

Walter Holderbaum  
Chief of Police



Steve Pannell  
Mayor

## PARK CITY POLICE DEPARTMENT

3355 Belvidere Rd., Park City, IL 60085  
(847) 662-2135 - Telephone  
(847) 623-5046 – Fax

### **Minimum Requirements and Qualifications for lateral entry:**

**Applicants for lateral appointment to the position of Police Officer must meet the following minimum qualifications and requirements at the time of application:**

- State of Illinois certification or waiver by the Illinois Law Enforcement Training and Standards Board. (Part-time certification as a law enforcement officer does not meet this requirement.)
- Must be a legal resident of the United States.
- Individuals must be at least 21 years old.
- Education - High school education or equivalent thereof.
- Experience – Must have previously been a full-time sworn Police Officer in any municipal, county, university or state law enforcement agency, provided they are certified or have the ability to be certified by the Illinois Law Enforcement Training and Standards Board and have been previously employed as a law enforcement officer within the last two (2) years.
- Valid Driver's License.
- Must agree to comply with all requirements of the position and have the ability to pass all examinations and training requirements.

Must furnish upon application if applicable, a copy of the following: professional licenses; training certificates; documents confirming work experience; birth certificate; high school diploma or GED certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214); employee evaluations; and any other employment related material as requested or required.

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## JOB DISCRIPTION

Police Officer

### SUMMARY

Responsible for enforcing federal, state, and local laws, codes and regulations for the protection of life and property.

### ESSENTIAL FUNCTIONS: (all Officers, regardless of assignment)

- Prepare records and reports of activities, accidents, investigations, arrests, recovered property, incidents/events during tour of duty, etc. Develop/maintain/review case folders, logs, and reports. Develop/cultivate/maintain and document sources of information.
- Initiate requests for subpoenas; execute search warrants; serve or deliver warrants, summonses, subpoenas, and other official papers.
- Prepare for presentation in court proceedings; confer with State Attorneys and testify in court.
- Assist general public in a variety of situations including advising adults and juveniles on criminal and noncriminal matters, intervene in the case of disputes, refer citizens to appropriate agencies or jurisdictions for further assistance, etc.
- Participate in continuing training and instruction programs through individual study of technical material and attendance at scheduled drills and classes.
- Provide emergency medical care applying skills of a First Responder.
- Maintain assigned weapons and equipment.

### PATROL:

Patrol duties include-

- Being in uniform, on-foot or in marked police cruiser; conduct security checks of buildings, public areas, residential and commercial neighborhoods; respond to emergency calls and requests for assistance; the issuance of citations for criminal and motor vehicle codes violations; directing pedestrian and vehicular traffic.

- Conduct investigations of criminal and non-criminal cases and accidents; secure crime scene; apprehend law violators; transport and process prisoners.
- Investigate crimes; process crime scenes; detect and collect evidence; gather intelligence; conduct surveillance; transport evidence and property to the Police Department or Crime Laboratory; conduct interviews with victims, witnesses, and suspects; write affidavits for and serve arrest warrants; make arrests; transport and process suspects and prisoners.
- Assist the Fire Department as needed.
- Contact victims regarding status of investigations. Maintain contact with States Attorney Office.
- Cultivate, develop and maintain relationship with other agencies to further the Department's abilities with effective operations and the furtherance of criminal investigations.
- Provide call back coverage when requested.

### **DETECTIVE:**

Detective duties include-

- Conduct investigations of criminal and non-criminal cases and accidents; secure crime scene; apprehend law violators; transport and process prisoners
- Investigate crimes; process crime scenes; detect and collect evidence; gather intelligence; conduct surveillance; transport evidence and property to the Police Department or Crime Laboratory; conduct interviews with victims, witnesses, and suspects; write affidavits for and serve arrest warrants; make arrests; transport and process suspects and prisoners.
- Maintain and organize evidence room in an orderly manner as to ensure security and chain of evidence.
- Maintain and organize all digital photos and videos in an orderly manner to ensure preservation for future evidentiary purposes.
- Assist Patrol Officers when necessary.

### **SECONDARY RESPONSIBILITIES (all Officers, regardless of assignment)**

- Provide mutual aid to surrounding communities
- Provide community education.
- Provide back-up to other officers when necessary or requested
- **Performs other position-related duties, as assigned.**

### **QUALIFICATIONS:**

#### **Minimum Training and Experience**

Requires a minimum of a high school diploma or GED certificate, and Law Enforcement Certification through the Illinois Law Enforcement Training and Standards Board. Must maintain the physical and mental ability to carry out the duties of a police officer.

#### **Minimum Knowledge, Skills and Abilities**

- Requires thorough knowledge of policing and investigation principles and techniques.
- Must work effectively under a variety of conditions that can create emotional and physical stress.
- Must be able to communicate clearly and concisely, orally and in writing; must have the ability to influence/negotiate with angry citizens and suspects ensuring their safety and the safety of others.

### **Knowledge Proficiency**

In order to be considered proficient in this position, the employee must demonstrate:

- thorough knowledge of crime scene processing, surveillance, and investigation,
- thorough knowledge of federal and state and local laws, which pertain to police work,
- thorough knowledge of safety principles and practices as they pertain to policing and demonstrated commitment to following safety precautions and procedures and wearing protective safety clothing.
- solid knowledge of the cities geography, streets and numbering system,
- basic knowledge of the functions and operations of surrounding departments, with working knowledge of the fire services, DCFS, and other community programs,
- continued education and certification in such topics as: Use of Force, CPR, Juvenile Policing, Interviewing, Sexual Assault, Ect.

### **Tools and Equipment Used**

The employee is required to use a personal computer and general office equipment, as well as surveillance equipment, radar equipment, handcuffs, cameras, finger print tools, car and portable radio, first aid equipment, bio-hazard equipment, accident investigation equipment, P.B. tester, handgun, shotgun, baton and Taser. The employee is required maintain a valid driver license for the purpose of driving department vehicles.

### **Physical Demands**

The physical demands listed are representative of those that must be met by the employee to successfully perform the essential functions of this job. Must physically restrain subjects who resist arrest or who refuse to obey lawful orders. Must be able to communicate clearly and concisely, orally and in writing. Must be able to hear spoken commands. While performing the duties of this job, the employee is frequently required to talk, hear, stand, sit, walk, use a keyboard, write and drive a motor vehicle. Occasionally the employee is required to crawl/kneel, carry, reach, climb/balance, push/pull, and lift. The work requires strenuous physical exertion. Requires the ability to lift and carry objects of more than 60 pounds intermittently. Work requires the employee to be physically fit. The employee must have the physical ability to respond to calls expediently. The position requires good vision to drive vehicle, review evidence, identify situations and suspects, as well as distinguish color. The use of firearms and standard police equipment (radar, investigation kits, etc.) requires advanced manual dexterity in combination with eye-hand coordination.

### **Work Environment**

The work environment characteristics described here are representative of those that the employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions of the job. When performing the position, the employee is regularly exposed to weather extremes (cold, and excessive heat), loud noise, fumes/gases/toxic chemicals and potentially armed and dangerous persons. The employee occasionally works around moving mechanical parts and is occasionally required to operate in confined, cramped quarters.

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# Police Officer Application



Today's Date
Name (Last, First, Middle)

This application will be evaluated by those persons responsible for hiring at the Park City Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

***Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Park City Police Department.***

## FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONAIRE
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BOXES BLANK.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE
9. IF YOU NEED ADDITIONAL SPACE, WRITE ON PAGE #18.
10. BEFORE RETURNING QUESTIONAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

## REFERRAL SOURCE / AVAILABILITY

A	Which position are you applying for?	<input type="checkbox"/> Inexperienced Police Officer	<input type="checkbox"/> Lateral Police Officer	<input type="checkbox"/> Inexperienced BLET certified
B	What types of work will you accept?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
C	Please indicate your referral source:	<input type="checkbox"/> bethebadge.com	<input type="checkbox"/> Police Recruiter	<input type="checkbox"/> City of Park City Website
	<input type="checkbox"/> Friend	<input type="checkbox"/> ESC	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Matchforce.org
	<input type="checkbox"/> Walk-In	<input type="checkbox"/> City Employee	<input type="checkbox"/> Internet Website, if so list name:	<input type="checkbox"/> Monster.com
			<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper
				<input type="checkbox"/> Other
D	Which Job Fair did you attend (please specify):			
E	If other referral source (please specify the name of the website, friend city employee or agency in which you found out about this position):			
F	If selected for this position, how soon can you begin employment?	<input type="checkbox"/> As soon as possible	<input type="checkbox"/> Two week notice	<input type="checkbox"/> Need more notice
G	If you are not available for work now, enter the earliest date you could begin work?			



