

# Phoenix Police Department



## Employment Application (DISPATCH)



## Job Application Questionnaire

Applicant's Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Position Applying For: \_\_\_\_\_

This employment application is neither an offer of employment nor a contract for employment. The completion of this application does not constitute an agreement or promise to hire the applicant.

This employment application may be the basis for the employment screening process and background investigation conducted by the Phoenix Police Department on each applicant for a position of employment. The answers that you provide for each question on this application must be full, complete, truthful, and completed in black ink by the applicant. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, may constitute the basis for your elimination from consideration for the employment you now seek. Additionally, should you become employed with the Phoenix Police Department, and at any time subsequent to your employment fraudulent, misleading, or missing information from this application is discovered, your employment will be subject to termination. Please be sure that you carefully consider each and every question asked of you on this application and that you provide honest and complete information. If the question does not apply to you put "N/A" for the answer to that particular question. Any answer which requires more space than provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be not be accepted.

I have read and understand the above statement.

Signature of applicant: \_\_\_\_\_

Date signed: \_\_\_\_\_

**State of Illinois**

**County of Cook**

**Singed before me on this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_**

**NOTARY SEAL**

\_\_\_\_\_  
**Notary Public, State of Illinois**



## Authorization to Release Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agency of the Village of Phoenix, or to any authorized agent of a criminal justice agency or any private agency upon request of the Village of Phoenix Police Department, whether the said records are of public, private or confidential nature. I direct release such records regardless of any agreement I may have made previously to the contrary. The intent of this authorization is to give my consent for full and complete disclosure of the 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; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney's at law or of other counsel whether representing me or another person in my case, whether criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by 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 by the Village of Phoenix. 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 for damages of whatever kind or nature which may at any time result to me on account of compliance on any attempts to comply with this authorization.

A photocopy or faxed copy of this release form will be valid as an original thereof, even though the said photocopy or faxed copy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicants Signature (including maiden name)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Social Security Number (last 4 digits)

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

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Telephone Number (include area code)



## Polygraph Examination Agreement

The undersigned applicant for the position of Police Officer with the Phoenix Police Department understands and agrees to voluntarily submit to an examination by a professional polygraphist, if asked, and prior to being accepted for employment with the Phoenix Police Department. The undersigned person also understands and agrees that he/she will voluntarily submit to an examination by a professional polygraphist pursuant to an administrative investigation and at any time during their employment with the Phoenix Police Department.

The undersigned person also understands and agrees that the results of any polygraph examination given then will only be considered for administrative or departmental purposes relating to their employment by the Phoenix Police Department. The undersigned person further agrees and understands to release, absolve, and forever hold harmless the Phoenix Police Department, its officers, agents, and employees and the polygraph firm conducting the polygraph examination, their agents, officers, and employees from any liability resulting from the operation of the equipment or use of the results obtained there from. This also applies to any and all suits, actions, or causes of action at law, claim, demand or liability, which the executors, or administrators may have resulting directly, indirectly, or remotely from the undersigned person having taken such polygraphs.

The undersigned person also understands and agrees that, if the Village of Phoenix makes a conditional offer of employment, the undersigned will submit to a polygraph examination if asked and that successful completion of the polygraph examination may be one of the conditions of for receiving a firm offer of employment from the Village of Phoenix

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Applicant's Signature

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Date Signed



## Personal History Statement

Applicant Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_  
(Maiden Name, Nicknames, Aliases)

Date of Birth \_\_\_\_\_ Place of Birth (city and state) \_\_\_\_\_

Social Security Number (Last 4 Digits) \_\_\_\_\_

Present Address:

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Phone Numbers: (include area code)

Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

List personal websites (such as facebook.com sites) \_\_\_\_\_

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List all residences during the past twenty (20) years.

Street Address of Residence	City/State	Dates From/To

List below every person in your household and their relationship to you.

Name	Relationship



**List four (4) individuals who have knowledge of you and your qualifications, exclude relatives and former employers.**

(1) Name Address City, State, ZIP

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Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(2) Name Address City, State, ZIP

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Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(3) Name Address City, State, ZIP

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Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(4) Name Address City, State, ZIP

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Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_



Do you have a current Illinois Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Driver's License Number (last 4 numbers): \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Do you have a current Illinois FOID Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Current FOID Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever had a driver's license suspended, revoked, or refused? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", explain: \_\_\_\_\_

\_\_\_\_\_

List all traffic citations within the last seven (7) years.

Type of Violation	City/County/State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have liability insurance at the present time? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you ever have your vehicle insurance cancelled? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Employment History

**Please list all jobs you have had in the past fifteen (15) years including Military Service. List the most current employer first:**

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_



Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Would any problem result if your present or past employer were contacted during the background investigation? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**If "Yes", Explain:**

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Did a supervisor ever reprimand you for misconduct or not doing your job?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did a supervisor ever reprimand you for being late or for being absent?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the United States Military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Branch: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Job duties: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

(A copy of your DD214 will need to be provided).

