer of employment from the Village, I agree to submit to a credit check, a psychological examination, and a physical examination, which includes a pre-employment drug test and a vision test, which I will be required to pass before being finally accepted for employment.

I further agree to comply with all the rules and regulations of the Village of Mt. Zion and the Mt. Zion Police Department in force now or any that may be established in the future.

Applicant's Signature

Date Signed

**APPLICANT MUST SIGN WAIVERS ON THE FOLLOWING 3 PAGES
(PLEASE NOTE THAT 2 REQUIRE NOTARIZATION)**

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the Village of Mt. Zion bearing this release, or copy thereof, within 3 ½ years of its date, to obtain any information in your files pertaining to my employment, credit, or educational records including, but not limited to: academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Village of Mt. Zion. I hereby release you, as the custodian of such records, and any law enforcement agency, school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed Name)

Current Address: _____
(Street Address) (City) (State) (Zip)

Telephone Number: _____
(Home) (Cell) (Other)

Date Signed: _____

Subscribed and sworn to before me

this _____ day of _____, 20____.

Notary Public

**WAIVER/RELEASE OF LIABILITY
APPLICANT FOR PUBLIC EMPLOYMENT**

AGREEMENT made this _____ day of _____, 20____ between _____ an applicant for employment as a POLICE OFFICER with the POLICE DEPARTMENT of the Village of Mt. Zion, Illinois, (the "Applicant") and the VILLAGE OF MT. ZION, ILLINOIS; its Board of Police Commissioners; the Village's and the Board of Police Commissioners' employees, agents, representatives and assigns (specifically any testing agency employed by the Village or its Board of Police Commissioners) hereinafter collectively referred to as the "Village"), witness:

WHEREAS, Applicant has applied to the Village for employment as a police officer; and

WHEREAS, the Village is required to subject the Applicant to a competitive testing process; and

WHEREAS, the Applicant has agreed to submit to a variety of examinations including a written examination, physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the Village; and

WHEREAS, the Village has agreed to administer said exams, on an as needed basis and as provided by the rules and regulations of the Village's Board of Police Commissioners, without expense to the Applicant, and

WHEREAS, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the Village, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the Applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the Village as part of its pre-employment screening process for the position of police officer. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the Village may incur as to the Applicant resulting from the Applicant's participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, §40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the import of this Waiver with legal counsel of Applicant's own choosing.

Applicant's Signature

Subscribed and sworn to before me

this _____ day of _____, 20____.

Notary Public

DISCLOSURE AND AUTHORIZATION

[IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

NOTICE REGARDING BACKGROUND INVESTIGATION

The Village of Mt. Zion may obtain information about you from a consumer reporting agency for purposes of employment. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants, volunteers, and contractors is an investigation into your education and/or employment history conducted by the Mt. Zion Police Department, or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Village of Mt. Zion to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment or service to the district to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand the above notice. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Village at any time after receipt of this authorization and throughout my employment and/or service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the Mt. Zion Police Department, another outside organization acting on behalf of Village of Mt. Zion. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other / Alias / Maiden Name(s) _____

Social Security*# _____

Date of Birth* _____

Driver's License # _____

State of Driver's License _____

Present Address _____

Phone Number _____

City/State/Zip _____

Signature: _____

Date: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.*