CIVIL SERVICE COMMISSION
WAUKEGAN, ILLINOIS

Application for Examination and Appointment in the

WAUKEGAN POLICE DEPARTMENT

The City of Waukegan is an Equal Opportunity Employer. Applications for employment are considered and selected without regard to race, color, sex, national origin, age, religion, arrest record, military discharge status, marital status, or disability in accord with applicable legal standards.

INSTRUCTIONS TO APPLICANTS:

- Examinations are restricted to those applicants who meet the entrance requirements established by the Civil Service Commission. The requirements are listed and attached to this application form.

- This application must be ***personally*** completed by the applicant.

- Applicants are cautioned that all statements made herein are under oath. Willful misrepresentation of any material fact in this application will be cause to reject the application, striking the applicant's name from the eligible list, or discharge from the service.

- All questions must be answered fully and accurately. If a question is not applicable, mark N/A.

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Section I: *Identification*

1. Full Name _____
   (Last) (First) (Middle)
2. Maiden Name (if applicable) _____
3. Street Address _____ Apt No _____
4. City _____ State _____ County_____
   Zip Code _____
5. Home Phone _____ Cell Phone _____ Work Phone _____
6. Social Security # _____Date of Birth _____
7. Driver's License Number _____ Driver's License State _____
8. E-Mail Address(es) _____

1. Are you certified as a Law Enforcement Officer by the Illinis Law Enforcement Training and Standards Board? Yes ☐ No ☐

If yes, provide date of certification _____

2. Are you certified as a Law Enforcement officer in another state outside of Illinois, and did you attend a police academy? Yes ☐ No ☐

If yes, please provide State of Certification and police academy certificate of completion.

3. If you have prior Law Enforcement experience have you ever received formal discipline during your employment as a Law Enforcement Officer, such as written reprimands, suspensions, loss of pay, etc ☐ ☐

If yes, list the agency, date of offense and description of the discipline.

4. Are you currently under investigation at your current employer? Yes ☐ No ☐

5. Have you ever been discharged or forced to resign from previous employment? Yes ☐ No ☐

If yes, explain (include employer's name and address):

6. Are you currently testing with any other law enforcement agencies? Yes No

If yes list the agencies.

7. Are you currently on any law enforcement agency eligibility list? Yes ☐ No ☐

If yes, list the agencies.

8. Have you ever been denied employment by a municipal law enforcement agency? Yes ☐ No ☐

If yes, list the agencies.

9. Are you a Party to any lawsuits for any reason or are you involved in any pending litigations? Yes ☐ o ☐

If yes, give detail:

10. Are you now engaged in any business as an owner or partner (active or silent)? Yes ☐ No ☐

If yes, give detail:

Section: XI *Affidavit of Applicant*

The following affidavit must be sworn to before a Notary Public or other official designated by law to administer Oaths:

I, _____, after first being duly sworn according to law, do by this Affidavit certify:

1. That I have personally read each and every question and statement herein, including the Basic Job Description, and that I have personally answered each and every question to the very best of my ability and belief, and understand each statement;
2. That I hereby agree to submit to a physical fitness test, a test for illegal substance abuse (drug test) , a complete medical examination, and a psychological evaluation all of which I will be required to pass before being finally accepted for employment. That I further agree to release and consent to the results of said medical examination and any other medical history about me, by any physician or hospital of any kind whatsoever, to be provided to the Civil Service Commission of the City of Waukegan, Illinois, for the confidential use of aforesaid commission in consideration of my application for position with the aforesaid city and state; and that I also agree that in the event of employment, I will submit to further physical fitness tests and medical examinations when required by the City of Waukegan, in accordance with applicable legal requirements;
3. That I waive and release any claim whatsoever I might have for whatever reason or purpose against the City of Waukegan, Illinois, the Waukegan Civil Service Commission, any elected or appointed official of aforesaid city, or any agency, person, corporation, or other designee of the Civil Service Commission or the City of Waukegan, Illinois, with respect to any matters that are in the judgment of the person so requesting, necessary for or incidental to any matters with respect to my application for a position with the aforesaid City;
4. That I hereby authorize the City of Waukegan to investigate any of the information contained herein, including the contacting of my references, and the disclosure by the Waukegan Police Department of all information pertaining to any convictions listed on file under my name, and further release said Police Department as well as the City of Waukegan, Illinois from all liability for damages concerning the furnishing of said information;
5. That I hereby authorize the City of Waukegan to take my fingerprints, and send them to the State of Illinois, The Federal Bureau of Investigation, or any other State or governmental unit for the purposes of obtaining criminal history information and/or any other information that may be required;
6. That I agree to comply with all applicable Civil Service, personnel and departmental rules and regulations of the City of Waukegan, Illinois now in force or any that may be established during my period of employment;
7. That I agree to sign a contract for repayment of training costs and related expenses should I voluntarily terminate my employment with the City of Waukegan, Illinois within two (2) years from my original date of hire.

