

**GLENDALE HEIGHTS POLICE COMMISSION**  
**300 Civic Center Plaza**  
**Glendale Heights, IL 60139**  
**(630) 909-5398**

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**LATERAL APPLICATION and INSTRUCTIONS**

**\*\*\*IMPORTANT\*\*\***

Once you have completed your application, return it along with your checklist items. Applications can be found on [www.glendaleheights.org](http://www.glendaleheights.org).

**NO FEE TO APPLY**

**Minimum preliminary requirements to apply:**

- Certification from the Illinois Law Enforcement Training and Standards as a certified full-time police officer
- Previous continuous service as a police officer in the State of Illinois for a minimum of two (2) years
- In good standing in the police department in which the person currently serves or separated from in good standing with no adverse employment action
- Eligible to be granted a waiver of basic training from the Illinois Law Enforcement Training and Standards Board
- No Felony convictions, or misdemeanor convictions involving moral turpitude
- Bi-Lingual capability is desired but not required
- Starting salary: \$86,049.60
- Ceiling salary: \$112,257.60

**An Equal Opportunity Employer**

Lateral transfer applicants must successfully complete the following examinations to be considered for employment:

- Background Investigation
- Oral Interview
- Polygraph
- Psychological
- Medical Examination and Screening

Completed applications & checklist items can be returned in person at:  
Glendale Heights Police Department 300 Civic Center Plaza  
Glendale Heights, IL 60139  
or via email  
[mike\\_pentecost@glendaleheights.org](mailto:mike_pentecost@glendaleheights.org)



To Applicant:

Please find attached the application for Lateral Police Officer.

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)

**Personal History Questionnaire**  
**Board of Police Commissioners**  
**Village of Glendale Heights, Illinois**

**Confidential**

## 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 or via email to [mike\\_pentecost@glendaleheights.org](mailto:mike_pentecost@glendaleheights.org)

- APPLICATION/PERSONAL HISTORY QUESTIONNAIRE
- 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 POLICE COMMISSION CARD

**Personal History Questionnaire  
Glendale Heights Board of Police Commissioners**

**Instructions**

**Write legibly in black ink or type your responses. If you find that a question or statement does not apply to you, mark DNA in the space, making sure that you leave no spaces blank. If you do not understand any questions, please contact us for clarification. If you do not fill out this questionnaire completely or if you make false statements, your application may be rejected.**

**\*IF ADDITIONAL SPACE IS NEEDED TO COMPLETELY ANSWER ANY QUESTION, DO SO IN THE SPACE PROVIDED ON PAGE 25.**

**Vital Statistics and Residence Section**

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What is your full legal name?

\_\_\_\_\_  
Last                      First                      Middle                      Maiden name (if applicable)

Position applying for: \_\_\_\_\_ POLICE OFFICER \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Contact email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

List any other names or aliases you have been known by and explain the reasons for use of such name(s).

\_\_\_\_\_

Are you a native born citizen of the United States? Yes  No

Are you a naturalized citizen of the United States? Yes  No

What is your current address?

\_\_\_\_\_  
Street Address                      unit/apt                      City

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

List ALL of your former addresses:

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Street Address	City	State	Zip Code	Dates of Residency
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Street Address	City	State	Zip Code	Dates of Residency
----------------	------	-------	----------	--------------------

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Street Address	City	State	Zip Code	Dates of Residency
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Street Address	City	State	Zip Code	Dates of Residency
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Street Address	City	State	Zip Code	Dates of Residency
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Street Address	City	State	Zip Code	Dates of Residency
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Street Address	City	State	Zip Code	Dates of Residency
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Who do you currently live with? \_\_\_\_\_

Have you ever lived at an address with any non-family member? List address and person(s) you lived with:

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Were you ever evicted or asked to leave from living at a residence? Explain:

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List the name, address and telephone number of someone other than a relative to notify in the event of an emergency:

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Full Name	Street Address	City
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County	State	Zip Code	Telephone Number
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## Family Information Section

If you are married, list spouse's name.

