**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**

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| 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. |

# MINIMUM QUALIFICATIONS

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| **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. |

**GENERAL INSTRUCTIONS**

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| 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. |

**Personal Information**

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|  | Any Other Previous Names: | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Current Address (street number, street name, apartment #, city, state, zip): | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | City and State of Birth: | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date of Birth: | | |  | | | | | | | | | | Age: | |  | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Email address: | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Home Phone (include area code) | | | | | | |  | | Cell Phone (include area code) | | | | | | | |  | | Business Phone (include area code) | | | | | |  | |
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|  | 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 | | | | | | | | | | |  | |
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|  | 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? | |  | |
|  |  |  | | | | | | |  | |  |  |  | | | | | | | |  | | Yes  No | |  | |
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**RESIDENCES**

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

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| --- | --- | --- | --- |
| **From (month & year)** | **To (month & year)** | **Address of Residence** | **City & State** |
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**EDUCATIONAL INFORMATION**

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| --- | --- | --- | --- | --- |
| **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: |  | |  |
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**EMPLOYMENT HISTORY**

List all jobs you have held for the last ten (15) 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.

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| --- | --- | --- | --- | --- | --- |
| ***1.*** | 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 |
|  |  |  | |  |
| PART-TIME  FULL-TIME  MILITARY  SEASONAL  VOLUNTEER | | | | |
| EXPLAIN WHAT YOUR DUTIES WERE: | | | REASON FOR LEAVING | |
|  | | |  | |
| ***2.*** | 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 |
|  |  |  | |  |
| PART-TIME  FULL-TIME  MILITARY  SEASONAL  VOLUNTEER | | | | |
| EXPLAIN WHAT YOUR DUTIES WERE: | | | REASON FOR LEAVING | |
|  | | |  | |
| ***3.*** | 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 |
|  |  |  | |  |
| PART-TIME  FULL-TIME  MILITARY  SEASONAL  VOLUNTEER | | | | |
| EXPLAIN WHAT YOUR DUTIES WERE: | | | REASON FOR LEAVING | |
|  | | |  | |
| ***4.*** | 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 |
|  |  |  | |  |
| PART-TIME  FULL-TIME  MILITARY  SEASONAL  VOLUNTEER | | | | |
| EXPLAIN WHAT YOUR DUTIES WERE: | | | REASON FOR LEAVING | |
|  | | |  | |
| ***5.*** | 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 |
|  |  |  | |  |
| PART-TIME  FULL-TIME  MILITARY  SEASONAL  VOLUNTEER | | | | |
| EXPLAIN WHAT YOUR DUTIES WERE: | | | REASON FOR LEAVING | |
|  | | |  | |

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|  | Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service? | | Yes  No |  |
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|  | If yes, please explain: |  | |  |
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|  | Have you ever been suspended by an employer for any reason? | | Yes  No |  |
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|  | If yes, please explain: |  | |  |
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| --- | --- | --- | --- |
|  | Are you related to any employee, elected or appointed official of the Village of Mount Prospect? | Yes  No |  |
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| --- | --- | --- | --- |
|  | If yes, please list name/department/relationship: |  |  |
|  | | | |

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

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|  | 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: | | | | | | | | | | | | |  | |
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**MILITARY SERVICE**

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| --- | --- | --- | --- |
|  | Veteran’s Status: | Veteran  Non-Veteran |  |
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| --- | --- | --- | --- |
|  | Have you ever served in any military organization of the U.S.? | Yes  No |  |
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|  | If Yes, what branch? |  |  |
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|  | List all Military duty locations to include Active Duty and/or Reserve and Guard annual training locations: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | What is your Serial Number? | | | | | | |  | | | What was your highest rank held? | | | | | | | | |  | What was your rank at discharge or current rank if still serving? | | | | | | | |  | |
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|  | Give date and location of entrance to Active Duty (City and State) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | List period(s) of Active Duty  From (Date) To (Date) | | | | | | | | | | | | | |  | Give date and location of discharge  (City & State) | | | | | | | | | | | | |  | |
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|  | 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: | | |  | | | | | | |  | |
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|  | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | How many years of **continuous, active duty** have you served? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
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**CRIMINAL HISTORY**

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

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|  |  | |  |  |
|  | Have you ever been convicted of a felony? | | Yes  No |  |
|  | If yes, please explain: |  | |  |
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|  |  | |  |  |
|  | Have you ever been placed on probation? | | Yes  No |  |
|  | If yes, please explain: |  | |  |
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|  |  | |  |  |
|  | Have you ever been the respondent or named in an order of protection in any state? | | Yes  No |  |
|  | If yes, please explain: |  | |  |
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|  | Have you ever had a professional license or certification suspended or revoked? | | Yes  No |  |
|  | If yes, please explain: |  | |  |
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|  |  | |  |  |
|  | 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: |  | |  |
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|  | Please list any and all traffic convictions, accidents, and citations for the last five years; (include: location, time, constraints) | | |  |
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**CRIMINAL HISTORY (CONTINUED)**

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|  | 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.**

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| --- | --- | --- | --- |
| **Date** | **Agency** | **Crime Charged** | **Disposition of Case** |
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|  | **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: |  | |  |
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| **Applicants must sign a waiver allowing the Village to review their personnel file at their current place of employment as a police officer.** | | | | |
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**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 |  |
|  |  |  |  |

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| --- | --- | --- |
| **Name of Drug/Narcotic** | **Date First Used** | **Date Last Used** |
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**(Optional)**

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

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**CURRENT ELIGIBILITY LISTS**

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| --- | --- | --- | --- |
|  | Are you currently on any other eligibility list or participating in any other recruitment processes? | Yes  No |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Agency** | **Date** | **Status** |
|  |  |  |
|  |  |  |
|  |  |  |

**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***1.*** | NAME | ADDRESS | | |
|  |  | | |
| BUSINESS ADDRESS | | HOME/CELL PHONE | IN WHAT CAPACITY DO YOU KNOW THIS PERSON? |
|  | | ( ) |  |
| BUSINESS, OCCUPATION, OR PROFESSION | | BUSINESS PHONE | YEARS KNOWN |
|  | | ( ) |  |
| ***2.*** | NAME | ADDRESS | | |
|  |  | | |
| BUSINESS ADDRESS | | HOME/CELL PHONE | IN WHAT CAPACITY DO YOU KNOW THIS PERSON? |
|  | | ( ) |  |
| BUSINESS, OCCUPATION, OR PROFESSION | | BUSINESS PHONE | YEARS KNOWN |
|  | | ( ) |  |
| ***3.*** | 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: | |  |
|  |  | |  |
|  |  | |  |
|  | | | |
|  | 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): | |  |
|  |  | |  |
|  |  | |  |
|  | | | |

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

**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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**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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**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. |  |
|  |  |  |
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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.