



Geneseo Police Department

Dear Lateral Applicant:

Enclosed you will find all of the required forms. You will need to have all of them turned in by February 15, 2019 at 4:00 pm. Note that some of the forms need to be signed by a medical care professional for your physical waiver and visual acuity form. You will be contacted at a later date for your interview with the Board of Fire and Police Commission.

Board of Fire and Police Commissioners

City of Geneseo

Applicant Checklist

Form Name	Description	Due Date
1. Personal History	Personal history statements	4:00 pm February 15, 2019
2. Waiver	Waiver/Release of Liability	4:00 pm February 15, 2019
3. Indemnification	Release and Indemnification	4:00 pm February 15, 2019
4. Release	Release of Personal Information	4:00 pm February 15, 2019
5. Background	Consent for Background/Credit History	4:00 pm February 15, 2019
6. Drug Usage	Drug usage and hiring guidelines	

Please Note: Incomplete or omission of Forms 1 – 5 will affect your chances for employment.

CITY OF GENESEO, ILLINOIS BOARD OF POLICE COMMISSIONERS

POLICE OFFICER APPLICATION

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out improperly, it may affect your chances for employment. All statements in your application are subject to verification. Any unanswered, incomplete or omitted questions may result in the rejection of your application. Any false statements and/or deliberately evasive answers will be grounds for rejection of this application or your dismissal at a later date.

If the space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by the question number. Use DNA if the question does not apply.

1. Name (Last) (First) (Middle)			2. Social Security No.		
3. Address (Street) (City/State/Zip)			4. Telephone Home Cell		
5. County		6. Date of Birth		7. Age	
8. Sex	9. Height	10. Weight	11. Are you a U.S. Citizen?		

MILITARY SERVICE RECORD

12. Armed Forces Experience: Yes _____ No _____

If Yes Branch of Service _____

From _____ To _____

EDUCATION

SCHOOL	YRS ATTENDED	NAME OF SCHOOL	CITY/STATE	COURSE OF STUDY	DID YOU GRADUATE
13. GRAMMAR					
14. HIGH					
15. COLLEGE					
16. OTHER					

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATES		LIST YOUR DUTIES	REASON FOR LEAVING
	FROM	TO		
17.				
18.				
19.				
20.				
21.				
22.				
23.				

Continuation

How did you hear about this position?

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE



CITY OF GENESEO
Board of Police Commissioners
Certification of Physical Fitness



The undersigned does hereby certify that they have tested
_____ and has found that he/she is physically capable
of participating in the Physical Aptitude Test consisting of various strenuous exercises.

Signed _____ M.D or N.P.

Date _____

Address _____

City/State/Zip _____

Phone _____



CITY OF GENESEO
Board of Police Commissioners
Certification of Visual Acuity



The undersigned does hereby certify that he has tested (print name)

_____ with the following results.

Uncorrected Right Eye 20/_____ Left Eye 20/_____

Binocular 20/_____

Corrected Right Eye 20/_____ Left Eye 20/_____

Binocular 20/_____

Colorblind? Yes No

If yes, to what degree? Example, would it interfere with identification of
color of clothing, color of vehicle, etc. _____

Signed _____

Date _____

Address _____

City/State/Zip _____

Phone _____



CITY OF GENESEO

Board of Police Commissioners

Waiver/Release of Liability

Applicant for Public Employment



AGREEMENT made this _____ day of _____, _____ between _____, an applicant for employment as a Police Officer, with the Geneseo Police Department of the City of Geneseo, Illinois (the "Applicant") and the City of Geneseo, Illinois; its Board of Police Commissioners; the City's and the Board of Police Commissioners' employees, agents, representatives and assigns (specifically any testing agency employed by the City or its Board of Police Commissioners) (hereinafter collectively referred to as the "City"), witness:

WHEREAS, Applicant has applied to the City for employment as a Police Officer; and,

WHEREAS, the City is required to subject the Applicant to a competitive testing process; and,

WHEREAS, the Applicant has agreed to submit to a variety of examinations including a written examination, physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the City; and,

WHEREAS, the City has agreed to administer said exams, on an as needed basis as provided by the Rules and Regulations of the City's Board of Police Commissioners, without expense to the Applicant; and,

WHEREAS, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the Applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of Police Officer. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant's participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS 40/7(1). The applicant also acknowledges that the Applicant had the opportunity to discuss the import of this Waiver with legal counsel of Applicant's own choosing.

