



# GALVA POLICE DEPARTMENT

210 Front Street • Galva, Illinois 61434



## EMPLOYMENT APPLICATION

Print or Type

Date Completed:	Position Applied For: <b>Full-Time    Part-Time    Auxiliary</b>
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### PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Address:			City:		State:
Zip Code:			Home Telephone:		Cellular Telephone:
Date of Birth:	Social Security Number:	Home Telephone:		Cellular Telephone:	
Are you a citizen of the United States? <b>Yes    No</b>		List all states you have lived in, including school, military, etc.:			

### POLICE EXPERIENCE

Are you a certified police officer in the State of Illinois? <b>Full-Time    Part-Time    No</b>	Date of Certification:
Do you have any police experience excluding college? <b>Yes    No    IL 40 Hrs Firearm Certified</b>	Describe experience:

### EDUCATION

Do you have a High School Diploma or GED? <b>High School Diploma    GED</b>	If you have a GED, please provide date obtained and location:		
Name of High School:	Location of High School:		Dates Attended:
Name of College:	Location of College:	Last Year Attended:	Degree or Major:
Other Formal Education or Trade School:	Location:	Dates Attended:	

### MEDICAL

Do you have any physical condition(s) that would prevent you from performing the duties of a police officer? <b>Yes    No</b>	If yes, please describe and explain limitations:
Have you ever had any mental disorder(s) or serious illness(es) in the past? <b>Yes    No</b>	If yes, please describe:

### DRIVING HISTORY

Do you have a valid driver's license? <b>Yes    No</b>	Driver's License Number:	State:	Expiration Date:
Have you ever been charged with a motor vehicle violation(s)? <b>Yes    No</b>	If yes, list violation(s) and approximate date(s):		
Has your driving privilege ever been suspended or revoked? <b>Yes    No</b>	If yes, please explain and list in what jurisdiction(s):		
Have you held or applied for a driver's license in another state? <b>Yes    No</b>	If yes, list the state(s):		

## BACKGROUND INFORMATION

Have you ever legally changed your name? Yes No	If yes, give previous name(s) and date of change:
Do you possess a valid IL Firearms Owners Identification? Yes No	If yes, provide your identification number and expiration date:
Have you ever been refused an IL Firearms Owners Identification or a firearm permit in another state? Yes No	If yes, please explain:
Have you ever served in any branch of the U.S. military? Yes No	If yes, provide the branch, dates, and discharge status:
Are you currently in the National Guard or Reserves? Yes No	If yes, provide unit and commander's name and contact number:
Have you ever applied for, or held, a law enforcement position? Yes No	If yes, provide agency name and date:
Have you ever been convicted of a crime? Yes No	
If yes to the above question, please provide details including the offense(s), date(s) of offense(s), disposition(s), and jurisdiction(s):	
Please write a short paragraph describing what characteristics you possess that would make you well suited for a law enforcement position:	

## EMPLOYMENT

Current or most recent employer:				Supervisor's Name:		Telephone Number:	
Address:				City:		State:	Zip Code:
Dates of Employment:	From:		To:		<b>Full-Time</b> <b>Part-Time</b>	Hours Worked:	

Previous employer:				Supervisor's Name:		Telephone Number:	
Address:				City:		State:	Zip Code:
Dates of Employment:	From:		To:		Reason for leaving:		

Previous employer:				Supervisor's Name:		Telephone Number:	
Address:				City:		State:	Zip Code:
Dates of Employment:	From:		To:		Reason for leaving:		

Previous employer:				Supervisor's Name:		Telephone Number:	
Address:				City:		State:	Zip Code:
Dates of Employment:	From:		To:		Reason for leaving:		

Previous employer:				Supervisor's Name:		Telephone Number:	
Address:				City:		State:	Zip Code:
Dates of Employment:	From:		To:		Reason for leaving:		

Previous employer:				Supervisor's Name:		Telephone Number:	
Address:				City:		State:	Zip Code:
Dates of Employment:	From:		To:		Reason for leaving:		

Have you ever been fired, asked to resign, or terminated from any employment or volunteer position? <b>Yes   No</b>	
If yes to the above question, indicate from where and give details:	

## ADDITIONAL INFORMATION

Please use this sheet as additional room explanation to any previous question or any other relevant information:

## RELEASE OF INFORMATION

I hereby authorize the Galva Police Department, any consumer reporting agency, or other outside service company engaged by said official, to obtain, prepare, use, and furnish information concerning my current and/or former employment, education, general credit reputation, health, personal characteristics, and mode of living.

I respectfully request that you furnish to the Galva Police Department any and all information that you have concerning me, my work record, medical condition, personality and/or my reputation. The information is to be used to determine my qualification and fitness for a position with the City of Galva.

I hereby release you and/or your agency from any liability and/or damage of any nature on account of furnishing the above requested information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

This release of information is for employment purposes for the City of Galva Police Department:

Galva Police Department  
210 Front Street, PO Box 1  
Galva, Illinois 61434



## CRIMINAL HISTORY DISQUALIFICATION CERTIFICATION

I, \_\_\_\_\_, do hereby certify that I am employed or applying for a position with the Galva Police Department. I also certify that I have never been convicted of a Felony crime(s) or certain Misdemeanor crime(s) such as the listed acts in Public Act 91-495 of the Illinois Compiled Statutes, effective January 1, 2000. I further understand that such convictions would prohibit me from the participation and certification of training under the rules, regulations, and legislation of the State of Illinois. Furthermore, I understand that I am mandated to self report any convictions listed under Public Act 91-495 of the Illinois Compiled Statutes and that my failure to do so could result in a conviction of a Class 4 felony if I continue to practice as a law enforcement officer after the conviction. I further certify that I have never been convicted of Domestic Battery (720 ILCS 5/12-3.2 or 5/12-3.3).

### Public Act 91-495 Disqualifying Convictions

720	ILCS	5/11-6	Indecent Solicitation of a Child
720	ILCS	5/11-9.1	Sexual Exploitation of a Child
720	ILCS	5/11-12-2	Aggravated Assault
720	ILCS	5/11-14	Prostitution
720	ILCS	5/11-17	Keeping a Place of Prostitution
720	ILCS	5/11-19	Pimping
720	ILCS	5/15	Criminal Sexual Assault
720	ILCS	5/16-1	Theft
720	ILCS	5/17-1	Deceptive Practices
720	ILCS	5/17-2	Impersonating Police or Veteran Organization
720	ILCS	5/28-3	Keeping a Gambling Place
720	ILCS	5/29-3	Bribery
720	ILCS	5/31-1	Resisting or Obstructing a Peace Officer
720	ILCS	5/31-6	Escape
720	ILCS	5/31-7	Aiding Escape
720	ILCS	5/32(a)(4)	Harassment of Jurors or Family of Jurors
720	ILCS	550/5	Manufacture/Delivery of Cannabis
720	ILCS	550/5.2	Delivery of Cannabis on School Grounds

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPLICATION CERTIFICATION

I certify that all answers given in this application are true and complete to the best of my knowledge. I authorize a background investigation be conducted by the Galva Police Department to verify any and all statements contained in this application for employment, and a check of my criminal history, as may be necessary, in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that if hired, I am required to abide by all rules and regulations of the Galva Police Department.

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

### ◀◀OFFICE USE ONLY▶▶▶

Criminal History

_____	_____	_____
Date		Initials & ID
10-27	_____	_____
	Date	Initials & ID
10-29	_____	_____
	Date	Initials & ID

Notes:

Date Interviewed: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Hired:  Yes  Full-Time  Part-Time  Auxiliary

Starting Date: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Per Hour