\_\_\_\_\_

First	Middle	Last	Maiden
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Spouse's Place of Employment / Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Present address of spouse (if different from yours):

\_\_\_\_\_

Street address	Unit	City, State, Zip Code	Cell phone
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List current significant other, if applicable (name, address, and phone):

\_\_\_\_\_

Identify all of your immediate family members(s) other than spouse, including parents, children, and siblings:

Name	Address	City/State	Phone	Age	Relationship
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Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

Name	Address	City/State	Phone	Age	Relationship
------	---------	------------	-------	-----	--------------

If you have been divorced, list the name your former spouse currently uses;

\_\_\_\_\_

Last	First	Middle
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Current address/phone number of former spouse:

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home / Cell Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

City and state where former marriage was performed \_\_\_\_\_

Date of former marriage \_\_\_\_\_

Date divorce action filed \_\_\_\_\_

Date divorced was finalized \_\_\_\_\_

County issuing divorce \_\_\_\_\_

Amount of spousal maintenance (alimony) currently ordered \$ \_\_\_\_\_

Amount of child support currently ordered \$ \_\_\_\_\_

Were you ever delinquent on child support payments? Yes  No

If yes, explain: \_\_\_\_\_

### Drug and Alcohol Usage

Do you use, or have you ever used:

Any illegal drug? Yes  No

Any controlled substance not prescribed to you? Yes  No

List date each illegal drug or controlled substance was first and last used; explain circumstances



Have you ever engaged in selling, manufacturing, purchasing, furnishing, cultivating, carrying or holding for another any illegal substances, including marijuana, or any other drugs you were not legally prescribed? Yes  No

Explain:

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Have you ever illegally used marijuana? Yes  No

Explain below (date first and last used; number of times used): \_\_\_\_\_

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Do you currently legally use marijuana? Yes  No

If yes, how frequently? \_\_\_\_\_

Do you drink alcoholic beverages? Yes  No

If yes, how frequently? \_\_\_\_\_

### Education Section

Name, address, dates of attendance and date of graduation of high school, vocational, correspondence (GED), military school, or college / university you have attended. List all you have attended.

Name of High School/GED	
City, State	
Dates of attendance	
Date of graduation	
Extracurricular activities club, teams	
Name of College	
City, State	
Dates of attendance	
Degree earned & major	
Date of graduation	
Extracurricular activities, club, teams	

Name of College	
City, State	
Dates of attendance	
Degree earned & major	
Date of graduation	
Extracurricular activities, club, teams	
Other school	
City, State	
Dates of attendance	
Degree/title earned & major	
Date of graduation	
Extracurricular activities, club, teams	
Other school	
City, State	
Dates of attendance	
Degree/title earned & major	
Date of graduation	
Extracurricular activities, club, teams	

Have you ever been subject to any school disciplinary action, including suspension, expulsion, or academic probation?

Yes  No  If yes, explain in detail below.

List any special skills that you possess that would be beneficial to the position for which you applied (example: licenses, awards, certificates, special training, experience, etc.).

List any organizations that you have volunteered with, including the time period volunteered for, and phone number / contact person:

List any foreign languages you can speak, read or write:

Language(s) \_\_\_\_\_ Level of Proficiency \_\_\_\_\_

### **Military Service Section**

Branch \_\_\_\_\_

Date of entry \_\_\_\_\_

Date of separation \_\_\_\_\_

Rank at discharge \_\_\_\_\_

Serial number \_\_\_\_\_

Total Dates of active service \_\_\_\_\_  
Years Months

Did you receive an honorable discharge? Yes  No

If no, explain in detail below.

Assignments (list duty assignments and any locations of deployments)

List any awards or medals you received while serving in the Armed Forces.

Are you now, or ever have been a member of the Military Reserves (Yes  No ) or National Guard (Yes  No )?

Branch

Date of entry

---

Date of separation / discharge

---

Dates of Service

State

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Regiment

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Unit

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Rank

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Have you ever received any disciplinary action through the military? Yes  No

If yes, explain in detail below.

Have you ever volunteered or been employed by a foreign government or private business, working for or within a foreign country in any capacity? Yes  No

If yes, explain in detail below.

Have you ever asked for or received a deferment from military service? Yes  No   
If yes, provide the following information.

Date of request \_\_\_\_\_

Result of request and any details \_\_\_\_\_  
\_\_\_\_\_

Are you required to register for the Selective Service? \_\_\_\_\_

If so, list your Selective Service ID# \_\_\_\_\_

### **Financial Information Section**

List your total amount of monthly payments including but not limited to: rent, utilities, mortgage payments, auto payments, insurance, credit cards, spousal maintenance (alimony), and child support:

\$ \_\_\_\_\_

Do you have any legal action pending against you regarding any financial matter?  
Yes  No  If yes, explain in detail below.

Are there any unpaid judgments against you?

Yes  No  If yes, explain in detail below.

Have you ever filed for bankruptcy? Yes No If yes, Explain in detail below.

Date filed

Court number

Explain reason in detail

Have you ever had your wages garnished? Yes  No  If yes, provide the following information.

Date filed

Court number

Explain reason in detail

Have you ever been a party to any civil court action regarding creditor, debtor or other financially related matter? Yes No

Date filed

Court number

Explain reason in detail

Disposition

Have you ever been denied any kind of insurance?

Yes No If yes, explain in detail below.

Have you ever had any kind of insurance policy involuntarily canceled?

Yes No If yes, explain in detail below

Besides your present employment, list below any other sources(s) of income that you now have

If you should be employed by the Village of Glendale Heights for the position applied for, do you anticipate receiving income from any other sources?

Yes  No  If yes, provide the identity or name of the source.

How many people are dependent upon you for financial support? \_\_\_\_\_

List the banks / companies where you have accounts, including loans:

Name of bank: \_\_\_\_\_

Type of account (checking, savings, loan, credit card) \_\_\_\_\_

Name of bank: \_\_\_\_\_

Type of account (checking, savings, loan, credit card) \_\_\_\_\_

Name of bank: \_\_\_\_\_

Type of account (checking, savings, loan, credit card) \_\_\_\_\_

Name of bank: \_\_\_\_\_

Type of account (checking, savings, loan, credit card) \_\_\_\_\_

Name of bank: \_\_\_\_\_

Type of account (checking, savings, loan, credit card) \_\_\_\_\_

Name of bank: \_\_\_\_\_

Type of account (checking, savings, loan, credit card) \_\_\_\_\_

Do you own / lease / drive a motor vehicle?

Yes  No  If yes, provide the following information:

Make, year, and license plate \_\_\_\_\_

Legal owner, if not you \_\_\_\_\_

Name of your auto insurance company \_\_\_\_\_

City, State \_\_\_\_\_ Phone \_\_\_\_\_

Make, year, and license plate \_\_\_\_\_

Legal owner, if not you \_\_\_\_\_

Name of your auto insurance company \_\_\_\_\_

City, State \_\_\_\_\_ Phone \_\_\_\_\_

### Employment Information Section

Have you ever been employed by the Village of Glendale Heights? Yes  No

If yes, provide the following information:

Department Employed by \_\_\_\_\_ Position Held \_\_\_\_\_

Date Hired \_\_\_\_\_ Date Terminated \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If previously employed by the Village of Glendale Heights, were you using any other name or alias at the time? Yes  No  If yes, provide your previous name or alias.

List below ALL of the employers you have worked for on a full-time, part-time or seasonal basis. Begin with your present employer. Also fill in periods of unemployment showing dates, reasons for unemployment and the means used to financially support yourself.

Name of Employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional Comments		



Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of Duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		



Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Name of Employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		
Name of employer		
Address		
Telephone number		
Dates employed	Start date:	End date:
	Month/Year	Month/Year
Type of business		
Job title		
Description of duties		
Full name and title of immediate supervisor		
Specific reason for leaving		
Additional comments		

Is there any employer you do NOT wish for us to contact? Yes  No

Explain why

Have you ever received any disciplinary action in connection with any present or past employment (not including military service)?

Yes  No  If yes, explain in detail below.

Have you ever been fired, released from probation, or asked to resign from any place of employment?

Have you ever resigned from any employment position while an investigation involving you was pending? If yes, explain in detail below:

### **Law Enforcement Assessments**

Have you ever worked for any other law enforcement agency in any capacity?