Witness our hands and seals the day and year above written.

APPLICANT

CITY OF GENESEO, ILLINOIS
BOARD OF POLICE COMMISSIONERS

By: It's Chairman/Secretary

CITY OF GENESEO BOARD OF POLICE COMMISSIONERS

PERSONAL HISTORY STATEMENT

<p>APPLICANT - Please staple a full-face photograph of yourself no larger than 2 1/2 x 3 inches. Plainly print your name on the back of the photograph. The photograph must have been taken not more than two months prior to the date of this statement.</p>	<p>IMPORTANT NOTICE: All questions are intended to assist in the conducting of a background investigation.</p> <p>INSTRUCTIONS: Using black ink, legibly print and fill out this application completely and accurately. If your application is made out improperly, it may affect your chances for employment. All statements in your application are subject to verification. Any unanswered, incomplete or omitted questions may result in the rejection of your application. Any false statements and/or deliberately evasive answers will be grounds for rejection of this application or your dismissal at a later date.</p> <p>If the space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by the question number. Use "DNA" if the question does not apply.</p>
<p>THIS FORM IS TO BE TURNED IN AFTER SUCCESSFUL COMPLETION OR WAIVER OF THE <i>PHYSICAL AGILITY TEST</i>.</p>	

PERSONAL HISTORY

1. Name in Full (Last, First, Middle)			2. List all other names you have used, including nicknames. If female, furnish maiden name.				
3. Place of Birth (City, State, Country)		4. Date of Birth				5. Age	
6. Height	7. Weight	8. Social Security Number					
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Citizenship Acquired by: <input type="checkbox"/> US Born <input type="checkbox"/> US Naturalized <input type="checkbox"/> Other (Specify)						
11. If you have ever legally changed your name, give date, place, and court.			12. Date Naturalized		13. Place Naturalized		
14. Naturalization Certification Number		15. Primary Phone #		16. Secondary Phone #	17. Alternate Phone #		
18. Work Phone #		19. Mailing Address					
		Street & Number		City/County			
				State/Zip			
20. Physical Address of Residence							
		Street & Number		City/County			
				State/Zip			
21. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			22. Name of Spouse (Last, Maiden, First, Middle)				
23. Have you previously submitted an application for employment with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Approximate Date			Position				
24. Are you related by blood or marriage to any person(s) now employed by the City of Geneseo? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name(s)/details							

25. List addresses for the past 10 years starting with your present address at top					
From: Month/Year	To: Month/Year	<input type="checkbox"/> Rent <input type="checkbox"/> Own	From: Month/Year	To: Month/Year	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Address of Residence		Unit/Apartment #	Address of Residence		Unit/Apartment #
City, County, State, Zip			City, County, State, Zip		
Landlord		Phone #	Landlord		Phone #
Address			Address		
From: Month/Year	To: Month/Year	<input type="checkbox"/> Rent <input type="checkbox"/> Own	From: Month/Year	To: Month/Year	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Address of Residence		Unit/Apartment #	Address of Residence		Unit/Apartment #
City, County, State, Zip			City, County, State, Zip		
Landlord		Phone #	Landlord		Phone #
Address			Address		

EDUCATION

Indicate below the schools you have attended. (Include incompletd courses.)					
26. High School - Name of School			27. G.E.D. - Issuer		
Address			Address		
City, State, Zip			City, State, Zip		
Years Attended	From:	To:	Graduated	Date Issued	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Specialized/Trade/Correspondence School - Name			28. Specialized/Trade/Correspondence School - Name		
Address			Address		
City, State, Zip			City, State, Zip		
Study/Specialization	Yrs/Mo Attended:		Study/Specialization	Yrs/Mo Attended:	
	From:	To:		From:	To:
29. College/University - Name			29. College/University - Name		
Address			Address		
City, State, Zip			City, State, Zip		
Major	Years Attended:	Graduated	Major	Years Attended:	Graduated
	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No

30. RELATIVES

A. Father - Full Name (Last, First, Middle)		B. Mother - Full Name (Last, First, Middle)			
Address		Address			
City, State, Zip					
Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased			
C. Spouse - Full Name (Last, First, Middle)		D. Former Spouse - Full Name (Last, First, Middle)			
Address		Address			
City, State, Zip					
Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased			
E. Sibling - Full Name (Last, First, Middle)		F. Sibling - Full Name (Last, First, Middle)			
Address		Address			
City, State, Zip					
Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased			
G. Sibling - Full Name (Last, First, Middle)		H. Sibling - Full Name (Last, First, Middle)			
Address		Address			
City, State, Zip					
Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth <input type="checkbox"/> Living <input type="checkbox"/> Deceased			
31. List all of your dependents, including any adopted or stepchildren:					
	Full Name	Date of Birth	Relationship	With Whom Resides	Primary Phone #
1					
2					
3					
4					
5					
6					
32. Is any member(s) of your immediate family now in prison or on either probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, list name(s)/details

PERSONAL DECLARATIONS

Note: In questions 33, 34, 35, and 36, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details of each instance of use.