**VOLUNTARY:** Persons with disabilities who **DO NOT WISH** to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of IL Law.

B Do you have a disability?  Yes  No **DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

C Can you, after employment submit proof of your legal right to work in the United States?  Yes  No

D Are you legally eligible to work in the United States?  Yes  No

E Are you a previous City of Park City employee?  Yes  No If yes, please list dates of employment: (MO / YY)

F Are you currently working at the City of Park City as a regular or temporary employee?  Yes  No

G Are you related by blood or marriage to a person now employed by the City of Park City?  Yes  No If yes, please indicate:

Name: Relationship: Department:

H Are you seeking reinstatement to the same or similar position?  Yes  No

**2. REFERENCES**

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name	Street Address	City	State	Zip Code
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How long known?	Occupation	Home Phone ( )	Business Phone ( )
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Name	Street Address	City	State	Zip Code
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How long known?	Occupation	Home Phone ( )	Business Phone ( )
-----------------	------------	-------------------	-----------------------

Name	Street Address	City	State	Zip Code
------	----------------	------	-------	----------

How long known?	Occupation	Home Phone ( )	Business Phone ( )
-----------------	------------	-------------------	-----------------------

**3. EDUCATION**

A Indicate by checking all boxes that apply if you have any of the following:  HS Diploma  GED Certificate  College Degree  Masters Degree

High School Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
-------------------------------------	--	--------------------------------

High School Name	Address	City	State	Zip Code
------------------	---------	------	-------	----------

Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
-------------------------------------	--	--------------------------------

**Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:**

College Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
-------------------------------------	--	--------------------------------

College Name	Address	City	State	Zip Code
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Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours
-------------------------------------	--	--------------------------------



College Name	Address	City	State	Zip Code	
Dates Attended (MM/YY) From: _____ To: _____		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? <b>If YES, explain on page #18.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4. EMPLOYMENT HISTORY**

A Have you ever been dismissed or asked to resign from ANY employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, explain on page #17.</b>
B If you do not want your present employer to be contacted, check the box to the right and on explain why on page #18.		<input type="checkbox"/>

Beginning with your present employer or most recent employer, list **ALL** of the places you have worked during the last ten (10) year period. Keep in chronological order. **List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. Omit None!** Copy the employment page and continue your information on the copy(s).

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City _____ Phone ( ) _____ State _____ Zip Code _____	Starting Salary _____ Ending Salary _____
Describe your duties		

<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	If part-time, list number of hours worked per week
Detail Reason for Leaving	

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City _____ Phone ( ) _____ State _____ Zip Code _____	Starting Salary _____ Ending Salary _____
Describe your duties		

<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	If part-time, list number of hours worked per week
Detail Reason for Leaving	

From MO/YR	Name Street Address	Job Title Supervisor
To MO/YR	City _____ Phone ( ) _____ State _____ Zip Code _____	Starting Salary _____ Ending Salary _____
Describe your duties		

<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	If part-time, list number of hours worked per week
Detail Reason for Leaving	

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
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Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week		
Detail Reason for Leaving		

MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer      If part-time, list number of hours worked per week

Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer      If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer      If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer      If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer      If part-time, list number of hours worked per week

Detail Reason for Leaving

C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies?       Yes  No

Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of academy: _____ City & State: _____	Were you certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date attended: _____
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E Has your law enforcement certification ever been suspended, revoked or brought before a review board?  Yes  No

### 5. ARREST HISTORY

The following questions pertain to your experiences in this country and all other countries **as both a juvenile and an adult**. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. **Explain all "YES" answers in detail on page #18.**

