



Momence Police Department Police Officer Application Packet

Dear Applicant:

Thank you for your interest in the position of Momence Police Officer. The Momence Police Department is seeking qualified candidates who possess strong moral and ethical qualities both in their personal and professional lives. Successful candidates shall have a strong desire to serve the public with honor, pride and distinction.

The applicant must:

1. Be a United States citizen, and
2. Be at least 21 years of age (at time of appointment), and
3. Posses a valid motor vehicle driver's license,
4. Posses strong moral and ethical standards; personally and professionally.

This application packet contains a list of required information or forms that must be submitted with the completed packet. Forms that must be completed and returned to qualify the applicant for further consideration include:

1. the three (3) page "APPLICATION FOR EMPLOYMENT" , and
2. the one (1) page "APPLICANT PHOTOGRAPH" , and
3. the one (1) page "RELEASE OF INFORMATION" , and
4. the one (1) page ""AUTHORIZATION TO OBTAIN INFORMATION, and
5. the one (1) page "REQUEST PERTAINING TO MILITARY RECORDS" (*this form must be completed and signed regardless of military service*), and
6. the one (1) page "AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS", and
7. the one (1) page "AUTHORIZATOIN FOR RELEASE OF MILITARY RECORDS."

8. The Momence Police Department and its agents require that applicants provide proof of identification throughout the testing process. Applicants are required to submit a color portrait with an imprint of the right thumb on the "APPLICANT PHOTOGRAPH" form.

In addition to the forms identified above the applicant must provide other documents with the application packet. These forms include:

1. Certificate of Live Birth (Birth Certificate), and
2. High school diploma or GED, and
3. College transcripts documenting the semester hour requirement, and
4. College diploma (if applicable), and
5. Military discharge or Military Form DD214 (if applicable).

The candidate should return the required forms to:

Momence Police Department
Brian Brucato, Chief of Police
123 West River Street
Momence, IL 60954

Questions related to qualifications, form completion, or the testing process should be reduced to writing and forwarded to the address above.

Thank you for your interest in employment with the Momence Police Department.

Very truly yours,

Brian Brucato, Chief of Police
Momence Police Department
Momence, IL 60954



Police Officer Application Instructions

READ CAREFULLY!

1. Examine the "Application Kit" to ensure that it contains the following documents. In the event the "kit" is missing any material contact the Momenca Police Department to obtain the missing form(s).
 - A. Application for Employment
 - B. Applicant Photograph
 - C. Release of Information
 - D. Authorization to Obtain Information
 - E. Request Pertaining to Military Records
 - F. Authorization for Release of Information and Records
 - G. Authorization for Release of Military Records

2. In addition to the forms listed above, the documents listed below must be returned with the application packet:
 - J. Photocopy of Driver's License
 - K. Photocopy of Birth Certificate
 - L. Photocopy of High School Diploma (or GED Certificate)
 - M. Photocopy of College Transcripts

3. If additional space is needed to complete any portion of the application packet attach a sheet of paper to the application form and identify the additional information by the application question number.

4. ***BE CERTAIN THAT THE APPLICATION PACKET IS COMPLETED IN ITS ENTIRETY!*** Utilize the alphabetical checklist contained above to ensure that all required documents are included in the returned packet. If a question does not pertain to you, insert "N/A" for "Not Applicable". Double check to ensure that you have included all of the documents required and that all questions have been answered.

MOMENCE POLICE DEPARTMENT



123 W. River Street
MOMENCE, IL 60954
POLICE OFFICER

EMPLOYMENT APPLICATION

1. NAME

LAST FIRST MIDDLE

2. ADDRESS

STREET ADDRESS

City STATE ZIP CODE
() - _____
Phone Number email address

3. SOCIAL SECURITY NUMBER

□□□□ - □□ - □□□□

4. DATE OF BIRTH

□□ - □□ - □□

5. DRIVERS LICENSE NUMBER

□□□□ - □□□□ - □□□□

State Expiration

□□ □□

6. EDUCATION

A. HIGH SCHOOL

Year Graduated CITY STATE

B. COLLEGE

Credit Hours CITY STATE

C. COLLEGE

Credit Hours CITY STATE

D. DEGREES ATTAINED

ONE YEAR CERTIFICATE - SCHOOL SPECIALTY

ASSOCIATE DEGREE - SCHOOL MAJOR

BACHELOR DEGREE - SCHOOL MAJOR

MASTERS DEGREE - SCHOOL MAJOR

LAW DEGREE - SCHOOL MAJOR

Ph.D./EED DEGREE - SCHOOL MAJOR

7. SPECIALIZED TRAINING

- 480 Hour Police Course
- 200 Hour Corrections Course
- State Dispatching Course
- Certified Firefighter
- Auxiliary Police
- EMT Certified
- CPR Certified
- Certified Rescue Diver
- Fluent in Foreign Language
- Military Police
- Other _____

8. MILITARY SERVICE

- NEVER IN THE MILITARY

BRANCH OF SERVICE _____

MILITARY SPECIALTIES _____

HIGHEST RANK _____

TYPE OF DISCHARGE _____

DATE ENTERED _____

DATE SEPARATED _____

9. ELIGIBILITY REQUIREMENTS

Are you legally authorized to work in the United States?

- YES NO

Have you been convicted of any violation of the law since your 16th birthday other than minor traffic violations (\$100 or less fine)?

- YES NO

* if yes, explain in Section #13 on page #6.

10. POSITION APPLIED FOR

- POLICE OFFICER
FULL-TIME
PART-TIME

DATE APPLICANT SUBMITTED COMPLETED APPLICATION PACKET

MONTH DAY 20__ YEAR

MOMENCE POLICE DEPARTMENT

PRESENT OR LAST EMPLOYER	EMPLOYER _ ADDRESS _ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> CITY STATE ZIP CODE </div> TELEPHONE NUMBER () _ NAME OF SUPERVISOR _ JOB TITLE AND DESCRIPTION _	FROM TO _ TOTAL TIME _ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME REASON FOR LEAVING: _____ _____
2ND MOST RECENT EMPLOYER	EMPLOYER _ ADDRESS _ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> CITY STATE ZIP CODE </div> TELEPHONE NUMBER () _ NAME OF SUPERVISOR _ JOB TITLE AND DESCRIPTION _	FROM _ TO _ TOTAL TIME _ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME REASON FOR LEAVING: _____ _____
3RD MOST RECENT EMPLOYER	EMPLOYER _ ADDRESS _ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> CITY STATE ZIP CODE </div> TELEPHONE NUMBER () _ NAME OF SUPERVISOR _ JOB TITLE AND DESCRIPTION _	FROM _ TO _ TOTAL TIME _ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME REASON FOR LEAVING: _____ _____

11. EMPLOYMENT INFORMATION
 Beginning with your present employment and working back, list your three most recent employers. Failure to list a previous employer or provision of inaccurate employment dates may disqualify you from the selection process.

Use this space below to provide additional details of previous employment that are significantly related to the position you are applying for. Use additional sheets of paper if necessary.

MOMENCE POLICE DEPARTMENT

MOST PREVIOUS ADDRESS		12. PAST ADDRESSES SECTION
2ND MOST PREVIOUS	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> CITY STATE ZIP CODE <div style="display: flex; justify-content: space-between; margin-top: 10px;"> TO FROM TOTAL TIME _ </div>	<i>List your three previous addresses, excluding your current address</i>
3RD MOST PREVIOUS	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> CITY STATE ZIP CODE <div style="display: flex; justify-content: space-between; margin-top: 10px;"> TO FROM TOTAL TIME _ </div>	

13. EXPLANATION SECTION

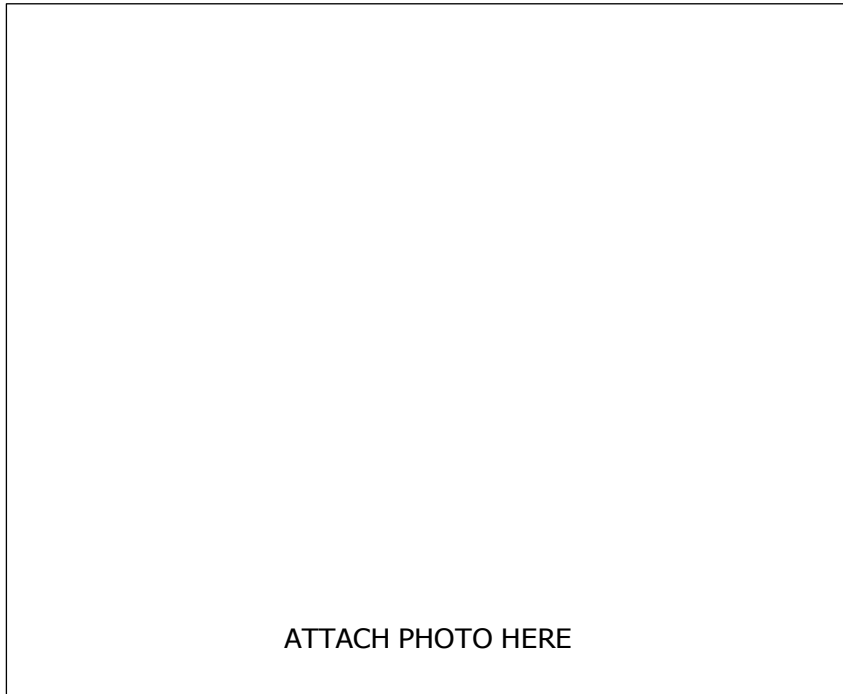
Applicants should use this section to describe in handwritten form their qualifications for the position applied for. Applicants should also use this section to describe any incidents that they feel may disqualify them for consideration of the position (e.g. license revocation, arrests, etc.). Provide additional pages if necessary.



Momence Police Department Applicant Photograph

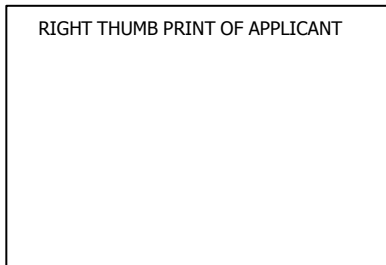
NAME OF APPLICANT _

DATE OF PHOTOGRAPH _



ATTACH PHOTO HERE

My signature verifies that the photograph that appears above is an accurate representation of me.



RIGHT THUMB PRINT OF APPLICANT

SIGNATURE OF APPLICANT

Momence Police Department Release of Information

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Momence Police Department any and all information pertaining to my work record and/or reputation to include usage of time, discipline, efficiency marks, and other information. This shall also serve as permission for you (or your employees) to release any and all information contained in my personnel file. This information is to be used in the determination of my qualifications and fitness for the position of police officer that I am currently seeking with the Momence Police Department.

I hereby release the employer, its agents, and employees for any and all liability and/or damage of whatever nature resulting from the furnishing of such information described above.

APPLICANT SIGNATURE

PRINTED NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

Subscribed and sworn before me this _ , day of _ , 20 _

NOTARY

Momence Police Department Authorization to Obtain Information

I, _____,

(Please Print First Name, Middle Initial and Last Name)

do hereby authorize the Momence Police Department to investigate and obtain full information on my:

CRIMINAL
EDUCATION
CREDIT
EMPLOYMENT
MEDICAL
and
MILITARY

history and, to receive copies of all said information so recorded, for purposes of employment, promotion, and/or discipline.

APPLICANT SIGNATURE

Applicant's Date of Birth: _

Dated this __ day of _ , 20 _

National Personnel Records Center

Military Personnel Records
9700 Page Boulevard
St. Louis, MO 63132

MILITARY RECORDS REQUEST

LAST NAME

FIRST

MIDDLE

SOCIAL SECURITY NUMBER
SERVICE:

BRANCH OF

- -

Dear Records Custodian:

The Momence Police Department is currently conducting a pre-employment background investigation of the above name individual. It is our understanding that he/she is a veteran of the United States Armed Forces. As part of our investigation we are requesting the following copies from military records of the above named individual.

1. Disciplinary Date
2. DD Form 214

This information may be forwarded to my attention at the address listed below.

Sincerely,

Brian Brucato
Chief of Police

Information and Records MILITARY RECORDS REQUEST

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Momence Police Department, whether the said records are of 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, medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the United States Veterans Administration, 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.

I understand that any information obtained by a personal history 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 Momence Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for furnishing 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 Momence Police Department from any and all liability which may be incurred or as a result arises from the collection of such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above *“Authority for Release of Information and Records”*.

APPLICANT SIGNATURE _____ NAME (PRINTED) _____

Dated this _____ day of _____, 20____

References

Please list 3 references (no relation to you)

Name: _

Address_

City_

Zip Code_

Phone Number _

Email Address_

Name: _

Address_

City_

Zip Code_

Phone Number _

Email Address_

Name: _

Address_

City_

Zip Code_

Phone Number _

Email Address_