GLENDALE HEIGHTS POLICE COMMISSION

300 Civic Center Plaza
Glendale Heights, IL 60139
(630) 909-5398

APPLICATION and TESTING INSTRUCTIONS

*****IMPORTANT*****

Once you have completed your application, return it along with your checklist items (see pg. 18). **Your application must be received by 5:00 p.m. Thursday February 1, 2024.** Applications can be found on www.glendaleheights.org.

NO FEE TO APPLY

Minimum preliminary requirements to apply:

- ****Study Guides will be provided at the Glendale Heights Police Department at the time your application is submitted. Digital copy available upon request. ****
- U.S. Citizenship or Legal Alien Admitted for Residence
- No Felony or misdemeanor convictions involving moral turpitude
- High School diploma or equivalent. Preference Points available for a college degree OR 2 years U.S. military service with Honorable Discharge. ***Must receive a minimum score of 70 on the written test to be eligible to apply preference points
- Valid Driver's License
- 21-34 years of age OR 20 years of age with 2 years law enforcement studies at time of application OR as otherwise exempt from age limitation by Statute
- Residency within 25 miles of the Village Limits by the end of Probation Period (18 months) is required
- Starting salary: $73,819.20 Ceiling salary: $112,257.60
- Bi-Lingual capability is desired but not required
- Not classified as a conscientious objector by the Local Selective Service Draft Board
- Possess a valid P.O.W.E.R. Test Card* **(issued no later than ONE YEAR prior to orientation - February 3, 2024)**;
- **Visit the following websites for additional information on obtaining a P.O.W.E.R. Test card:*

https://www.nipsta.org/206/Schedule-Registration
www.triton.edu/power
https://www.jjc.edu/about-jjc/places-interest/power-testing

*****Written examination questions are based on information provided in the Study Guide.***

The **orientation meeting** is scheduled for **Saturday, February 3, 2024 at 9:00 a.m.** at the Marquardt Middle School Administration Building located at 1912 Glen Ellyn Road, Glendale Heights IL, 60139

Doors close at 9:00 a.m.

The **written examination** is scheduled for **Saturday, February 3, 2024 at 10:00 a.m.** at the Marquardt Middle School Administration Building located at 1912 Glen Ellyn Road, Glendale Heights IL, 60139

Doors close at 9:00 a.m. MUST SHOW I.D.

ATTENDANCE AT THE ORIENTATION MEETING AND TESTS ARE MANDATORY - THERE ARE NO MAKE UP DATES

An Equal Opportunity Employer

Applicants should note the following information:

1. The application process consists of the following elements:
    a. Attendance at the orientation meeting
    b. Proof of a Valid P.O.W.E.R. test card
    c. Written test
    d. Background investigation
    e. Oral interview
    f. Polygraph examination (see information sheet within this packet)
    g. Psychological assessment
    h. Medical examination
    i. Drug screening
    j. Personal History Questionnaire
2. The initial portions of the examination process will result in the creation of an eligibility list. Candidates under further consideration will undergo individual testing elements in the future. The final eligibility list shall expire two years from the date of posting.
3. There is no prohibition from reapplying to future test processes with the Village of Glendale Heights.

To Applicant:

Please find attached the application for Police Officer.

Good luck to you, and see you at orientation!

Please note:

For ease of duplicating, the entire packet has been stapled. Only the "Application for Employment" (pages 4-17 & 20) need to be returned **with** the necessary items on the checklist.

Thank you.

PLEASE BE SURE TO ADD:

PD_COMM@GLENDALEHEIGHTS.ORG

TO YOUR EMAIL CONTACTS LIST AS WE WILL COMMUNICATE VIA EMAIL.
(This way our email to you will not end up in your junk/spam folder)

Application for Employment

FOR BACKGROUND ASSIGNMENT
_____ OUT _____ COMPLETED
COPIES TO P.C. _____

Glendale Heights Board of Police Commissioners
300 Civic Center Plaza
Glendale Heights, IL 60139
(630) 909-5398

☐ Yes still interested	Start Date: ___/___/___
☐ No longer interested	Badge#

Introduction and Directions

Your application will be considered with others without regard to race, color, religion, sex, national origin, age, ancestry, handicap, disability, or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment.

