

# Mount Prospect Police Department

911 E. Kensington Road  
Mount Prospect, IL 60056  
(847) 870-5656  
[www.joinmppd.org](http://www.joinmppd.org)

## LATERAL ENTRY POLICE OFFICER APPLICATION



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 Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

## MINIMUM QUALIFICATIONS

### **BASIC REQUIREMENTS – LATERAL POLICE OFFICER** **VILLAGE OF MOUNT PROSPECT**

1. **LATERAL CANDIDATE** The Candidate must, at the time of application, be certified by the Illinois Law Enforcement Training and Standards Board, having successfully completed the minimum standard basic law enforcement course required by the Board, or be currently certified as a police officer in another state and capable of receiving certification by the Illinois Law Enforcement Training and Standards Board.  
  
The candidate must, at the time of application, be currently employed on a full-time basis, as a police officer with a regularly constituted municipal or county sheriff's department or state police department for a period of not less than two (2) years and have successfully completed his/her probationary period.  
  
If the candidate for lateral appointment is not currently employed by a qualified law enforcement agency, a candidate is eligible for lateral appointment if the candidate was employed within the last 12 months (or 24 months with Board approval at the request of the Chief of Police), on a full-time basis, as a police officer with a regularly constituted municipal or county sheriff's department or state police department for a period of not less than two (2) years, successfully completed his/her probation period, the separation from the previous employer was voluntary and on good terms, and the candidate continuously maintained status as a certified police officer.
2. **CITIZENSHIP** Must be a citizen of the United States at the time of filing formal application.
3. **AGE** There is no age limitation for lateral appointments
4. **EDUCATION** High school diploma or GED, and  
Not less than sixty (60) college semester hours **or** its equivalent as stated below:  
  
**A full twenty-four (24) months of service as a full-time certified police officer shall equate to sixty (60) college semester hours.**
5. **DRIVER'S LICENSE** Must possess a valid driver's license at the time of Application. Must secure a valid Illinois driver's license within the first 6 months of employment.
6. **PHYSICAL ABILITY TEST** After a conditional offer of employment, candidates must pass the Illinois Law Enforcement Training and Standards Board Peace Officer Wellness Evaluation (POWER) Test. This test will be conducted at the MPPD.
7. **VISION** Corrected to 20/40 in the poorer eye and 20/25 in the better eye. Proper color, peripheral vision. Uncorrected vision worse than 20/200 requires an ophthalmologist report, prior to hire, to certify the condition of the retina, the applicant's ability to function as a police officer, and the applicant understands the potential harm from the rigors of police work.

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

## GENERAL INSTRUCTIONS

1. Type or print in 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 Mount Prospect Police Department of any changes of address, phone number or other information presented on this application.
5. The Mount Prospect Police Department will verify conviction record, places of employment and other information listed on this application.
6. If you have any questions, please call (847) 818-5235 Monday through Friday 8:00 a.m. — 4:00 p.m. or e-mail [lateral@mountprospect.org](mailto:lateral@mountprospect.org).
7. Completed application material, resume and cover letter can be submitted as follows:
  - Via e-mail to: [lateral@mountprospect.org](mailto:lateral@mountprospect.org)
  - Mailed or hand delivered to: Mount Prospect Police Department  
ATTN: Lisa Schillinger  
911 E. Kensington Road  
Mount Prospect, IL 60056.

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

### PERSONAL INFORMATION

Any Other Previous Names: \_\_\_\_\_

Current Address (street number, street name, apartment #, city, state, zip):  
\_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone (include area code)                      Cell Phone (include area code)                      Business Phone (include area code)

\_\_\_\_\_

Are you a United States Citizen?                       Yes                       No

Are you legally eligible for employment in the U.S.?  
 Yes                       No

If so required by law, are you registered with the U.S. Selective Service?  
 Yes                       No

Have you ever been classified by your local selective service draft board or  
by any U.S. Military branch as a conscientious objector?  
 Yes                       No

