

BEDFORD PARK POLICE DEPARTMENT

6701 SOUTH ARCHER AVENUE
BEDFORD PARK ILLINOIS 60501
PHONE 708-458-3388 FAX 708-563-4525



APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ **Cell Phone** (____) _____

Date of Birth ____/____/____ (mm/dd/yyyy) **S.S. #** ____/____/____

Drivers License # _____ **State of Issue** _____ **Email** _____

Have you filed an application here before? YES NO **If yes, date:** _____

Have you ever been employed here before? YES NO **If yes, date:** _____

Are you currently employed? YES NO **May we contact current employer?** YES NO

If NO, provide a reason: _____

Are you a U.S. Citizen? YES NO **If applicable, date of citizenship** ____/____/____

On what date would you be available for employment? _____

Have you ever been arrested? YES NO

If YES, please describe:

Veteran of the U.S. Military? YES NO **If YES, which branch:** _____

Do you speak a foreign language? YES NO **If YES, what language:** _____

Read and/or write a foreign language? YES NO **If YES, what language:** _____

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Indicate any professional trade, business or civic group, club, or organization that you belong to or have belonged to that may be relevant in the position in which you are seeking. (If the name of the organization or club indicates your race, sex, color, religion, national origin or ancestry, you may indicate or describe the position you held in that organization if you so desire.)

Indicate any special skills and qualifications that you may have that may be relevant to the position in which you are seeking.

Education

School	Dates Attended	Diploma/Degree	Specialization
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High School Address _____			
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College/Trade School Address _____			
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College/University Address _____			
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College/University Address _____			
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EMPLOYMENT EXPERIENCE

(Start with your present employer. Include military service assignments)

Employer	Dates Employed
	From: _____ To: _____
Address	Telephone
Title	Hourly Rate/Salary
	Start _____ Final _____
Last Supervisor	Full Time / