



DANVERS POLICE DEPARTMENT

304 E. Main Street P.O. Box 398
Danvers, IL 61732
Office (309)963-6330 Fax (309)963-4050

APPLICATION FOR EMPLOYMENT VILLAGE OF DANVERS EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Village of Danvers to provide employment opportunities, compensation, promotion and other conditions of employment without regard to race, color, national origin, sex, age, religion, marital status, ancestry, disability, genetic predisposition, sexual orientation, matriculation or other characteristics protected by law.

INSTRUCTIONS:

1. You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
2. This Application for Employment will be inactive after 90 days. If you want to be considered after that time, you must complete a new Application for Employment.
3. Please print neatly or type.
4. A separate application must be completed for each position.
5. Warning: Be honest and truthful in responding to all items and questions

Last Name, First Name, Middle Initial, Maiden Name

Home Address: Street, City, County, State, Zip Code

_____ Home Telephone	_____ Work Telephone	_____ Cellular Telephone	_____ Email
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Are you age 18 or above? YES () NO () If no, give date of birth: _____

Valid Driver's License? YES () NO () License Number: _____ State: _____
Expiration: _____

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

YES () NO ()

EMPLOYMENT HISTORY: * IMPORTANT: Do not state "see resume". Indicate experience in each position beginning with your present or most recent position, including military service and volunteer experience during the last 10 years. Be sure to list each significant change in title separately, even though with the same employer. Please be accurate and complete and fill in all spaces. Attach "Supplemental Employment History Form" if necessary.

Employer: _____	Phone: _____
Address: _____	
Name and Title of Supervisor: _____	
Employment Dates: from: _____	to: _____ Starting Salary: _____ Ending Salary: _____
Starting Position: _____	Ending Position: _____
Number of workers you directly supervised: _____	
Description of Duties: _____	

Reason for leaving or wanting to change: _____	
My we contact this employer if you are considered for the position: _____	

Employer: _____	Phone: _____
Address: _____	
Name and Title of Supervisor: _____	
Employment Dates: from: _____	to: _____ Starting Salary: _____ Ending Salary: _____
Starting Position: _____	Ending Position: _____
Number of workers you directly supervised: _____	
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Starting Position: _____	Ending Position: _____
Number of workers you directly supervised: _____	
Description of Duties: _____	

Reason for leaving or wanting to change: _____
My we contact this employer if you are considered for the position: _____

SUPPLEMENTAL EMPLOYMENT HISTORY:

*** Important: Do not state "see resume".**

Employer: _____ **Phone:** _____
Address: _____
Name and Title of Supervisor: _____
Employment Dates: from: _____ to: _____ **Starting Salary:** _____ **Ending Salary:** _____
Starting Position: _____ **Ending Position:** _____
Number of workers you directly supervised: _____
Description of Duties: _____

Reason for leaving or wanting to change: _____
My we contact this employer if you are considered for the position: _____

Employer: _____ **Phone:** _____
Address: _____
Name and Title of Supervisor: _____
Employment Dates: from: _____ to: _____ **Starting Salary:** _____ **Ending Salary:** _____
Starting Position: _____ **Ending Position:** _____
Number of workers you directly supervised: _____
Description of Duties: _____

Reason for leaving or wanting to change: _____
My we contact this employer if you are considered for the position: _____

Employer: _____ **Phone:** _____
Address: _____
Name and Title of Supervisor: _____
Employment Dates: from: _____ to: _____ **Starting Salary:** _____ **Ending Salary:** _____

Starting Position: _____ Ending Position: _____
 Number of workers you directly supervised: _____
 Description of Duties: _____

 Reason for leaving or wanting to change: _____
 My we contact this employer if you are considered for the position: _____

EDUCATION:

High School

Did you graduate high school? Yes No
 Name and location of school _____

 If no, do you have a GED certificate? Yes No

Trade or Business School

Did you attend a trade or business? Yes No
 If yes, what courses did you study? _____

 Name and location of school _____

College

Name and Address of College	Major	Degree. If no degree, state number of hours completed.

Other Skills and Qualifications: In addition to your work history, what other skills, qualifications, professional registrations or certifications do you possess that would qualify you for the position applying for? _____

REFERENCES: Please list the names, addresses, and telephone numbers of at least three (3) professional references who are familiar with your work.

Name	Relationship to Applicant (peer, supervisor, manager, etc.)	Phone Number	Years Acquainted

FULL LEGAL NAME: LAST, FIRST, MIDDLE TODAY'S DATE

Have you ever engaged in the illegal use of drugs, including the consumption of prescription drug not prescribed to you?

