

AUTHORITY TO RELEASE INFORMATION

DATE: \_\_\_\_\_

Having made application to the Okawville Police Department for employment with the Okawville Police Department and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records that may be of interest to them. This authorization includes, but is not limited to, medical, hospital, school, and credit scores whether privileged or not. This authorization to furnish information is executed in consideration of the Okawville Police Department giving my application consideration and shall serve as a release of all liability to all parties furnishing such information to the Okawville Police Department.

SIGNATURE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_

(STAMP)

**Village of Okawville**  
**Okawville Police Department**

304 North Front Street – P.O. Box 237

Okawville, Illinois 62271

PH: (618) 243-6121

FAX: (618)243-5370

**Instructions:** Complete this application accurately. All statements contained herein are subject to verification. Incorrect or false statements will remove you from consideration of employment and will be grounds for termination of employment if it is learned that information submitted was false or incorrect, after being employed.

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**Full Name:** \_\_\_\_\_

List any other names or aliases that you have used or have been known by:

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

Do you have any medical problem(s) that would prevent you from performing the duties of a police officer? Yes \_\_\_ No \_\_\_

Do you now or have you in the past used any illegal drugs: Yes \_\_\_ No \_\_\_  
If yes give full details:

Have you ever been charged with any alcohol violation? Yes \_\_\_ No \_\_\_  
If yes give full details:

Have you ever been charged with an offense other than a minor traffic violation? Yes \_\_\_ No \_\_\_  
If yes give full details:

Can you operate an automobile? Yes \_\_\_ No \_\_\_

Do you possess a valid Illinois driver's license? Yes \_\_\_ No \_\_\_

**Driver's License Number:** \_\_\_\_\_ **Issuing State** \_\_\_\_\_ **Expires** \_\_\_\_\_

Have you ever been refused a driver's license? Yes \_\_\_ No \_\_\_  
If yes give full details:

Has your driver's license ever been suspended or revoked? Yes \_\_\_ No \_\_\_  
If yes give full details:





## Military Service

Have you ever served in any military organization: Yes \_\_\_\_\_ No \_\_\_\_\_

What is your service serial number: \_\_\_\_\_

Highest Rank Held \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Date and location of entrance to active duty (city and state): \_\_\_\_\_

List periods of service:

Date and location of discharge (city and state): \_\_\_\_\_

Exact type of discharge: \_\_\_\_\_

Are you now or were you ever a member of any branch of the U.S. Reserve Forces? Yes \_\_\_ No \_\_\_

If yes: Active \_\_\_\_\_ Inactive \_\_\_\_\_

Branch \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

## References

List three adults, not related to you and not former employers, who have known you for more than five years. All listed will be contacted and asked to appraise your character, ability, experience, personality, and other qualities.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this person? \_\_\_\_\_



### References Continued

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

### Employment History

List all jobs you have held for the past five years, including times of unemployment. Start with your most recent job and include military history where applicable.

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From / To \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Title / Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From / To \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Title / Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From / To \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Title / Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From / To \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Title / Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From / To \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Title / Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Employment Continued**

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From / To \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Title / Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Person (s) to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City / State \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City / State \_\_\_\_\_ Zip: \_\_\_\_\_

**Chapter 50 of the State of Illinois Compiled Statutes requires that all police officers in Illinois complete 480 hours of training by the Illinois Law Enforcement Training and Standards Board. This includes completing the Power Test portion of the test before attending the academy.**

Do you have any pre-existing medical or physical conditions that would prevent you from completing these mandatory tests?

If yes explain:

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

**I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED WITHIN THIS APPLICATION ARE TRUE AND CORRECT AND THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**