Yes  No  List agency: \_\_\_\_\_

Have you applied with any other police agencies? Yes  No  If yes, provide the following information for ALL departments you have applied to:

Department Name: \_\_\_\_\_  
Month/Year Applied: \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Department Name: \_\_\_\_\_  
Month/Year Applied \_\_\_\_\_  
Current status \_\_\_\_\_

Have you previously submitted an application for appointment to the Glendale Heights Police Department? Yes  No  If yes, when? \_\_\_\_\_

If yes, were you using any other name at the time? Yes No   
If so, list name: \_\_\_\_\_

**Vehicle operation**

Can you operate a motor vehicle? Yes  No

Do you possess a valid driver's license? Yes  No

If yes, provide the following information.

Driver's license number \_\_\_\_\_

Expiration date of license \_\_\_\_\_

State of issuance \_\_\_\_\_

List any code restrictions \_\_\_\_\_

Have you ever been refused an operator's or chauffeur's license by any state?

Yes  No  If yes, explain in detail below.

Have you ever had your license suspended or revoked?

Yes  No  If yes, explain in detail below.

Have you ever had a restricted driving permit or license?

Yes  No  If yes, explain in detail below.

List all traffic citations you have received in the past ten (10) years, (excluding parking violations), **including** those you received supervision for.

A) Date of violation (month / year): \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

B) Date of violation (month / year): \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

C) Date of violation (month / year): \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

D) Date of violation (month / year): \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

E) Date of violation (month / year): \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

F) Date of violation (month / year): \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

### **Criminal History Section**

Have you ever been convicted of, detained by law enforcement for investigation, issued a promise to appear, notice to appear, arrested, indicted, or charged with any misdemeanor or felony offense in or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?

Yes  No  If yes, provide the following information.

Date \_\_\_\_\_

County and state \_\_\_\_\_

Police agency involved \_\_\_\_\_

Crime charged \_\_\_\_\_

Disposition of case \_\_\_\_\_

Date \_\_\_\_\_

County and state \_\_\_\_\_

Police agency involved \_\_\_\_\_

Crime charged \_\_\_\_\_

Disposition of case \_\_\_\_\_

Date \_\_\_\_\_

County and state \_\_\_\_\_

Police agency involved \_\_\_\_\_

Crime charged \_\_\_\_\_

Disposition of case, including sentence \_\_\_\_\_

Are you currently on probation or parole for any offense? Yes  No

Have you ever been a party to a Protection Order (petitioner or respondent)? Yes  No

If yes, please explain in detail:

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Have you ever been reported as a missing person? Yes  No

If yes, please explain in detail:

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Have you ever been a victim of a crime? Yes  No

If yes, please explain in detail:

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Have you ever been a party in any court action, either criminal or civil (other than traffic) that has not been previously listed? Yes  No

Explain the circumstances in detail \_\_\_\_\_

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In what county and state did the court action occur?

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What was the disposition of the court action?

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Have you ever been fingerprinted by any police agency for something other than an arrest or police testing process?

Yes  No

If yes, list Purpose, Date, and Police Agency:

List any other police contacts you have had that have not been previously mentioned above (agency, date, nature of contact).

**Additional Space:**

## Reference Section

Provide the following information requested for three (3) **social** references (friends, neighbors, church members, club members, etc.) who can provide past and present information about you. **Do not include relatives.**

<b>Name</b>	
Complete address (include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
<b>Name</b>	
Complete address (include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
<b>Name</b>	
Complete address (include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	

Provide the following information requested for three (3) **character** references. These references should be people who can provide past and present information about you. **Do not include relatives or employment references.** LIST DIFFERENT REFERENCES FROM THOSE LISTED AS SOCIAL REFERENCES.

<b>Name</b>	
Complete address (Include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
<b>Name</b>	
Complete address (Include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	
<b>Name</b>	
Complete address (Include City & State)	
Home / Cell telephone number	
Email address	
Work telephone number	
Occupation	
Employed where	
Number of years known	
How do you know them	

**Application: Certification**

*I hereby certify that there are no willful misrepresentations, omissions, or false statements made by me in this Personal History Questionnaire, and all of my answers are true and correct to the best of my knowledge and belief. To the best of my knowledge and belief, this Personal History Questionnaire is entirely complete as submitted.*

