

# West Frankfort Part Time Police



APPLICATION

**WEST FRANKFORT POLICE DEPARTMENT  
APPLICATION INFORMATION**

Dear Applicant,

Thank you for interest in the West Frankfort Police Department. Officers perform a vital service to this Department and the citizens of West Frankfort.

You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.

Each member is selected from the applications who meet the following qualifications: are least of 21 years of age or older, high school graduate or GED, possess a valid Illinois driver's license and a valid Illinois Firearm Owner's Identification Card and must be able to keep both of the following in good standards. Certification as Part Time Officer is preferred. Applicants must complete the application in full, submit to a background check of criminal activity and pass an oral interview. You will need to provide a copy of your Illinois driver's license and your Illinois Firearm Owner's Identification Card upon return of this application.

**This application must be printed or typewritten in BLACK or BLUE INK by the applicant himself/herself.**

If after submitting this application, you become no longer interested in appointment, please notify the Police Department.

Each question must be answered accurately and completely. If a question does not apply to you, write N/A (not applicable) in the space provided as your response to the question. If you have any question on this application and you don't know the answer please attach a note with the application so that this will not be rejected. All statements are subject to verification.

If you are appointed, you will have to purchase at your own expense your firearm to be used.

You will also be responsible for the following items such as your duty belt handcuffs, holster, flashlight etc. You will need to own a firearm that is W.F.P.D. APPROVED.

You must also be able to work as needed.

Thank you for your interest in the West Frankfort Police Department.

**WEST FRANKFORT POLICE DEPARTMENT  
APPLICATION**

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Please list any Scars, marks, tattoos, etc: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email address(s): \_\_\_\_\_

List any Personal Home Pages that you might have (IE. MySpace, Yahoo, Google) \_\_\_\_\_  
\_\_\_\_\_

**Current Address:**

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have lived at the present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you have a valid Drivers License? \_\_\_\_\_ Do you have a valid FOID card? \_\_\_\_\_ (Please provide #s, below).

Drivers License number: \_\_\_\_\_ Firearm Owners Identification Card number: \_\_\_\_\_

Have you ever held a drivers license in another state? If yes, please list what state(s): \_\_\_\_\_

Has your Driver's license ever been suspended or revoked in any state that you held a license? If yes, list state: \_\_\_\_\_

Have you ever gone by another name other than the one on this application (nick name or maiden name)? If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**Please list your address for the last 5 years beginning with the most recent from the age of 18 years old.**

Street Address	City	State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever applied with this agency before? \_\_\_\_\_ If so when: \_\_\_\_\_

**List four personal references that you have known for at least the past three years: (excluding relatives)**

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**List only one family member as a reference that does not live with you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**If you are currently married or divorced please provide your spouse and/or ex-spouses information below:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_ Spouse/ex-spouse (circle one)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_ Spouse/ex-spouse (circle one)

**If renting please list the following information:**

Name of Landlord: \_\_\_\_\_ Landlord's Phone number: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Landlord's Phone number: \_\_\_\_\_

**Education:**

High School or GED equivalence: \_\_\_\_\_

College is not required but if you have some type of classes in relating to the job. This does not ensure you to be hired or not hired.

Do you have any college: \_\_\_\_\_ If so how many hours: \_\_\_\_\_

**Military:**

Have you ever served in any military branch? \_\_\_\_\_

What branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Reenlistment code: \_\_\_\_\_

**Employment History: please list from current or most recent backwards: (ALL INFORMATION MUST BE FILLED OUT)**

Employer's Name: \_\_\_\_\_ Employers address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job title: \_\_\_\_\_ List job duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employers address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job title: \_\_\_\_\_ List job duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employers address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job title: \_\_\_\_\_ List job duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employers address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job title: \_\_\_\_\_ List job duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employers address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job title: \_\_\_\_\_ List job duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employers address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job title: \_\_\_\_\_ List job duties: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been fired or asked to resign from any job or a volunteer organization? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by a law enforcement agency as a full time, part time, or Auxiliary, if so list when and where:

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**Traffic or Criminal record:**

List any Traffic violations of the law that resulted in a penalty that exceeded a \$75.00 fine: \_\_\_\_\_

Have you ever been arrested for any violation of any law, ordinance, police or military regulation please list the violation below the type of charge or citation, the police dept., date, and disposition: \_\_\_\_\_

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Have you ever been Arrested or Convicted of a Misdemeanor or a Felony? If yes please list the charge, where, and when:

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**Just a few questions below please circle yes or no.**

Do you smoke now? Yes/No

Do you currently drink alcohol? Yes/No

Do you consume alcohol on a regular basis? Yes/No

Have you ever used or experimented with any illegal drug? Yes/No



**WEST FRANKFORT POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

The undersigned authorizes a review of and full disclosure of all records concerning myself to any investigator or his designee of the West Frankfort Police Department whether the records are of a public, private, criminal, internal or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom this release is presented.

The intent of this authorization is to give my consent for full and complete disclosure of criminal records, internal investigation records, military records, records of loans and other financial statements and records wherever filed; records maintained by the National Personal Records Center, and the United States Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me. I specifically waive my right to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personal Record Review Act. I also waive my right to inspect and copy any records provided in response to this authorization.

I understand that any information obtained by personal history background investigations which is developed directly or indirectly, in whole or in part, as a result of this authorization will be considered in determining my suitability for employment by the West Frankfort Police Department. Additionally, I understand the duty of the West Frankfort Police Department to release any information of a serious criminal nature uncovered by this investigation to the proper authorities and make other reports as may be mandated by law. 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 such person(s) from any and all liability that may be incurred as a result of furnishing such information whether from record or recollection. I further release the West Frankfort Police Department its agents and designees under this release, from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain the original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Personal Information".

**PLEASE PRINT OR TYPE**

**Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Current Address:**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Witness: \_\_\_\_\_

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

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