33. Do you drink alcoholic beverages? Yes No If yes, to what degree - amount/frequency? _____

34. Have you ever used marijuana? Yes No If yes, to what were the circumstances? _____

When was the last time?

35. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes No

If yes, what were the circumstances? _____

When was the last time?

36. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes No

If yes, please explain the circumstances? _____

FINANCIAL

37. What income, other than salary do you have at present?

38. Are you now supporting all children born to you, adopted by you and stepchildren? Yes No
 If no, give details _____

39. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?
 Yes No If yes, give name(s) and details: _____

40. Have you ever been sued with a civil judgment being rendered against you? Yes No If yes give name(s) and details: _____

41. What is the total amount of all your debts at present? \$ _____

42. What is the average monthly total of all your bills, payments and current living expenses? \$ _____

43. List credit references, including businesses to which you make monthly payments:

Name of Business	Amount Owed	Name of Business	Amount Owed
Address	City/State/Zip	Address	City/State/Zip
Name of Business	Amount Owed	Name of Business	Amount Owed
Address	City/State/Zip	Address	City/State/Zip
Name of Business	Amount Owed	Name of Business	Amount Owed
Address	City/State/Zip	Address	City/State/Zip
Name of Business	Amount Owed	Name of Business	Amount Owed
Address	City/State/Zip	Address	City/State/Zip
Name of Business	Amount Owed	Name of Business	Amount Owed
Address	City/State/Zip	Address	City/State/Zip

WORK HISTORY

44. Have you ever applied for a job with another law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, list details
Name of Agency	Date Applied	On Eligibility List?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Have you ever been denied employment by a criminal justice agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, list details
Name of Agency	Details		
46. Have you ever been fired, involuntarily terminated, or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No			If
yes, explain giving the name of the company, date of employment and the reason for your dismissal/resignation.			
47. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, provide details:			
48. Do you object to wearing a uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Do you object to working nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
50. Do you object to working rotating shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		51. Do you object to switching shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WORK HISTORY

53. List all jobs you have held in the last ten years. Put your present or most recent job first. Include military service and part-time jobs in proper time sequence.

A. Current/Last Employer		Dates Employed		Hourly/Monthly Salary	
		From	To	Starting	Ending
Address			City/State/Zip		
Your Job Title		Your Supervisor's Name		Telephone #	
Your Duties				# of Employees You Supervised	
				Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
				# of Part Time Hours	
				Reason for Leaving	
A. Current/Last Employer		Dates Employed		Hourly/Monthly Salary	
		From	To	Starting	Ending
Address			City/State/Zip		
Your Job Title		Your Supervisor's Name		Telephone #	
Your Duties				# of Employees You Supervised	
				Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
				# of Part Time Hours	
				Reason for Leaving	
B. Former Employer		Dates Employed		Hourly/Monthly Salary	
		From	To	Starting	Ending
Address			City/State/Zip		
Your Job Title		Your Supervisor's Name		Telephone #	
Your Duties				# of Employees You Supervised	
				Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
				# of Part Time Hours	
				Reason for Leaving	

WORK HISTORY

53. List all jobs you have held in the last ten years. Put your present or most recent job first. Include military service and part-time jobs in proper time sequence.

C. Former Employer		Dates Employed		Hourly/Monthly Salary	
		From	To	Starting	Ending
Address			City/State/Zip		
Your Job Title		Your Supervisor's Name		Telephone #	
Your Duties				# of Employees You Supervised	
				Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
				# of Part Time Hours	
				Reason for Leaving	
D. Former Employer		Dates Employed		Hourly/Monthly Salary	
		From	To	Starting	Ending
Address			City/State/Zip		
Your Job Title		Your Supervisor's Name		Telephone #	
Your Duties				# of Employees You Supervised	
				Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
				# of Part Time Hours	
				Reason for Leaving	
E. Former Employer		Dates Employed		Hourly/Monthly Salary	
		From	To	Starting	Ending
Address			City/State/Zip		
Your Job Title		Your Supervisor's Name		Telephone #	
Your Duties				# of Employees You Supervised	
				Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
				# of Part Time Hours	
				Reason for Leaving	