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____day of _____in the year of _____, in the County of _____ and the State of _____.

_____
Applicant's Full Signature

SUBSCRIBED AND SWORN TO ME, IN PERSON, this _____day of _____in the year of _____, in the County of _____ and the State of _____.

_____
Signature of Official

_____
Official Title

WAUKEGAN CIVIL SERVICE COMMISSION

100 N. Martin Luther King Jr. Drive
Waukegan, Illinois 60085

AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name: _____ First Name:_____ Middle:_____

Date of Birth: _____ Race: _____ Sex: _____

Place of Birth: _____ City: _____County: _____

State: _____ Country: _____

This release, when presented by a duly authorized representative of the Waukegan Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Waukegan Police Department: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Waukegan Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Waukegan Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Waukegan Police Department. I understand that all materials pertaining to this background investigation become the property of the Waukegan Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

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

Signature: _____ Date: _____
Street Address: _____
City, State, Zip Code:_____

WAUKEGAN CIVIL SERVICE COMMISSION

AUTHORIZATION FOR RELEASE OF MILITARY & MEDICAL INFORMATION

(PLEASE PRINT)

_____

Name & Address of Military Branch

_____

Applicant's Name Home Address

_____

Service Number Discharge Date

_____

If Currently in Reserve Unit, List Branch & Location

As an applicant with the police department for the City of Waukegan, Illinois, I authorize the Personnel Records Center, St. Louis, Missouri or other custodian of my military records to release to the Waukegan Police Department information or photocopies from my military personnel and related medical records, or only the following information / records. _____

X _____

Applicant's Signature Date

INFORMATION TO BE FILLED OUT BY MILITARY BRANCH

DATE OF ENTRY	DATE OF SEPERATION	REASON FOR SEPARATION	CHARACTER OF SERVICE

DISCIPLINARY DATE INCLUDING DISPOSITION	NONE_____	SEE ATTACHED DOCUMENTS_____
SIGNIFICANT ILLNESS OR INJURY	NONE_____	SEE ATTACHED DOCUMENTS_____
PSYCHIATRIC OBSERVATIONS AND TREATMENT	NONE_____	SEE ATTACHED DOCUMENTS_____
PHYSICAL CONDITION AT TIME OF SEPERATION		REPORT ATTACHED_____

REMARKS: USE BACK OF FROM IF NEEDED

_____

Releasing Officer Releaser's Signature Date

City of Waukegan
Voluntary Applicant Information Form

PLEASE NOTE: Completion of this form is voluntary. However, its submission is required in order to process the application. You may choose to not provide the requested information by completing the waiver section below. Not providing it will not subject you to any negative personnel decision or action.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Your cooperation is appreciated.

Required Information:

Date: _____ Position Applied For: _____

Name (print):_____

Phone Number: Home_____ Cell _____

Address: _____
Street City State Zip Code

Voluntary Information:

Birthdate:_____Age:_____

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Separated

Please select one of the following Equal Employment Opportunity Identification Groups:

- ☐ Hispanic or Latino
- ☐ White (not Hispanic or Latino)
- ☐ Asian (not Hispanic or Latino)
- ☐ Native Hawaiian/Other Pacific Islander (not Hispanic or Latino)
- ☐ Black/African American (not Hispanic or Latino)
- ☐ American Indian/Alaskan Native (not Hispanic or Latino)
- ☐ Two or more races (not Hispanic or Latino)

Please sign below if you decline to provide the voluntary information above.

X_____

Michael Mandro
Interim Chief of Police

CITY OF WAUKEGAN

DEPARTMENT OF POLICE

PROUDLY SERVING THE COMMUNITY SINCE 1859

Sam Cunningham
Mayor

LInX information release

I, _____ authorize any employee or representative of the Waukegan Police Department to search the **L**aw enforcement **In**formation e**X**change (LInX) to obtain information regarding my qualifications and fitness to serve as a police officer. I understand that LInX is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in LInX may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in LInX will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Waukegan Police Department from any liability or damage that may result from the use of information obtained from LInX.

_____

Printed name

_____ _____

Signed Date