



Village of Homewood

Board of Fire & Police Commissioners

17950 Dixie Highway • Homewood, Illinois 60430
Fire Department (708) 206-3400 Police Department (708) 206-3420



Police Officer Lateral Applicant Information

Application Due Date: Ongoing

APPLICATION PACKET

- ✓ Applicant Information (*this page*)
- ✓ Wage & Benefit Information
- ✓ Frequently Asked Questions
- ✓ Application Checklist
- ✓ Background Investigation Packet
- ✓ Voluntary Information

MINIMUM QUALIFICATIONS & REQUIREMENT AT TIME OF APPLICATION

- ✓ Applicants must be currently certified by the Illinois Law Enforcement Training and Standards Board;
- ✓ Applicants must have a minimum of two (2) years of FULL-TIME service (as a police officer) with their current employer;
- ✓ Applicants must consent to the release of their entire personnel file from all prior employers and must disclose all adverse personnel matters, including any disciplinary, last chance or similar agreements, letters of reprimand and sealed files.
- ✓ Applicants must be citizens of the United States and/or an alien admitted for permanent residence or lawfully admitted for temporary residence and who produces evidence of intention to become a citizen of the United States; and
- ✓ Applicants must have a valid driver's license;
- ✓ Must have a valid FOID card or be legally capable of obtaining a valid FOID card upon hire.
- ✓ Applicants must be of good moral character, of temperate habits, of sound health and must be physically able to perform the duties of the position applied for. The burden of establishing these facts rests upon the applicant

APPLICATION PROCESS

There is no guarantee of an interview or further consideration for candidates submitting an application.

- Review of application material
- Oral Interview conducted by Police Department Command Staff personnel
- Placement on Alternative Eligibility Roster
- Background Investigation
- Post-Offer Examinations
 - Polygraph
 - Psychological Assessment
 - Medical Examination (including drug screen)

**Candidates on the Alternative Eligibility Roster shall remain on the list for one year.*

Police Officer Lateral Applicant Information

DISQUALIFICATION

A false statement knowingly made by a person in an application for examination, connivance in any false statement made in any certificate which may accompany such application or complicity in any fraud regarding the same, shall be regarded as good cause for exclusion from the examination.

At any time prior to appointment, the Board may disqualify a Candidate for any reason including, but not limited to:

- Applicant is found lacking in any of the established preliminary requirements for the position sought;
- Applicant is physically unable to perform the duties of the position sought;
- Applicant is addicted to the use of drugs or intoxicating beverages or is found to have taken or used drugs and/or narcotics illegally;
- Applicant has been convicted of a felony or any misdemeanor involving moral turpitude, as specified in 65 ILCS 5/10-2.1-6 or 65 ILCS 5/10-2.1-6.3 as applicable;
- Applicant has been dismissed from any public service for good cause;
- Applicant has attempted to practice deception or fraud in his application;
- Applicant may be found disqualified in personal qualifications or health;
- Applicant's character or employment references are unsatisfactory; or
- Applicant does not possess a valid Driver's License.

COMPLETED APPLICATIONS

- Completed applications can be mailed or submitted in person 24 hours/day:
Homewood Police Department
17950 Dixie Highway
Homewood, IL 60430
Attention: Lateral Applications
- Applications are not accepted via e-mail.

CORRESPONDENCE

- ALL correspondence will be sent to the e-mail address you provide in your application
- Questions can be directed to pdadmin@homewoodil.gov



HOMewood POLICE DEPARTMENT

POLICE OFFICER WAGES & BENEFITS NO RESIDENCY REQUIREMENT

SALARY

Top salary achieved after six years of service for entry level and four years of service for lateral entry.