1. Application for Police Department

Personal Information **Date of Birth**_____ **Social Security #** **-** **-**

2. Name _____
   Last First Middle

3. Present address _____

   _____
   City State Zip

4. Home telephone _____ Work telephone _____

   Cell telephone _____

   Email:_____

6. Do you have a valid driver's license? Yes ☐ No ☐
7. Are you legally eligible for employment in the United States?
   Yes ☐ No ☐

8. Have you ever been convicted of a felony?

   Yes ☐ No ☐ If Yes, describe in full where convicted and disposition of the case.

Oral Interview p/f
____/_____/____
@ : am/pm

Poly Appt. p/f
____/_____/____
@ : am/pm

Psych. Appt. p/f
____/_____/____
@ : am/pm

Medical Part I p/f
____/_____/____
@ : am/pm

Medical Part II p/f
____/_____/____
@ : am/pm

Swearing-In
____/_____/____
@ : am/pm

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9. Do you speak, read and/or write any foreign languages? Yes ☐ No ☐

   If Yes, which languages. _____

10. Are you willing to participate in pre-employment testing related to the position applied for?
    Yes ☐ No ☐

Employment History

11. Have you ever worked for the Village of Glendale Heights? Yes ☐ No ☐

    If Yes, provide details under employment history.

12. Have you ever applied for a position with the Village of Glendale Heights?
    Yes ☐ No ☐

    If Yes, when? _____ Department_____

13. If you have **never** worked for the Village, mark (X) here. ☐

14. Are you presently employed? Yes ☐ No ☐

Please give accurate employment record of all part time and fulltime positions. Start with your current job and list all former jobs, starting with the most recent.

14a. Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	
14b. Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving

State job title and describe your work.	
14c. Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	
14d. Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	
14e. Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	

14f. Company Name	Telephone ( )
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	
14g. Company Name	Telephone
Address	Employed (month and year) From To
Name of Supervisor	Reason for Leaving
State job title and describe your work.	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact the following:

Employer Name _____

Reason _____

Military Service Record

15. Have you served in the U.S. Armed Forces? Yes ☐ No ☐

If Yes, in what Branch? _____

Dates of Service From _____To_____

Rank _____

Type of Discharge _____

Education, Training and Experience

16. School	Name and Address	Number of Years	Did you Graduate	Degree / Diploma
High school			☐ Yes ☐ No	☐ Yes ☐ No
High school			☐ Yes ☐ No	☐ Yes ☐ No
College			☐ Yes ☐ No	☐ Yes ☐ No
College			☐ Yes ☐ No	☐ Yes ☐ No
College			☐ Yes ☐ No	☐ Yes ☐ No

Other Training and Experience

17. School	Name and Address	Number of Years	Did you Graduate	Degree / Diploma
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

I understand that if I have made any false statements, provided any false information or made any material omissions, that my application may be rejected, eliminating me from further consideration.

Signed _____ Date _____

EMPLOYMENT: PAST AND PRESENT

CONSENT

I hereby consent to a thorough investigation of my past and present employment activities and agree to cooperate in such investigation. I hereby authorize my past and present employers to release any requested information and to comment on my work record, to include any and all disciplinary records, and personnel records.

RELEASE

I understand that by this written authorization my past and present employment records will be disclosed to third parties.

I hereby consent to the release of the results of the investigation into my past and present employment and other relevant information to authorized representatives of the Village of Glendale Heights for appropriate review which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to:_____Date_____
Print Name

_____Date_____
Applicant Signature

_____Date_____
Witness Signature (someone you know)

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the Village of Glendale Heights, or its authorized representative to collect blood, urine, or saliva samples from me and to conduct other necessary medical tests to determine the presence in my body or use by me of alcohol, drugs or controlled substances.