MILITARY HISTORY

54. Have you registered with the Selective Service System? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Enter registration Number
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55. Were you ever in the U. S. Military Service or any other military organization (domestic or foreign)? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

56. Service Number	57. Highest Rank Held	58. Date/Location of your first entrance into active duty
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59. What were your unit assignments in the service?				
Branch	Unit (Company or Ship)	Location	From Mo/Yr	To Mo/Yr

60. What was the date and location of your discharge from active duty?
--

61. Was your discharge honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how was it characterized? <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable
--	---

62. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or nonjudicial punishment (Captain's mast, company punishment, Article 15, etc.) or any other disciplinary action while a member of the armed forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail _____

63. List any disciplinary action taken against you in the National Guard or other reserve unit _____

64. List all medals and decorations awarded to you during your military service _____

65. If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation:

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: Driving Under the Influence (alcohol or drugs), duty to stop in the event of an accident, driving while license revoked, and attempt to elude arrest.

Answer all of the following questions completely and accurately. If any doubt exists in your minds as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," only if you have never been arrested or charged, or your record was expunged by a judge's court order.

66. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? Yes No

If yes, please give details

Date	Offense Charged	Law Enforcement Agency	Case Disposition

67. Have you been charged with or convicted of a criminal offense? Yes No If yes give details _____

68. Have you ever been placed on probation or been the subject of an internal investigation? Yes No If yes, give details _____

69. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)? Yes No If yes, give details _____

70. Can you operate a motor vehicle?
 Yes No

71. Do you possess a valid Illinois driver's license? Yes No
License # _____ Year Issued _____

72. Do you or have you ever possessed a license issued by another state/country? Yes No If yes, list:
License # _____ Year Issued _____ Issued by (State/Country) _____

73. Was your license ever suspended or revoked? Yes No If yes, state which and give reasons: _____

74. Was your license ever restored? Yes No When? _____

75. Have your driving privileges ever been restricted? Yes No If yes, give details _____

76. Have you ever been under court supervision? Yes No If yes give details _____

PHYSICAL DATA

77. Have you ever received treatment from Veteran's Administration? Yes No If Yes enter Claim Number _____

78. Have you ever received; have you applied for; do you intend to apply for; or is there pending; any pension or compensation for a disability?
 Yes No If Yes, explain using additional pages if necessary.

79. List your personal Physician and any other licensed medical contacts you have.

Name	License Profession	Address	City/State/Zip

80. Describe any conditions which prevent your participation in a rigorous fitness routine.

CAREER OBJECTIVES

81. Briefly explain your reasons for applying for this position: _____

82. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be helpful in the performance of the duties of the position for which you have applied: _____

83. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

84. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Primary Phone

APPLICANT AVAILABILITY

85. Date of Application	86. Are you willing to relocate to within 15 miles from Geneseo City Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No
87. Earliest Date Available for Employment	

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all of my answers are true and correct to the best of my knowledge and belief.

Signature in Full

Date Signed



CITY OF GENESEO

Board of Police Commissioners



Authority to Obtain Information & Release and Indemnification Acknowledge

The undersigned hereby authorizes the City of Geneseo, Illinois, its Board of Police Commissioners and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, credit record, criminal conviction history, personal characteristics and all other information which may bear favorably or unfavorably upon my application for employment made to the City of Geneseo. I also consent to the release to the Board of Police Commissioners of the City of Geneseo of any and all medical records prepared during the physical examination I am required to undergo for employment with the City of Geneseo.

I further release from liability any person or persons providing or receiving any such information in connection with the pre-employment investigation.

In consideration of the payment, by the City of Geneseo, of the fees associated with the conduct of examinations to be taken by me, at the direction of the city's Board of Police Commissioners, I also agree to indemnify and hold harmless the City of Geneseo, Illinois, its Board of Police Commissioners, its agents, employees and representatives against any claim or loss whatsoever, including but not limited to attorney's fees and any cost of defense which arises, directly or indirectly, out of any injury which I might sustain in the application process. I also covenant not to sue the City of Geneseo, Illinois, its Board of Police Commissioners, its employees, agents and representatives for any injury, loss or damage as a result of such process including but not limited to personal injury, wrongful death, court costs, attorney's fees and interest, in any manner caused directly or indirectly, including the negligent acts or omissions of the City of Geneseo, its Board of Police Commissioners as well as its employees and agents.