*I understand and agree that copies of a Personal History Questionnaire background investigation or psychological screening or other employment testing results shall not be provided to a candidate or employee, nor will they be released unless required pursuant to court action.*

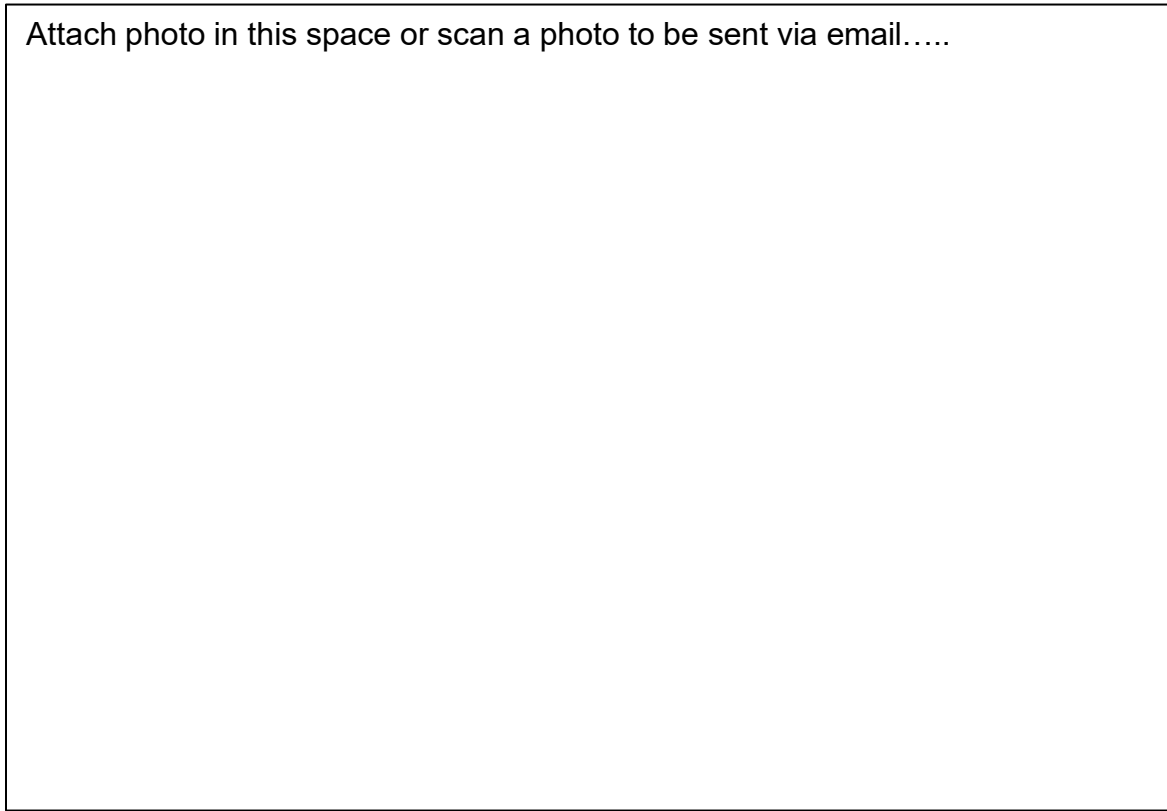
*I also understand that any misrepresentations, omissions, false statements or failure to entirely complete the Personal History Questionnaire may disqualify me from further consideration for a position with the Village of Glendale Heights.*

\_\_\_\_\_  
Applicant's Signature in Full

\_\_\_\_\_  
Date

Tape a recent photograph below which clearly shows your features. A bust, head view or close-up is acceptable. Write your name and address on the back of the photograph before attaching it.

Attach photo in this space or scan a photo to be sent via email.....



**The following must be taken before a notary public.**

\_\_\_\_\_, the undersigned, a legal resident of \_\_\_\_\_,  
in the City of \_\_\_\_\_, and state of \_\_\_\_\_, to me personally  
known, having been sworn before me, declares that he/she is the person, described in  
the foregoing Personal History Questionnaire, and that all the statements contained in  
said answers are true to the best of his/her knowledge and belief.

\_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

At \_\_\_\_\_ County of \_\_\_\_\_, and State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Official Seal)



**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)



**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 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.