Were you ever court-martialed, tried on charges, received an Article 15, or the subject of company punishment, or any other disciplinary action while a member of the Armed Forces?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Are you currently a member of the National Guard or any reserve unit? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If "YES", list: \_\_\_\_\_

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## Criminal Activity

Have you ever been detained, arrested, or convicted for any criminal offense? (Include juvenile offenses) Yes \_\_\_\_\_ No \_\_\_\_\_

Date	Charge	Agency	Circumstances
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever committed or been involved in a serious or undetected crime?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

To your knowledge, has any member of your immediate family ever been arrested for or convicted of a felony crime?

Yes: \_\_\_\_\_ No: \_\_\_\_\_. If "YES", explain:

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Do you have gambling debts? Yes: \_\_\_\_\_ No: \_\_\_\_\_.  
If "YES", explain: \_\_\_\_\_

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Have you ever been placed on probation or parole? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever illegally sold, possessed, manufactured or delivered illegal drugs or marijuana?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever tried or used illegal drugs and/or marijuana illegally? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", under what circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has alcohol or drug use ever affected your ability to come to work or perform on the job?

Yes: \_\_\_\_\_ No: \_\_\_\_\_. If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Financial Information

NOTE: Exclude all debts incurred as a result of a disability.

Have you ever filed for/declared Bankruptcy, Chapter 7, Chapter 11 or Chapter 13?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list monthly payments, to include housing, utilities, all creditors, etc., use the reverse side of this page if necessary.

Name of Firm	Monthly Payment	Balance
_____		
_____		
_____		



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Have any of your bills ever been turned over to a collection agency or have you ever had anything repossessed? Yes:\_\_\_\_\_ No:\_\_\_\_\_. If “YES”, explain:\_\_\_\_\_

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Are you currently delinquent on any creditors? Yes:\_\_\_\_\_ No:\_\_\_\_\_. If “YES”, which ones? \_\_\_\_\_

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Are you presently under any court order to make payments to any person(s), companies, etc.? Yes:\_\_\_\_\_ No:\_\_\_\_\_. If “YES”, List:\_\_\_\_\_

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## Record of Education

List the name and address of the Schools attended:

### High School

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### College

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### College (if more than one)

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### College (if more than one)

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### Other(Specify)

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_



Do you have any specialized skills that may be beneficial to this department?

Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know any Law Enforcement Officer or Dispatcher who works or has worked for the Phoenix Police Department?

Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If "YES", what are their names and what is your affiliation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to any employee past or present of the Village of Phoenix?

Yes: \_\_\_\_\_

No: \_\_\_\_\_. If "YES", who is the relative and what is your relation to this individual?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any State certifications related to law enforcement you possess.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_.

If "Yes", verification will be required upon employment.

Are you of legal age to work? \_\_\_\_\_ (Answer Yes or No)





If your application is considered favorably, on what date will you be available for work?

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What hours are you available to work? (Check all that apply)

- ☐ 11pm – 7am (1st Shift)
- ☐ 7am – 3pm (2<sup>nd</sup> Shift)
- ☐ 3pm – 11pm (3<sup>rd</sup> Shift)

What days can you work? (Circle all that apply)

SUN          MON          TUE          WED          THU          FRI          SAT

Are you available to work holidays if required? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you able to meet the availability requirements of this department?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no,

why? \_\_\_\_\_

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[illegible]

## Phoenix Police Department

Your interest in employment with the Phoenix Police Department is greatly appreciated. In order to properly process your background investigation, a photocopy of the following documents, when applicable, will be needed when you turn in this application. No applications will be accepted without this information. Place a check mark beside the information you have enclosed with the application.

☐ Birth Certificate  
☐ Social Security Card  
☐ Valid Driver's License  
☐ High School Diploma  
☐ G.E.D.  
☐ College/Technical School Diploma  
☐ Law Enforcement State Certifications  
☐ Training Certificates or Certifications  
☐ Military DD-214 (Long form)  
☐ Military Discharge Certificate  
☐ Commendations and Awards

Should you have any questions concerning the application contact the Administrative Lieutenant at the Phoenix Police Department at (708) 331-2193. When you have completed the application and made copies of the above listed documents, return the entire application and documents to the Village of Phoenix Police Department. The application WILL NOT be accepted without all the proper documentation attached. **The applications must be returned in person with a \$25 application fee to the Phoenix Police Department. The Application fee is payable in the Village Hall located next door to the Police Department. Applications without an attached, valid receipt from the Village Hall or a waiver of fee signed by the Chief of Police will not be accepted.**

Village Hall  
633 E. 151<sup>st</sup> Street  
Phoenix, Illinois 60426

### **Hours of Operation**

Mon – 9am to 5pm  
Tues – 9am to 5pm  
Thu – 9am to 5pm  
Fri – 9am to 5pm