DATED: _____ Signature: _____



CITY OF GENESEO

Board of Police Commissioners



Authorization for Release of Personal Information

For a period of one (1) year from the date of execution of this form, I _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Geneseo Police Department, Geneseo, Illinois, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of 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; records maintained by the National Personal Records Center, 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 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. This authorization is made pursuant to appointment to the office of _____.

I understand that any information obtained by a 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 City of Geneseo. 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 collecting 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.

I have read and fully understand the contents of the “Authorization for Release of Personal Information”.

Witness

Signature (include maiden name)

Date _____

Address _____

Phone: _____

Date of Birth: _____



CITY OF GENESEO

Board of Police Commissioners



Acknowledgement/Consent Background and Credit History

As part of the application process for employment as a police officer with the Police Department for the City of Geneseo, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicants neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. The name of the consumer reporting agency used as part of this background investigation is _____ and the consumer reporting agency may be contacted by placing a telephone call to the following number _____. Furthermore, the applicant acknowledges that he consents and authorizes the City of Geneseo, its agents and or assigns, to conduct a background investigation and to request a report of his or her credit history. The applicant also acknowledges that said applicant has been advised of his or her creditor's rights, as follows:

“Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:

1. The nature and substance of all information in its files (except medical information) on you at the time of the request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal Law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification. (2) You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification. (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the Board of Police Commissioners of the City of Geneseo, as the applicant's prospective employer.

Signed and Sealed at _____, Illinois, on the ____ day of _____, _____.

Applicant's Name



CITY OF GENESEO

Board of Fire and Police Commissioners



Drug Usage and Hiring Guidelines

The Geneseo Police Department will use the following guidelines for rejection of police applicants.

ANY USE OF ILLEGAL DRUGS FALLING UNDER THE FOLLOWING CATEGORIES MAY RESULT IN REJECTION.

1. Any illegal drug use with the last three years. Illegal drugs under this policy shall consist of opiates (heroin, morphine, etc), abuse of prescribed opiates; non-prescribed medications; Amphetamines / methamphetamines; hallucinogenic drugs (mushrooms, LSD, PCP, etc.); cocaine, crack cocaine, free based cocaine/paste and any illegal injection of cocaine.
2. Participating in the manufacture, selling, offering to sell, distribution or transportation for sale of any illegal drugs/narcotics, regardless of time frame.
3. Any illegal use of drugs after submitting an application with any law enforcement agency within the last five years.
4. Any illegal use of drugs while employed by a law enforcement agency regardless of the time frame.
5. Any illegal use of non-prescribed oral or injectable steroids over five sequences / cycles within the last two years.
6. Use of marijuana / hashish within the last year.

YOU CANNOT BE A GENESEO POLICE OFFICER IF:

1. You do not possess or cannot obtain a valid driver's license.
2. You are not 21 years old at the time of hire.
3. You are not a U.S. Citizen
4. You have been convicted of Driving Under the Influence within the past five years or have two or more D.U.I. convictions. A diversion or similar action is the same as a conviction.
5. You have been convicted of any felony charge(s) – Traffic or criminal.
6. You have possessed any illegal drug within the past year.
7. You have ever manufactured, sold, offered to sell, distributed, or transported for sale any illegal drug / narcotic.
8. You have been convicted of any crime involving false swearing.
9. You have been dishonorably discharged from the armed services.
10. You have been convicted of a domestic violence related crime which precludes you from possession of a firearm.

YOU ARE NOT LIKELY TO BE HIRED AS A GENESEO POLICE OFFICER IF:

1. Your traffic history shows a continuing and/or recent pattern of poor decision making.
2. Your financial affairs or personal life shows a history of poor judgment and refusal to confront problems (Example – nonpayment of child support, ignoring overdue bills, etc.)
3. You have recently, or are currently, misrepresenting yourself or ignoring any laws (example: not paying taxes, using a false address for school tuition purposes, etc.)
4. You have a pattern of involvement with illegal drugs.
5. Your work history shows a pattern of unexcused absences, discipline, or discharge.
6. People who know you have doubts about your honesty, integrity, or character.
7. You have been involved in significant misdemeanor activity.

Applicants are also cautioned that government clearances or success in other police agency selection processes are no guarantee of success in our process. This list is not all inclusive and is intended only as a general guideline.

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