YES NO

Have you ever illegally obtained any prescription drugs or controlled substances?

YES NO

Have you ever used any illegally obtained prescription drugs or medication?

YES NO

Have you ever illegally sold, furnished or supplied any narcotics or drugs to anyone?

YES NO

Have you ever possessed any illegal narcotics or drugs?

YES NO

EMPLOYMENT/TRAINING:

Have you ever applied for a position with any law enforcement or public safety agency?

YES NO

DATE	DEPARTMENT	CITY/STATE	STATUS

If not hired, indicate what reason(s) you were given except items covered by the Americans with Disabilities Act (ADA).

Have you ever received any law enforcement training?

YES NO If YES, explain in the space below:

What is the extent of your exposure to law enforcement activities? _____

MISCELLANEOUS:

Have you ever been released or terminated from a job because of your failure to meet job requirements, other than reasons of disability?

YES NO

Have you ever been discharged, asked to resign or given the opportunity to resign in lieu of discharge?

YES NO

Have you ever been demoted to a lower position or rank for any reason?

YES NO

Have you ever been suspended from duty or received disciplinary action?

YES NO

Are you able to perform all the duties as listed on the job description?

YES NO

Describe your reasons for applying for this position. (Use a separate sheet of paper, if necessary).

IMPORTANT INFORMATION TO APPLICANTS:

All offers of employment are conditioned upon successful completion of all of the following: physical examination, drug testing/screening, driving record, criminal history background check(s) and related background check(s). In the event you are offered a position with the Village of Danvers (“Village”), you will be required as a condition of your continued employment to read and sign an acknowledgement of Village policies.

APPLICANT’S CERTIFICATION AND AGREEMENT

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS MAY BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR DISMISSAL FROM EMPLOYMENT IF SUBSEQUENTLY DISCOVERED. I FURTHER UNDERSTAND THAT BY SUBMITTING THIS APPLICATION FOR CONSIDERATION OF EMPLOYMENT WITH THE VILALGE OF DANVERS, I AM AUTHORIZING THE VILLAGE TO MAKE AN INVESTIGATION OF ANY MATTERS OF INQUIRY CONTAINED WITHIN THIS APPLICATION.

Yes I acknowledge my electronic signature below, and agree to sign said acknowledgement in the event of a resulting interview.

No

Applicant Name

Date

Email Address

Acknowledgment Signature

Date

POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

CIVIL ACTIONS List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

CURRENT DRIVER'S LICENSE

State: _____ Expiration Date: _____
 Current Drivers License Number: _____

27. PREVIOUS DRIVER'S LICENSE INFORMATION

List all states/countries where you have been licensed:

Have you ever had your Driver's License revoked or suspended? YES NO If YES, provide a full explanation on the Continuation Sheet.

MOTOR VEHICLE OPERATION: List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:		INITIALS:	DATE:	INITIALS:
Police Contacts Queried and Results Documented in Files			Civil Actions Queried and Results Documented in Files	
Motor Vehicle Records Queried and Results Documented in File				

WILLINGNESS QUESTIONNAIRE

TO BE COMPLETED BY **POLICE OFFICER APPLICANTS ONLY**

FULL LEGAL NAME: _____ TODAY'S DATE: _____

Please complete the following questions concerning the Police Officer position for which you are applying:

1. Are you willing to stand in the middle of a busy intersection directing traffic wearing a helmet in 110 degree weather? Y N
2. Are you willing to physically examine a dead body for signs of injury? Y N
3. Are you willing to work on legal holidays (i.e. Christmas Day, Thanksgiving, July 4th)? Y N
4. Are you willing to work rotating shifts with days off? Y N
5. Are you willing to report for duty upon short notice or on days off - sacrificing personal plans? Y N
6. Are you willing to investigate accidents in the rain? Y N
7. Are you willing to arrest a friend if it is necessary? Y N
8. Are you willing to spend hours writing reports while on overtime? Y N
9. Are you willing to work 13 hours in a row if necessary? Y N
10. Are you willing to handle situations that involve the possibility of injury to yourself? Y N
11. Are you willing to accept a court decision that runs contrary to your own wishes? Y N
12. Are you willing to subject yourself to intense public scrutiny and criticism? Y N
13. Are you willing to accept being told exactly what to do? Y N
14. Are you willing to maintain your composure while being insulted or sworn at? Y N
15. Are you willing to observe an autopsy if required? Y N
16. Are you willing to notify a citizen that a member of their immediate family has just been killed? Y N
17. Are you willing to investigate situations involving abused or molested children? Y N
18. Are you willing to undergo six (6) months of intensive training before being able to work on your own? Y N
19. Are you willing to take another human's life if necessary and appropriate? Y N
20. Are you willing to deal with suicide victims and their families? Y N
21. Are you willing to search a dark building for a dangerous suspect if necessary? Y N
22. Are you willing to risk your life for the safety of a citizen or a fellow officer? Y N
23. Are you willing to enforce laws that you do not agree with? Y N