- As of 05/01/2023
 - Starting Pay
 - Entry Level: \$79,486 (Step A) + 11 paid holidays (\$3,363)
 - Lateral: \$87,144 (Step C) + 11 paid holidays (\$3,687)
 - Top Pay: \$104,889 (Step G) + 11 paid holidays (\$4,438)
- As of 05/01/2024
 - Starting Pay
 - Entry Level: \$81,871 (Step A) + 11 paid holidays (\$3,464)
 - Lateral: \$89,758 (Step C) + 11 paid holidays (\$3,797)
 - Top Pay: \$108,035 (Step G) + 11 paid holidays (\$4,571)

SCHEDULE

- 8.25 hours shifts
- 4/2 Plan (Four days on/two days off; days off rotate)
- Permanent and rotating shifts (chosen by seniority)

OVERTIME

- Time and one-half after eight hours of work
- Two-hour minimum for local court
- Three-hour minimum for state court

COMPENSATORY TIME

- May be accrued in lieu of overtime at a time and one-half rate
- Maximum of 120 hours can be accumulated

UNIFORM ALLOWANCE

- All Required Uniform items purchased by department for the first year (excludes firearm)
- \$1,000 allowance for uniforms per fiscal year after one year of employment

HOLIDAYS

- Eleven paid holidays
 - New Year's Day
 - Martin Luther King Jr. Day
 - President's Day
 - Easter Sunday
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Day After Thanksgiving
 - Christmas Eve
 - Christmas Day
- Double time for all hours worked on a holiday

LONGEVITY PAY

- \$ 500 annually from 6 to 9 years of service
- \$ 800 annually from 10 to 14 years of service
- \$1,100 annually from 15 to 18 years of service
- \$1,500 annually after 19 years of service

VACATION (first accrual at 6 months)

- 10 days per year until 5 years of service
- 15 days per year from 6 to 10 years of service
- 20 days per year from 11 to 19 years of service
- 25 days per year after 20 years of service

SICK LEAVE

- 8 hours earned for each month of service
- May be used for immediate family members (spouse, children, parents & parents of spouse)
- No sick time used in a calendar year earns one day off with pay the following year (after 3 years of service)

HEALTH INSURANCE

- 80% of premium paid by Village

LIFE INSURANCE

- Equal to one year of officer's base salary (maximum of \$100,000)

LINE OF DUTY DEATH BENEFIT

- \$7,500 to family for funeral expenses
- State, federal & private sector benefits with specific criteria
- Honors funeral by request

DEFERRED COMPENSATION

- Voluntary tax-free 457 Plan, which allows employees to invest a portion of their salary for use after they retire.

FLEXIBLE SPENDING ACCOUNT (FSA)

- Voluntary savings account used to pay medical expenses not covered by insurance.
- Employees annually choose to set money aside on a tax free basis.

EMPLOYEE HEALTH SAVINGS PLAN

- Mandatory contribution of 2% of pre-tax gross salary (excluding overtime) into Employee Health Savings Plan

RETIREMENT HEALTH SAVINGS (RHS)

- Mandatory contribution of a portion of unused sick hours. After one year of service.
- Allows employees to accumulate assets to pay for medical expenses (e.g. health insurance, co-pays, prescriptions, etc.) after retirement.



