



HEBRON POLICE DEPARTMENT

12007 PRAIRIE AVENUE P.O. BOX 112

Hebron, IL 60034

Phone: (815) 648-2351 Fax: (815) 648-2771

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statements on this application will be considered sufficient cause for dismissal. **All entries must be printed, legibly with an ink pen or typewritten.** If space provided is not sufficient for complete answers or if you wish to provide additional information, show on the reverse side of the application.

DATE:		APPLICATION FOR THE POSITION OF POLICE OFFICER			
Name Last	First	Middle	Social Security Number:		
			Drivers License Number:		
Present address:			City	State	Zip Code
How long have you lived at this address?	Home Telephone		Business Telephone		Alternate Contact Number
Date of Birth	Email address				

Give your home addresses for the past ten years, excluding your present address:

(Do not use rural route numbers or box numbers. Give month & Year)

address:	City	State	Zip Code	Month & Year
address:	City	State	Zip Code	Month & Year
address:	City	State	Zip Code	Month & Year
address:	City	State	Zip Code	Month & Year
address:	City	State	Zip Code	Month & Year
address:	City	State	Zip Code	Month & Year

Have you reached the age of 21 years? Yes No

Are you a U.S. Citizen? Yes No

If naturalized Citizen give date ____ / ____ / ____

Have you ever been convicted of a felony or misdemeanor?

No Yes, If yes explain _____

Were you ever convicted of Driving Under the Influence or any other driving offense?

No Yes, where & disposition _____



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Education	High School/Equivalent	College/University	Trade/Vocational
School Name and Address	_____	_____	_____
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Degree Major Course of study	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	Total hours _____	
Relevant Courses Special Training Internships			

Have you ever applied for employment with this or other police departments?

No Yes, list the department names: _____

Were you ever discharged or asked to resign from your employment?

No Yes, give details: _____

List below your past work record for the last 10 years, please include all full and part time positions. Begin with the most current position. **(Use backside of application if necessary).**

Employer Name	Telephone	Dates Employed		Description of position / work performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				
May we contact your present employer? <input type="checkbox"/> No <input type="checkbox"/> Yes Applicant's Signature _____				



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Reason For Leaving

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		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				

Reason For Leaving

List all Professional Licenses and/or Certificates. Please Attach Hardcopies to the Application.

Have you ever served on active duty in the Armed Services of the United States? No Yes, If yes give:

Branch of Service _____

Dates _____

Rank at discharge _____

◆ Include a copy of your certified DD214 or Separation Papers.

Were you ever convicted in a Court Martial or were the subject of a Summary Court or any other disciplinary action?

No

Yes, give details, type of action, charges & disposition:

List any Commendations and Citations awarded to you as a member of the Armed Forces



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To whom it may concern;

_____, do hereby authorize a review and full disclosure of all records concerning myself to any authorized agent of the Village of Hebron Police Department by any person, Corporation, agent or association concerning my personal history, character, education, employment, military service, credit standing, professional standing or any other matter relevant and necessary for a determination of my suitability for employment with the Village of Hebron Police Department, 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 including employment and pre-employment records, including background reports, efficiency rating, 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 and interest.

I hereby release the aforementioned persons, corporations, agencies, associations and their employees, agents and representatives from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for 12 months for the date it is signed.

DATED

SIGNATURE

DATE OF BIRTH

STREET ADDRESS

SOCIAL SECURITY NUMBER

CITY, STATE, ZIP

TELEPHONE NUMBER

Phone: 815-648-2351

Fax: 815-648-2771