Who do you live with? (list all names and relationships)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Do you hold a valid firearms owner ID (FOID) card?                       Yes                       No

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you hold a Concealed Carry License: (CCL)?                       Yes                       No

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Driver's License Number	State	Expiration Date	Is your Driver's License Valid?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

### RESIDENCES

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

From (month & year)	To (month & year)	Address of Residence	City & State

### EDUCATIONAL INFORMATION

School	Name and Mailing Address of School (Include City & State)	Dates Attended From - To	Credits Awarded	Degree
High School				
College				
Graduate				
Technical				
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 Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

### EMPLOYMENT HISTORY

List all jobs you have held for the last ten (10) years, including periods of Unemployment. Put your present or most recent Job first.  
 Include Military Service in proper time sequence and temporary or part-time jobs. Use separate sheet if necessary.

<b>1.</b>	EMPLOYER'S NAME		TYPE OF BUSINESS		
	ADDRESS		CITY	STATE ZIP CODE PHONE NUMBER	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
	EXPLAIN WHAT YOUR DUTIES WERE:		REASON FOR LEAVING		
<b>2.</b>	EMPLOYER'S NAME		TYPE OF BUSINESS		
	ADDRESS		CITY	STATE ZIP CODE PHONE NUMBER	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
	EXPLAIN WHAT YOUR DUTIES WERE:		REASON FOR LEAVING		
<b>3.</b>	EMPLOYER'S NAME		TYPE OF BUSINESS		
	ADDRESS		CITY	STATE ZIP CODE PHONE NUMBER	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
	EXPLAIN WHAT YOUR DUTIES WERE:		REASON FOR LEAVING		
<b>4.</b>	EMPLOYER'S NAME		TYPE OF BUSINESS		
	ADDRESS		CITY	STATE ZIP CODE PHONE NUMBER	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
	EXPLAIN WHAT YOUR DUTIES WERE:		REASON FOR LEAVING		
<b>5.</b>	EMPLOYER'S NAME		TYPE OF BUSINESS		
	ADDRESS		CITY	STATE ZIP CODE PHONE NUMBER	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	EXACT TITLE OR POSITION
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
	EXPLAIN WHAT YOUR DUTIES WERE:		REASON FOR LEAVING		

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

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 an employer for any reason?  Yes  No

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

Are you related to any employee, elected or appointed official of the Village of Mount Prospect?  Yes  No

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

### **OTHER EXPERIENCE, VOLUNTEER, WORK INTERNSHIPS, ETC.**

Organization: \_\_\_\_\_

Organization's Address (street number, street name, city, state, zip):  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of hour worked weekly: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Describe work performed:

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

### MILITARY SERVICE

Veteran's Status:  Veteran  Non-Veteran

Have you ever served in any military organization of the U.S.?  Yes  No

If Yes, what branch? \_\_\_\_\_

List all Military duty locations to include Active Duty and/or Reserve and Guard annual training locations:

What is your Serial Number?

What was your highest rank held?

What was your rank at discharge or current rank if still serving?

Give date and location of entrance to Active Duty (City and State)

List period(s) of Active Duty  
From (Date) To (Date)

Give date and location of discharge  
(City & State)

What type of discharge did you receive?

- Honorable  General Discharge Under Honorable Conditions  Other Than Honorable (OTH) discharge  
 Dishonorable discharge  Bad Conduct discharge (issued by special court-martial or general court-martial)  
 Entry-level Separation  Medical Separation  Separation for Convenience of the Government

Were you ever convicted at a court-martial?  Yes  No

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

Are you now, or were you ever a member of the U.S. Air Force/Army Reserve:  Yes  No

If yes,  Active  Inactive Branch: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you now, or were you ever a member of the U.S. Air/Army National Guard:  Yes  No

If yes, what state? \_\_\_\_\_ Regiment/Squadron: \_\_\_\_\_ Unit: \_\_\_\_\_

Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Dates: \_\_\_\_\_

List any discipline action taken against you in the Military:

How many years of **continuous, active duty** have you served? \_\_\_\_\_



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

### CRIMINAL HISTORY

**Job applicants are not obliged to disclose sealed or expunged juvenile records of conviction of arrest.**

Have you ever been convicted of a felony?

