



# Freeport Police Department

## Application for Employment – Lateral Officer

**INSTRUCTIONS:** Please complete this application completely and accurately. All statements are subject to verification. False statements in this application will bar you from employment. If you need more space to complete an answer, please use the “Continuation” section at the end of this application. Use the term “DNA” (Does Not Apply) if the question does not apply to you.

### **PERSONAL:**

Full Name: \_\_\_\_\_ Maiden Name, if applicable: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you licensed to drive a vehicle in Illinois?  Yes  No

Has your license ever been suspended or revoked?  Yes  No

If YES, explain? \_\_\_\_\_

### **EDUCATION:** Name and location of school

High School: \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate?  Yes  No

Business/Trade: \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate?  Yes  No If YES, Degree: \_\_\_\_\_

College/University: \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate?  Yes  No If YES, Degree: \_\_\_\_\_

Graduate/Prof: \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate?  Yes  No If YES, Degree: \_\_\_\_\_

**MILITARY SERVICE:**

Have you ever served in a branch of the United States military?     Yes     No

If YES, what branch? \_\_\_\_\_

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

**ARREST HISTORY:**

Have you ever been arrested (other than traffic)?     Yes     No

If YES, Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

**WORK EXPERIENCE: Begin with your most recent position.**

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ May we contact?     Yes     No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ May we contact?     Yes     No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ May we contact?     Yes     No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

**REFERENCES:** (Do not include relatives)

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**REASON FOR APPLYING:** Explain your reason for applying for this position.

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**CONTINUATION:** Please indicate which question you are answering and then complete in space provided.

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*I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How did you hear about our Department? (Select all that apply)**    TV Advertising    Digital Billboard    Online Advertising

# Freeport Police Department

## Lateral Officer Supplemental Questionnaire

**\*\*\*You must answer ALL questions\*\*\***

1. Please indicate the type of law enforcement activities in which you have experience. Select all that apply.

- |                                      |  |                                       |                             |
|--------------------------------------|--|---------------------------------------|-----------------------------|
| <input type="radio"/> Municipal      | <input type="radio"/> Park District      | <input type="radio"/> Military        | <input type="radio"/> Other |
| <input type="radio"/> Sheriff/County | <input type="radio"/> School District    | <input type="radio"/> Federal         |                             |
| <input type="radio"/> State Patrol   | <input type="radio"/> College/University | <input type="radio"/> Transit/Housing |                             |
| <input type="radio"/> Railroad       | <input type="radio"/> Conservation       | <input type="radio"/> Drug Taskforce  |                             |

If you indicated "Other", please provide details.

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Was this experience:  Full-Time  Part-Time  Reserves

2. Please provide details of your current or most recent law enforcement experiences and duties. Please be thorough and include common daily activities.

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3. Are you a sworn law enforcement officer?  Yes  No

4. Are you a full-time officer with your current agency?  Yes  No

5. Are you considered probationary status with your current agency?  Yes  No

6. How long was your current or most recent agency's probationary period? \_\_\_\_\_

7. Indicate your current or most recent department size.

- |   |  |
|---|--|
| <input type="radio"/> 10 or less sworn officers | <input type="radio"/> 51-100 sworn officers  |
| <input type="radio"/> 11-25 sworn officers      | <input type="radio"/> 101-200 sworn officers |
| <input type="radio"/> 25-50 sworn officers      | <input type="radio"/> 201+ sworn officers    |

8. Please detail the level of your law enforcement training. Include length of basic academy training, length of field training, and any specialized training that should be considered.

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9. What is the name and address of the police academy you attended?

Academy Name: \_\_\_\_\_

Academy Address: \_\_\_\_\_

10. Please indicate which type of Academy you attended:

- Part-time/Transitional Academy
- Full-time Academy

11. How many hours was the police academy you attended? \_\_\_\_\_

12. In your law enforcement career, please indicate the amount of time spent in solo patrol or with a partner in a non-training environment.

- |  |   |
|--|---|
| <input type="radio"/> Less than 6 months           | <input type="radio"/> 1 year to less than 2 years |
| <input type="radio"/> 6 months to less than 1 year | <input type="radio"/> 2+ years                    |

13. Are you in good standing with your current or most recent agency?  Yes  No  
If you responded "No", please explain.

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14. If you are no longer employed as a law enforcement officer, did you leave your previous agency in good standing?  Yes  No  
If you responded "No", please explain.

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15. Have you ever left any law enforcement agency not in good standing?  Yes  No  
If you responded "Yes", please explain.

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16. Have you ever been terminated or asked to resign, whether on probation or not?  Yes  No  
If you responded "Yes", please provide details.

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17. Please indicate your highest level of education.

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|--|---|
| <input type="radio"/> High School or GED                               | <input type="radio"/> Associates' Degree            |
| <input type="radio"/> College- 30-59 credit hours                      | <input type="radio"/> Bachelor's Degree             |
| <input type="radio"/> College- 60-89 credit hours                      | <input type="radio"/> Post Bachelor Studies         |
| <input type="radio"/> College- 90-119 credit hours                     | <input type="radio"/> Master's Degree               |
| <input type="radio"/> College- more than 120 credit hrs. but no degree | <input type="radio"/> Post Master's Degree          |
| <input type="radio"/> Specialized Trade School                         | <input type="radio"/> Doctorate (PhD, MD, JD, etc.) |

18. Do you fluently speak another language, other than English?  Yes  No  
If "Yes", which language(s)?

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