I understand that the presence of certain medications in my blood and/or urine may affect the test results. To aid in the analysis of the test results I would like to inform the Village of Glendale Heights and its authorized representative that I have taken the following medications in the last seven (7) days:

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of these test results.

I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to:_____Date_____
Print Name

_____Date_____
Applicant Signature

_____Date_____
Witness Signature (someone you know)

CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from private credit reporting agencies as to your credit history. This investigative consumer report includes, if applicable, information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

CONSENT AND AUTHORIZATION TO INVESTIGATE CREDIT HISTORY

I hereby authorize and consent to a thorough investigation of my past and present credit history and disclosure of the results of that investigation to third parties. I understand that release of my past and present credit records by this written authorization will result in the disclosure of those records. I understand that this investigative consumer report can include, if applicable, information as to my character, general reputation, personal characteristics, and mode of living.

RELEASE

I hereby consent to the release of the results of the investigation of my credit history and other relevant information to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

Agreed to: _____Date_____
Applicant Signature

Print name: _____ Social Security #_____
(first) (m.i.) (last)

Address: _____

City: _____ State: _____ Zip Code: _____

_____Date_____
Witness Signature (someone you know)

POLICE AGENCY CONTACTS / CRIMINAL HISTORY INFORMATION

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from State and local law enforcement agencies for any reportable criminal history information or police contacts concerning you. This information can include a record of any convictions, which are required by statute to be collected and maintained by government agencies, or any contacts that you have had with law enforcement agencies.

RELEASE

I understand that release of the results of the investigation to determine my criminal history information, as well as any documented law enforcement contacts, will result in the disclosure of information that exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history and police contacts will be released to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and police contacts, and the disclosure of any of that information.

Agreed to:_____Date_____
Print Name

_____Date_____
Applicant Signature

_____Date_____
Witness Signature (someone you know)

DRIVING RECORD

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from the Secretary of State regarding your driving record. This information can include a record of your current driver's license issuance information (exclusive of information on judicial driving permits); convictions and orders entered revoking, suspending, or canceling your driver's license or privilege.

RELEASE

I understand that release of the results of the investigation of my driving record will result in disclosure of information concerning my driving record to third parties.

I hereby acknowledge the results of the investigation of my driving record will be released to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into and the disclosure of my driving record.

Agreed to:_____Date_____
Print Name

_____Date_____
Applicant Signature

_____Date_____
Witness Signature (someone you know)

POLICE OFFICER EXAMINATION

RELEASE

By this written authorization I understand that release of the results of my Police Officer Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Police Officer Examination for dissemination to those which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Police Officer Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability that will affect my ability to take any examination, I will so inform the Village of Glendale Heights prior to the administration of the examinations so that a reasonable accommodation can be made. The Village of Glendale Heights reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to: _____ Date_____
Print Name

_____ Date_____
Applicant Signature

_____ Date_____
Witness Signature (someone you know)

HIGH SCHOOL, COLLEGE, UNIVERSITY

CONSENT

I hereby consent to an investigation to determine the authenticity of my high school (or its equivalent), college, or university diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity of my high school (or its equivalent), college, or university diploma to representatives of the Village of Glendale Heights, as well as grade point average and any disciplinary actions.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of my diploma or its equivalent and grade point average will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent and grade point average to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), college, or university diploma and grade point average(s) and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____ Date_____
Print Name

_____ Date_____
Applicant Signature

_____ Date_____
Witness Signature (someone you know)

MEDICAL RECORDS

CONSENT

I hereby consent for the Village of Glendale Heights, or its authorized representative to obtain my medical records from _____
(name of your current physician)

for the period of time beginning _____and ending _____.

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records.