	Yes	No		Yes	No
A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?	<input type="checkbox"/>	<input type="checkbox"/>	G Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
B Has a law enforcement official for any reason ever issued you a verbal or written warning?	<input type="checkbox"/>	<input type="checkbox"/>	H Have you ever been booked into jail?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you ever been detained by a law enforcement official?	<input type="checkbox"/>	<input type="checkbox"/>	I Have you ever received a criminal citation?	<input type="checkbox"/>	<input type="checkbox"/>
D Have you ever been accused of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	J Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
E Have you ever been charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>	K Have the police ever been called to your home for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
F Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>			

L If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use page #18.**

Section # (A - K)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

### 6. DRIVERS HISTORY

A List all valid driver's license you now hold

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a drivers license from ANY state, please indicate below:

Issue Date	Type of License	Expiration Date	State	License Number

C Is your driver's license currently restricted, suspended, or revoked?  Yes  No Reason: \_\_\_\_\_

D Have you ever had a driver's license, canceled, refused, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, explain in detail on page #18 the reasons and dates.</b>	Date of Reinstatement
E Have you ever been charged with driving under the influence of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, explain on page #18.</b>	Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No

F List each and every **TRAFFIC** citation, summons and written warning you have ever received. List in chronological order beginning with the most recent. If you need more space use page #18.

MO / YR	Charge	Agency/ City or State	Disposition / Conviction	MO / YR

**7. LIQUOR AND NARCOTICS**

A Have you **ever** used any prescription drugs not prescribed to you by a doctor?  Yes  No **If YES, explain on page #18.**

B If you have tried, used or ingested **ANY** of the drugs listed below, check the "Yes" box; if you have not, check the "No" box. **Include the number of times used and dates.**

	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)		Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable /Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			

If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, **explain on page #18.**  
**You MUST include dates and number of times used.**

**8. GANG AFFILIATIONS**

A Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity?  Yes  No **If YES, explain on page #13.**

B Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means?  Yes  No **If YES, explain on page #13.**

**9. MILITARY SERVICE**

A Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization.  Yes  No  
**\*\*ONLY Honorable Discharges will be considered for employment**

B List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

C Are you a member of the Military Reserves?  Yes  No

D Have you received any form of disciplinary action from the military?  Yes  No **If YES, explain on page #18 with the disciplinary action, what it is for, when, why and where.**

E Current Military Status

**PLEASE READ BEFORE SIGNING**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the City of Park City whatever detail is available concerning my qualifications. I authorize the City of Park City to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the City of Park City. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that If I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the City of Park City.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the City of Park City policy. If required, I will complete a Surety Bond Application. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment.

I further authorize the City of Park City and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Park City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Park City specifically acknowledges such change in writing. I hereby release the City of Park City and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

**The City of Park City is an Equal Opportunity Employer**

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Signature of Applicant (Unsigned applications will not be processed)

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Date

---

Print Name

Intentionally Left Blank

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# EEO Voluntary Self Identification Form

**IMPORTANT NOTICE:** As part of its mandate under Title VII of the Civil Rights Act of 1964, the Equal Employment Opportunity Commission (EEOC) requires periodic reports from public and private employers which indicate the composition of their workforces by sex and race/ethnic category. EEOC collects this labor force data from state and local governments with 100 or more employees. The City of Park City is required to submit the EEO-4 report biennially (every two years).

Completion of the data below is **VOLUNTARY** and will not affect any terms or conditions of employment. Any information provided will be used for EEO-4 reporting purposes only and will be kept separate from all other records only accessed by the Human Resource Development Department.

---

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRINT NAME: \_\_\_\_\_  
Last First M.I.

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GENDER:  Male  Female

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**RACE / ETHNICITY:** (Please check one of the descriptions below corresponding to the group with which you identify).

- WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin.
- ASIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Island, and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- TWO or MORE RACES** (not Hispanic or Latino): All persons who identify with more than one of the above five races.

AA Form Revised 2-14-14

The City of Park City, Illinois does not discriminate on the basis of race, sex, color, age, national origin, religion, or disability in its employment opportunities, programs, services, or activities.



**Authorization and Release to Obtain Information**

I, \_\_\_\_\_ authorize the City of Park City to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Park City may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Park City.

I hereby release the City of Park City, Illinois, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Park City.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_\_.  
Notary Public Signature

My                      commission                      expires

\_\_\_\_\_  
Notary Public (Type or Print) Name

(Official Seal)