HOMewood POLICE DEPARTMENT

LATERAL POLICE OFFICER FREQUENTLY ASKED QUESTIONS

- **What is your residency requirement?**
There is no residency requirement for this position.
- **Do you take lateral transfers from other police departments?**
Yes. Board of Fire & Police Commission rules allow for us to create two eligibility lists; one for new recruits and one for certified Police Officers/laterals. These are separate and independent applications which will be clearly noted and do not necessarily run at the same time.
- **If I am a certified officer, do I start at a higher rate of pay?**
Yes. Lateral entry hires start at Step C. Top pay (Step G) is achieved after 4 years.
- **I am a certified police officer in the State of Illinois. Will you require me to go to an Academy?**
No. If you are a certified police officer and in good standing with the Illinois Law Enforcement Training and Standards Board (ILETSB), you will not need to go to the Academy. You will be required to complete the Department Field Training Program.
- **Who is eligible?**
All persons who are currently employed, **full-time** (minimum 24 months with their current agency) and in good standing, as a Police Officer with an Illinois municipality, county, or state law enforcement agency may be considered for lateral entry.
- **My certification is Part-Time, can I still apply for lateral transfer?**
Officers who were originally part time certified then completed the transition course and have been working for a minimum of 2 years **full time** at their agency are eligible.
- **How long is the list active for?**
Candidates shall remain on the Alternative Eligibility Rosters for one (1) year.
- **Is there a written test for Lateral Entry?**
There is no written examination for Lateral Entry. Placement on the Alternative Eligibility Roster will consist of an Experience Assessment and Oral Interview.
- **Will I be required to take the POWER test?**
Lateral Entry Applicants will not be required to take the POWER test.
- **Are there preference points for Military or Education?**
No preference points will be applied to lateral entry applicants.
- **Which list will you be hiring from?**
The Chief of Police has discretion on which list to choose from when it comes to hiring based on the needs of the organization.
- **Does Homewood have a restriction on tattoos or body piercings, etc.?**
 - TATTOOS
While on-duty or representing the Department in any official capacity, every reasonable effort should be made to conceal tattoos or other body art. Tattoos or other body art above the uniform collar line must be completely concealed. At no time while on-duty or representing the Department in any official capacity, shall any offensive tattoo or body art be visible. Examples of offensive tattoos would include, but not be limited to, those which depict racial, sexual, discriminatory, gang related or obscene language.
 - BODY PIERCING
Body piercing or alteration to any area of the body visible in any authorized uniform or attire that is a deviation from normal anatomical features and which is not medically required is prohibited except with prior authorization of the Chief of Police. Such body alteration includes, but is not limited to: (a) Tongue splitting or bifurcation. (b) The complete or transdermal implantation of any material other than hair replacement. (c) Abnormal shaping of the ears, eyes, nose or teeth. (d) Branding or scarification.



Village of Homewood

Board of Fire & Police Commissioners



17950 Dixie Highway • Homewood, Illinois 60430
 Police Department (708) 206-3420 Fire Department (708) 206-3400

Police Officer Lateral Application Checklist

The following list of documents must be included when your application is turned in. Failure to include any of the required documents will cause your application to be rejected.

Position applied for: **Police Officer**

Today's Date _____

APPLICANT INFORMATION

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

REQUIRED ITEMS

- Completed Background Investigation Information Packet
- Copy of Illinois Law Enforcement Training & Standards Board Law Enforcement Officer certificate
- Copy of Law Enforcement Transition certificate *(if applicable)*
- Copy of most recent pay stub.
- Copy of Birth Certificate
- Copy of Citizenship and or Naturalization Papers *(if applicable)*
- Copy of Driver's License *(both sides)*
- Copy of Social Security Card
- Copy of FOID Card
- Copy of High School Diploma or GED Certificate
- Copy of College or University degree or transcripts if no degree attained *(if applicable)*
- Copy of Military Service Record (DD-214) *(if applicable)*
- Copies of Training Certificates

OPTIONAL/ENCOURAGED ITEMS

- Resume
- Copies of Awards and/or Commendations



Village of Homewood

Board of Fire & Police Commissioners



2020 Chestnut Road • Homewood, Illinois 60430
 Police Department (708) 206-3420 Fire Department (708) 206-3400

Background Investigation Information

GENERAL INSTRUCTIONS:

1. Print pages single sided.
2. **Type or Print** legibly in black ink.
3. All questions must be answered completely. Print N/A in the blank for any question which does not apply to you.
4. If space available is insufficient, attach a separate sheet of 8 ½" x 11" paper for each topic. Label each page with the heading.
5. Where addresses are requested, be sure to provide the complete address (street, city, state and zip code).
6. Whenever a question asks for names include the full name.

DO NOT MISSTATE OR OMIT facts since the statements made herein are subject to verification. False statements, deception or fraud will result in disqualification for employment.

Offers of employment are conditioned on the applicant successfully passing physical, psychological and polygraph examinations. Physical suitability for a position is based on the candidate's ability to perform the essential physical and other requirements of the position, either with or without a reasonable accommodation. The Village bears all expenses of the pre-employment examinations. Failure to participate in any of these examinations is grounds for withdrawing an offer of employment.