If you have answered "NO" to any of the above questions, please reconsider applying for this position.

ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:

In this section, disclose all illegal drug use (or criminal involvement) that was not for the purpose of treating or alleviating the symptoms of a medical condition.
 Drug use for medical purposes will be disclosed in a different portion of the application process.

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

- a. How the drug was ingested or consumed,
- b. The duration of usage,
- c. The motivation for use,
- d. How the drug was obtained,
- e. Why you stopped using the drug,
- f. Any other factors you believe are relevant.

CRIMINAL CONDUCT:

- a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES NO
 - b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES NO
- If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? YES NO

If YES provide a full explanation on the Continuation Sheet.

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? YES NO

If YES provide a full explanation on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes <input type="checkbox"/> No <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	



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This form MUST be completed for all Police Department positions

AUTOMATIC DISQUALIFIERS:

The Danvers Police Department will automatically disqualify any applicant who has:

1. Been convicted of a felony or any offense that would be a felony if committed in another State;
2. Been dishonorably discharged from the United States Armed Forces;
3. Been previously denied certified status, have certified status revoked; or have current certified status suspended;
4. Illegally sold, produced, cultivated, or transported for sale marijuana;
5. Illegally used marijuana for any purpose within the past 3 years;
6. Illegally used marijuana other than for experimentation;
7. Used marijuana while employed or appointed as a peace officer;
8. Illegally sold, produced, cultivated or transported for a sale a dangerous drug or narcotic;
9. Used a dangerous drug or narcotic, other than marijuana, for any purpose within the past 7 years;
10. Used a dangerous drug or narcotic other than for experimentation;
11. Used a dangerous drug or narcotic while employed or appointed as a peace officer;
12. A pattern of abuse of prescription medication;
13. Been convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with a frequency within the past three years that indicates a disrespect for traffic laws or a disregard for the safety of other persons on the highway;
14. Excessive traffic violations in the past three years;
15. Committed or violated Federal, State, or City laws pertaining to criminal activity while employed by any Law Enforcement Agency;
16. Lied during any state of the hiring process, falsified any information on the application or background questionnaire;
17. Unresolved responses to relevant issues if administered a polygraph examination;
18. Used non-prescription steroids since January 1, 1994;
19. Conviction of a domestic violence crime, misdemeanor or felony conviction of a lesser charge, which at the time of occurrence was a domestic violence crime;

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Danvers Police Department, make you ineligible to work for the Department:

1. An inability to perform the essential functions of the position with or without reasonable accommodation for qualified applicants.
2. Unlawful sexual conduct.
3. Excessive traffic violations: DUI, reckless moving citations.

4. ANY discharge from the U.S. armed Forces OTHER than an honorable discharge.
5. Debts- demonstrated the unwillingness to honor fiscal contracts or just debts.
6. Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the Law Enforcement profession.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE DISQUALIFIERS

Name [printed] _____ **Signature** _____ **Date** _____



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Email completed Application to danversvillage@gmail.com

Authorization for Release of Personal Information

_____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Village of Stanford, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest; and any records of a police department or other law enforcement agency.

I understand that any of the information obtained by a personal 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 Village of Stanford, also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information, I further release the Village of Stanford, their members, employees, agents and assigns from any and all liability, which may be incurred as a result of collecting and utilizing such information,

I further authorize the Village of Stanford to conduct a polygraph examination(s), and I hereby voluntarily submit to such polygraph examination(s).

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



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I have fully read and understand the contents of this AUTHORIZATION OF RELEASE OF PERSONAL INFORMATION.

Signature, include maiden name if applicable: _____ Date: _____

Witness Signature: _____ Date: _____

Telephone Number: () _____ - _____

Address: _____

Date of Birth: ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Driver's License Number & State _____ State: _____