I hereby consent to the release of my medical records to authorized representatives of the Village of Glendale Heights for appropriate review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

Agreed to:_____Date_____
Print Name

_____Date_____
Applicant Signature

_____Date_____
Witness Signature (someone you know)

PERSONAL INFORMATION RELEASE

DISCLOSURE

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the Village of Glendale Heights for review to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Glendale Heights, its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to: _____Date_____
Print Name

_____Date_____
Applicant Signature

_____Date_____
Witness Signature (someone you know)

GLENDALE HEIGHTS CHECK LIST

All releases must be signed, witnessed, and dated. Return the following releases and copies with your completed application to the Glendale Heights Police Department at 300 Civic Center Plaza, Glendale Heights, IL 60139.

Your application must be received by 9:00 p.m. Friday 2, 2023.

- ☐ APPLICATION FOR EMPLOYMENT
- ☐ EMPLOYMENT RELEASE
- ☐ ALCOHOL, DRUG, AND SUBSTANCE ABUSE SCREENING RELEASE
- ☐ CREDIT HISTORY RELEASE
- ☐ CRIMINAL HISTORY INFORMATION RELEASE
- ☐ DRIVING RECORD RELEASE
- ☐ POLICE OFFICER EXAMINATION RELEASE
- ☐ HIGH SCHOOL/COLLEGE/UNIVERSITY DIPLOMA RELEASE
- ☐ MEDICAL RECORDS RELEASE
- ☐ PERSONAL INFORMATION RELEASE

- ☐ COPY OF DRIVER'S LICENSE
- ☐ COPY OF BIRTH CERTIFICATE
- ☐ COPY OF HIGH SCHOOL DIPLOMA/OR EQUIVALENT
- ☐ COPY OF COLLEGE/UNIVERSITY DIPLOMA
- ☐ COPY OF COLLEGE/UNIVERSITY TRANSCRIPTS (unofficial)
- ☐ COPY OF MILITARY SERVICE RECORD (if applicable)
- ☐ COPY OF MILITARY DISCHARGE (if applicable)
- ☐ COPY OF POWER TEST CARD

GLENDALE HEIGHTS POLICE COMMISSION

APPLICANT POLYGRAPH EXAMINATION

The following areas are subject to questions during each police candidate polygraph examination. Note: The polygraph examination is an adjunct tool for the background investigation and not a single source determinant for employment.

1. Thefts of merchandise from places of employment.
2. Thefts of money from places of employment.
3. Thefts from a store by shoplifting.
4. Illegal drug trafficking or dealing.
5. Illegal drug use.
6. Illegal use and abuse of medications and pharmaceutical products.
7. Illegal use and abuse of alcohol.
8. Falsification or minimization of any details in your written testing or requested information.
9. Participation in any type of organized crime.
10. Arrests for anything other than minor traffic violations.
11. Commission of a crime which has not been detected.
12. Concealment of anything in your background that would affect your chances for this position.
13. Involvement in a physical fight with another person.
14. Use of excessive physical force against another person.
15. Payment or receipt of any bribes.
16. Setting of any illegal bribes.

The following areas are also subject to questioning if there has been previous or current police/public safety contact:

1. Commission of any unlawful acts while in uniform or while functioning in the line of duty.
2. Commission of any thefts on duty as a police officer.
3. Violation of any departmental rules or regulations.

Confidential

Authorization For Release Of Personal Information For Use By Authorized Personnel Of The Glendale Heights Police Commission and/or The Glendale Heights Police Department

I, _____, do hereby authorize a review of and full disclosure of all records concerning me to any duly authorized Police Officer of the Glendale Heights, Illinois 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 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; efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law or 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 with the Village of Glendale Heights. I also certify that any persons(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 Glendale Heights and the Glendale Heights Police Commission from any and all liability which may be incurred as a result of collecting such information.

A photocopy, fax or e-mail 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.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

_____ _____

Candidate Signature (include maiden name) Witness Signature

_____ _____ _____

Date Signed Social Security Number Witness Name (printed)

Address_____ _____

_____ Date Signed by Witness

Date of Birth_____ Email address _____