Position applied for: **Police Officer**

Today's Date _____

| | | | | | |
|--|------------------------|------------------------------------|----------------------|---|-----|
| Last Name | | First Name | | Middle Name | |
| Date of Birth | Social Security Number | | Other Names Known By | | |
| Address | | | City | State | Zip |
| Home Phone () | | Work Phone () | | Cell Phone () | |
| E-Mail Address | | | | | |
| Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Naturalized, Certificate number | | If derived, parent's Certificate number | |
| Do you have any commitments or obligations that may prevent you from meeting attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | | | | |
| Do you use or have you used any narcotics or barbiturates in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details: | | | | | |
| Do you currently possess a valid Illinois Firearm Owner's Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # _____ Expiration Date: _____ | | | | | |
| Is there any reason you would not be able to acquire an Illinois Firearm Owner's Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | | | | |

Driving History

| | | |
|--|-------|-----------------|
| Driver's License Number | State | Expiration Date |
| Have you ever had an operator or chauffeur license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | |
| Have you been refused an operator or chauffeur license by any state in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | |
| Has your license been suspended or revoked in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | |
| Has your license been placed on probation in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | |

Criminal History

You are not obligated to, and should not, respond with any convictions that have been erased by pardon or expungement or that have been sealed.

Have you ever been convicted of a crime? Yes No If yes, provide complete information below.

| Date of Arrest | Police Agency (include state if other than Illinois) | Charge (s) | Disposition of Case |
|----------------|---|------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Military Service

Have you ever served in any military organization in the United States? Yes No

| | | | |
|--|-----------------------|-------------------------------------|-------------------|
| Branch | Service Serial Number | Highest Rank Held | Rank at Discharge |
| Date & Location of entrance to active duty | | Date(s) of active service (from-to) | |
| Date & Location of discharge | | Type of discharge | |

Are you now or were you ever a member of any branch of the United States Reserve Forces? Yes No

| | | | |
|---|--------|------|------|
| <input type="checkbox"/> Active <input type="checkbox"/> Inactive | Branch | Unit | Rank |
| Address | | From | To |

Are you now or were you ever a member of any branch of the National Guard? Yes No

| | | | |
|-------------------|----------|------|------|
| State | Regiment | Unit | Rank |
| Type of Discharge | | From | To |

Residences

List your addresses in chronological order for the last ten years, starting with your present address.

CURRENT ADDRESS

| | | | | |
|----------------|--|-------------------|-----|---|
| 1. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

PREVIOUS ADDRESSES

| | | | | |
|----------------|--|-------------------|-----|---|
| 2. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

| | | | | |
|----------------|--|-------------------|-----|---|
| 3. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

| | | | | |
|----------------|--|-------------------|-----|---|
| 4. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

| | | | | |
|----------------|--|-------------------|-----|---|
| 5. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

| | | | | |
|----------------|--|-------------------|-----|---|
| 6. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

| | | | | |
|----------------|--|-------------------|-----|---|
| 7. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

| | | | | |
|----------------|--|-------------------|-----|---|
| 8. | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date Resided From | To | Landlord Name |
| Street Address | | Apartment # | | Landlord Address |
| City | | State | Zip | Landlord Phone Number Home () Cell () |

Education

| | | | | | |
|--|-------|--------------------|--------|---|-----|
| Elementary School Name | | Date Attended From | To | Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | City | | State | Zip |
| High School Name | | Date Attended From | To | Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | City | | State | Zip |
| Junior College Name | | Date Attended From | To | Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | City | | State | Zip |
| Major | Minor | Total Credit Hours | Degree | | |
| College or University Name | | Date Attended From | To | Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | City | | State | Zip |
| Major | Minor | Total Credit Hours | Degree | | |
| College or University Name | | Date Attended From | To | Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | City | | State | Zip |
| Major | Minor | Total Credit Hours | Degree | | |
| Name of Other School (Specify) | | Date Attended From | To | Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Street Address | | City | | State | Zip |
| Major | Minor | Total Credit Hours | Degree | | |
| List other formal training you have had | | | | | |
| List any Professional Licenses or Certificates you hold or have held | | | | | |

Employment Experience

List all previous jobs you have held, including periods of unemployment. Put your present or most recent job first. Include military service, in proper time sequence, and temporary or part-time jobs.

| | | | | | |
|--------------------|----------|------------------|----------------|-------|-------------------------|
| 1. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |
| 2. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |
| 3. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |

Employment Experience (continued)

| | | | | | |
|--------------------|----------|------------------|----------------|-------|-------------------------|
| 4. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |
| 5. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |
| 6. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |

Employment Experience (continued)

| | | | | | |
|--------------------|----------|------------------|----------------|-------|-------------------------|
| 7. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |
| 8. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |
| 9. | Employer | | Dates Employed | | Duties / Work performed |
| | | | From | To | |
| Address | | | | | |
| Phone Number | | Type of Business | Monthly Salary | | |
| | | | Starting | Final | |
| Job Title | | | | | |
| Supervisor Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Co-Worker Name | | E-Mail Address | | | |
| Reason for Leaving | | | | | |

Law Enforcement Service

Are you certified as a Law Enforcement Officer by the Illinois Law Enforcement Training and Standards Board? Yes No

Police Academy Name

Date of Certification

ILETSB PTB ID Number

Have you been terminated from or asked to resign from any law enforcement agency? Yes No

If yes, explain and list agency name(s):

Have you entered into a separation or termination agreement with any law enforcement agency? Yes No

If yes, explain and list agency name(s):

Do you now, or have you ever, had any sealed files, court orders or legal action regarding your employment with any law enforcement agency? Yes No

If yes, explain and list agency name(s):

References

Fill in below the names of five adults not related to you & not former employers, who have known you for a period preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality & other qualities.

| | | | | | |
|-----------|-------------------|-------------------|-------------------|--------------------------|-----|
| 1. | Name | | Years Known | E-Mail Address | |
| | Home Address | | City | State | Zip |
| | Business Address | | City | State | Zip |
| | Home Phone () | Work Phone () | Cell Phone () | Occupation or Profession | |
| 2. | Name | | Years Known | E-Mail Address | |
| | Home Address | | City | State | Zip |
| | Business Address | | City | State | Zip |
| | Home Phone () | Work Phone () | Cell Phone () | Occupation or Profession | |
| 3. | Name | | Years Known | E-Mail Address | |
| | Home Address | | City | State | Zip |
| | Business Address | | City | State | Zip |
| | Home Phone () | Work Phone () | Cell Phone () | Occupation or Profession | |
| 4. | Name | | Years Known | E-Mail Address | |
| | Home Address | | City | State | Zip |
| | Business Address | | City | State | Zip |
| | Home Phone () | Work Phone () | Cell Phone () | Occupation or Profession | |
| 5. | Name | | Years Known | E-Mail Address | |
| | Home Address | | City | State | Zip |
| | Business Address | | City | State | Zip |
| | Home Phone () | Work Phone () | Cell Phone () | Occupation or Profession | |

Applicant's Statement

I hereby certify that there are no misrepresentations, omissions or falsifications in this questionnaire and that all my answers are true and correct to the best of my knowledge and belief. I further understand that if I am hired I will be subject to immediate discharge if any statements on this application form or during the application process were not accurate, complete or correct, no matter when such information is discovered.

Applicant Signature

Date



Village of Homewood Board of Fire & Police Commissioners



17950 Dixie Highway • Homewood, Illinois 60430
Fire Department (708) 206-3400 Police Department (708) 206-3420

Police Officer Lateral Applicant Voluntary Information

DO NOT WRITE YOUR NAME ON THIS PAGE.

Position applied for **Police Officer**

Today's Date _____

REFERRAL SOURCE

- Current Employee
 Friend
 Walk-In
 Village Marquee
 Newspaper advertisement (*please list name of publication*) _____
 Internet advertisement (*please list name of website*) _____
 Other (*please explain*) _____

The sections below are voluntary. Information is requested for federal record keeping purposes only. This sheet will be permanently separated from the rest of your application.

GENDER

- Male
 Female
 Other _____

RACE/ETHNICITY (check all that apply)

- Hispanic or Latino:** *a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*
 White: *a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
 Black or African American: *a person having origins in any of the black racial groups of Africa.*
 Asian: *a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
 Native Hawaiian or Other Pacific Islander: *a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
 American Indian or Alaska Native: *a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*