



# ATHENS POLICE DEPARTMENT

210 Dottie Bednarko Drive, Athens, IL 62613

Phone (217) 636-8729

## Employment Application

### I. PERSONAL INFORMATION

NAME (Last, First, MI)		SOCIAL SECURITY NO.	
List all other names you have used		DATE OF BIRTH	PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
EMAIL			

### II. EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	STATUS (full time / part time)
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### III. EDUCATION

HIGH SCHOOL		
CITY	STATE	ZIP
YEARS ATTENDED	DEGREE RECIEVED	DID YOU GRADUATE

COLLEGE OR UNIVERSITY		
CITY	STATE	ZIP
MAJOR	MINOR	FROM TO DEGREE RECIEVED

COLLEGE OR UNIVERSITY				
CITY		STATE		ZIP
MAJOR	MINOR	FROM	TO	DEGREE RECEIVED

TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
CITY		STATE		ZIP
FROM	TO	SUBJECT STUDIED	DID YOU RECEIVE A CERTIFICATE	

SPECIAL TRAINING OR SKILLS				

**IV. MILITARY RECORD**

1. Have you served on active duty in the United States Armed Forces? Yes No If yes, attach a copy of each DD-214

BRANCH OF SERVICE		FROM	TO
MILITARY SERIAL NUMBER		RANK	

2. Are you a member of the Reserve? Yes No Branch or Service \_\_\_\_\_

3. Have you served in the National Guard? Yes No If yes, provide dates, unit location, and Commanding Officer.

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**V. COURT RECORDS**

1. Have you been a party to a civil court action? Yes No If yes, provide the requested information below.

Month/year	Nature of Action	Result of Action	Names of parties, the court and address (city, county, state, zip code)

2. Have you ever been arrested or charged with any violation including traffic? Yes No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets if necessary.

Date	Department	Charge	Court	disposition	Details

**VI. LAW ENFORCEMENT EXPERIENCE**

**TRAINING**

ACADEMY		
CITY	STATE	ZIP
YEAR ATTENDED	CERTIFICATE RECIEVED	

ACADEMY		
CITY	STATE	ZIP
YEAR ATTENDED	CERTIFICATE RECIEVED	

ACADEMY		
CITY	STATE	ZIP
YEAR ATTENDED	CERTIFICATE RECIEVED	

## LAW ENFORCEMENT EMPLOYER

AGENCY			
STREET ADDRESS	CITY	STATE	ZIP
POSITION HELD	FROM	TO	
CONTACT PERSON NAME	TELEPHONE #		
REASON FOR LEAVING			

AGENCY			
STREET ADDRESS	CITY	STATE	ZIP
POSITION HELD	FROM	TO	
CONTACT PERSON NAME	TELEPHONE #		
REASON FOR LEAVING			

## EMPLOYMENT HISTORY

EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
POSITION HELD	FROM	TO	
CONTACT PERSON NAME	TELEPHONE #		
REASON FOR LEAVING			

EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
POSITION HELD	FROM	TO	
CONTACT PERSON NAME	TELEPHONE #		

REASON FOR LEAVING
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EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
POSITION HELD	FROM	TO	
CONTACT PERSON NAME	TELEPHONE #		
REASON FOR LEAVING			

Has an ILETSB Professional Conduct Report ever been filed on you? **Yes**  / **No**  If yes, provide details including outcome.

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**VII. REFERENCES**

NAME	PHONE	PROFESSION	YEARS KNOWN

**ATTENTION – THIS STATEMENT MUST BE SIGNED BY THE APPLICANT**

I understand that I may be required to submit to a pre-employment polygraph examination to assist the Athens Police Department in determining my qualifications for a security clearance and suitability for employment.

I understand that all appointments are probationary for a period of one year, during which time I demonstrate my fitness for continued employment with the Athens Police Department. I understand that, being a police department, it has necessary to establish regular night and midnight shifts as well as holiday and weekend duty, and I may be required to work such schedules as needs arise. I further understand that any appointment offered to me will be contingent on the results of a complete character and fitness investigation, and I am aware notwithstanding a State Expungement Order concerning criminal history that willfully withholding information or making false statements on this application will be grounds for dismissal from the Athens Police Department and constitutes a violation of Section 1001, Title 18 of the U.S. Criminal Code. I agree to these conditions and hereby certify that all my statements on this application are to the best of my knowledge, true, and complete.

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Printed Name

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Signature

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Date

# ATHENS POLICE DEPARTMENT

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## AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern: I am an applicant for a position with the City of Athens Police Department ("Department"). The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. This authorization is intended to provide full and free access to any and all information or documents in your possession related to me. For the specific purpose of allowing the Athens Police Department to conduct a background investigation so the Department can determine my suitability for employment.

I give my consent for full and complete disclosure to the Department of any and all public and private information, including files or records which are deemed to be confidential, and/or sealed, that you may have concerning me. I authorize any representative of the Athens Police Department bearing this Authorization, or copy thereof, to obtain and all such information in your files pertaining to me.

I direct every person, firm, company, corporation, governmental agency, count, association, educational institution, hospital or other repository of records, having control of any documents, records and other information pertaining to me, release such information upon request of the Athens Police Department.

I release every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of records, including its officers, employees or agents. Both individually and collectively, from any and all liability or damages pursuant to any state or federal laws, which may result at any time to me, my heirs, my family or associates, because of compliance with this Authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the Athens Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Department's acceptance and processing of my application for employment and additional considerations consisting of the agreement to maintain all information received under the authorization confidentially, as provided from below in the paragraph, and for other valuable consideration, the sufficiency of which is acknowledged, agree to release indemnify and hold harmless the City of Athens, its officials, agents, and employees from any and all claims and liability for damages associated, directly or indirectly, with my application for employment or in any way connected with the collection of information pursuant to the Authorization. I understand that the information obtained by the Department under the Authorization shall remain confidential, except for its use by the Department in examining my qualifications to hold or retain the position applied for and such information may be released or destroyed only as required by law, or as approved by the applicant and the Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Athens Police Department in conjunction with employment procedures.

I have also been advised that I have the right, under Section 1681d(b) of the Fair Credit Reporting Act to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of any credit check investigation.

A photocopy or facsimile copy of this Authorization form shall be valid as an original thereof, even though the photocopy or facsimile copy does not contain any original writing of my signature.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_