



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
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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: _____
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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