PANA POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT AS POLICE OFFICER
BOARD OF FIRE AND POLICE COMMISSIONERS

(type or print in blue or black ink only)

THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY

PHOTO

(A PHOTO MUST ACCOMPANY THIS APPLICATION)

Last Name, First Name, Middle Name	Date of Birth	Social Security Number	Today's Date
Current Address (include City, State & Zip Code)	Sex	Marital Status	How Long at this Address / Telephone Number
Previous Address (include City, State & Zip Code)			How Long at this Address
Previous Address if above less than 4 years		Do You Own a Car	Date You Can Start
Type of Work Desired		Driver's License Number	

Would you mind if we contact your present employer? _____ Yes _____ No

If yes, why not? _____

EMPLOYMENT List all Present and Past Employment Starting with the Most Recent

1	Firm Name	Telephone Number	Employed From (Mo/Yr) To
	Address (include City, State & Zip Code)		Position Held
	Supervisor or Dept. Mgr.	Reason for Leaving	
	Describe Job Duties		
2	Firm Name	Telephone Number	Employed From (Mo/Yr) To
	Address (include City, State & Zip Code)		Position Held
	Supervisor or Dept. Mgr.	Reason for Leaving	
	Describe Job Duties		
3	Firm Name	Telephone Number	Employed From (Mo/Yr) To
	Address (include City, State & Zip Code)		Position Held
	Supervisor or Dept. Mgr.	Reason for Leaving	
	Describe Job Duties		
4	Firm Name	Telephone Number	Employed From (Mo/Yr) To
	Address (include City, State & Zip Code)		Position Held
	Supervisor or Dept. Mgr.	Reason for Leaving	
	Describe Job Duties		

POLICE RECORD

List all arrests, convictions, or other dispositions for any criminal or traffic violation of the laws of the United States, any State, Territory or other governmental subdivision:

Date	City and State	Charge	Disposition

Do you have a valid driver's license? ☐ Yes ☐ No Class _____ License Number _____

In what state? _____

Do you have any restrictions? ☐ Yes ☐ No If yes, explain _____

Has your license ever been suspended or revoked? ☐ Yes ☐ No If yes, explain _____

State Law prohibits any individual who has ever been classified as a conscientious objector from being appointed to the Police Department.
Have you ever been classified as a conscientious objector? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No

Have you ever been known by another name? ☐ Yes ☐ No

List name/s by former marriages, maiden name, etc.

_____

_____

_____

_____

_____

_____

Please read the Job Description for Police Officer for the City of Pana, Illinois, a copy of which has been furnished to you with this Application. After you have thoroughly reviewed this Job Description please answer the following questions:

If hired, would you be able to perform all functions and all necessary job assignments of the job of Police Officer for the City of Pana, Illinois? Yes No

If your answer immediately above is "No", please explain:

List what skills you have and describe how they will help you perform job related functions.

Have you ever been a Law Enforcement Officer or held a similar position? ☐ Yes ☐ No	Position	Location	Date (From)	(To)

Have you ever applied for a law enforcement position in any other federal, state, county, or municipal agency?

Date/Year	Agency and Address	On any Eligible List?

List five persons (not relatives of yourself or spouse) who have known you at least five years as references to your character, integrity, honesty, personality, and qualifications for an appointment with the Pana Police Department.

Name	Address and Zip	Work and Home Telephone No.	Relationship	Occupation	Years Known

CREDIT REFERENCES

List three credit references. (Businesses, banks, etc.)

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

ORGANIZATIONAL AFFILIATION

Were you ever or are you now a member of any civic, professional or social organization? Yes ☐ No ☐ If yes, list below:

From	To	Name of Organization	Address	Type of Organization
Mo./Yr.	Mo./Yr.			

Number of days absent from work in past 2 years? _____

Have you ever been employed by the Pana Police Department? Yes No If Yes, when _____

Are you related to anyone now employed by the Pana Police Department? Yes No If Yes, to whom and relationship? _____

Have you ever been dismissed or asked to resign from any position or employment you have held? _____Yes _____No
If yes, explain.

List All Employment Discipline Actions taken Against You by an Employer

Employer's Name	Date	Immediate Supervisor	Action Taken

RECORD OF EDUCATION AND TRAINING

List below all formal education or training you have received. Include high school, GED, trade and vocational schools, correspondence courses, private instruction, colleges and universities and any certificates or degrees, which you have received.

Date of Study		Name, type, and address of School or Instructor	Subject Studied	Did you Graduate		List Earned Certificates or Degrees
From	To			Yes	No	

AFFIRMATIVE ACTION FOR EQUAL OPPORTUNITY EMPLOYMENT

The Civil Rights Act of 1964 and The Americans with Disabilities Act of 1990 prohibit discrimination in employment practices because of race, color, religion, sex, national origin, or disabilities. As an Equal Opportunity Employer, the Pana Police Department and the Board of Fire and Police Commissioners encourage all potential applicants regardless of race, sex, color, religion, national origin or ancestry or disability to apply for positions with the Pana Board of Fire and Police Commissioners list.

Medical Examination/Physical Examinations

I understand and agree if I am successful in this application/testing process, an Eligibility List will be established and someone will be selected from this list by the Board of Fire and Police Commissioners as a qualified person for the job of a Police Officer for the City of Pana, Illinois. I understand and agree upon being offered an employment position, I will be required to undergo a medical examination and the offer is conditioned on the results of the medical exam if that exam discloses any disability that is job-related and necessary for the conduct of the job of police officer and no reasonable accommodation would make it possible to perform the essential job functions of the office of Police Officer. I further understand and agree that once hired as a police officer, I may be required to submit, with all other employees similarity situated, to a medical examination and that my continued employment as a police officer will be conditioned on the results of those medical examinations if any examination discloses any disabilities that is job related and necessary for the conduct of the job of police officer and no reasonable accommodation would make it possibly for the police officer to perform the essential job functions of that office.

The facts set forth in my application for employment are true and complete. I understand that if employed, false information on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal employment record and to obtain information through personal interviews or correspondence with persons listed as personal references.

If I do not complete all facets of the employment process, this application can be voided. In order to be eligible for future considerations, I must reapply.

Signed: _____ Date: _____

**Applicants must complete attached "Authorization for Release of Personal Information"

Pana Police Department

Authorization for Release of Personal Information

I _____, do hereby authorize a review of and full disclosure of all records concerning myself, whether the said records are of a public, private or confidential nature, to any duly authorized agent of the Pana Police Department or Board of Fire and Police Commissioners bearing this release or a copy thereof, within one year of it's date.

The intent of this authorization is to give my consent for full and complete disclosure of my educational, medical, employment and credit records of educational institutions; employment and pre-employment records, including but not limited to 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; and any records of a police department or other law enforcement agency; financial institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statement and records wherever filed.

I hereby direct you, as the custodian of such records, to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pana Police Department and the Board of Fire and Police Commissioners.

I understand that any of the information obtained by a personal 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 Pana Police Department. I also certify that any person(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 City of Pana, the Pana Police Department, their members, employees, agents and assigns, and the Board of Fire and Police Commissioners from any and all liability which may be incurred as a result of collecting and utilizing such information.

A photocopy 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.

Pana Police Department

Authorization for Release of Personal Information

I have fully read and fully understand the contents of this AUTHORIZATION OF RELEASE OF PERSONAL INFORMATION.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Written)

Date: _____ Telephone: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No. _____

Drivers License No. _____ State: _____

Subscribed and sworn to before me this _____ day of _____ 20_____

_____
Notary Public