Yes  No

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

Have you ever been placed on probation?

Yes  No

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

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

Yes  No

If yes, please 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 any other 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 for the last five years; (include: location, time, constraints)

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

### CRIMINAL HISTORY (CONTINUED)

Have you ever been convicted of an offense other than a traffic violation?  
If yes, please complete the section below:  Yes  No

**Job applicants are not obliged to disclose sealed or expunged juvenile records of conviction of arrest.**

Date	Agency	Crime Charged	Disposition of Case

### WORK DISCIPLINE HISTORY

Describe any discipline you have received:

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Have you ever had a Police Officer license or certification in ANY State suspended or revoked?  Yes  No

If yes, where: \_\_\_\_\_

Reason: \_\_\_\_\_

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

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

**DRUG/NARCOTIC USE**

Have you ever used or experimented with any illegal or non-prescribed drug, narcotic, or substance (illegal means any drug, that if used or possess in the State of Illinois would be against the laws)?

Yes

No

Name of Drug/Narcotic	Date First Used	Date Last Used

**(Optional)**

If you wish to clarify any of the above responses, please provide complete details below

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**CURRENT ELIGIBILITY LISTS**

Are you currently on any other eligibility list or participating in any other recruitment processes?

Yes

No

Agency	Date	Status

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

### REFERENCES

Fill in below the names of three adults not related to you and not former employers, who have known you for a period of preferably more than five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

<b>1.</b>	NAME	ADDRESS		
	BUSINESS ADDRESS	HOME/CELL PHONE	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
	BUSINESS, OCCUPATION, OR PROFESSION	BUSINESS PHONE	YEARS KNOWN	
<b>2.</b>	NAME	ADDRESS		
	BUSINESS ADDRESS	HOME/CELL PHONE	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
	BUSINESS, OCCUPATION, OR PROFESSION	BUSINESS PHONE	YEARS KNOWN	
<b>3.</b>	NAME	ADDRESS		
	BUSINESS ADDRESS	HOME/CELL PHONE	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	
	BUSINESS, OCCUPATION, OR PROFESSION	BUSINESS PHONE	YEARS KNOWN	

### PERSONAL HISTORY

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

Yes

No

If Yes, please indicate where and dates of service:

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

Yes

No

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

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Were you given a polygraph for any police officer position?

Yes

No

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

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

**PERSONAL HISTORY (CONTINUED)**

Have you had a break in 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:

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Have you ever been certified as a police officer in any other state?  Yes  No

If Yes, where and dates of employment:

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Have you ever held part-time Police Officer employment?  Yes  No

If Yes, where and dates of employment:

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Have you ever held any other professional licenses or certifications?  Yes  No

If Yes, please list:

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Where did you attend the basic police academy? Please list dates.

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**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.

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

## WORK ACTIVITIES

Describe any information regarding the following areas:

Innovative programs you implemented or recommended:

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Commendations and/or special achievements:

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Experience using computer software:

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

**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 Mount Prospect and the Mount Prospect Police Department.

In consideration of my employment, I agree to conform to the rules and regulations of the Village of Mount Prospect, the Mount Prospect Police Department and the Board of Police and Fire Commissioners.

\_\_\_\_\_  
Printed Full Name

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

\_\_\_\_\_  
Date

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

Please tell us how you learned about our current hiring process. Please be specific; e.g., friend, Internet (please indicate specific website), newspaper (which one), school, recruiting officer, etc.

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

Applications, resume and cover letter can be submitted as follows:

- Via e-mail to: [lateral@mountprospect.org](mailto:lateral@mountprospect.org)
- Mailed or hand delivered to: Mount Prospect Police Department  
ATTN: Lisa Schillinger  
911 E. Kensington Road  
Mount Prospect, IL 60056.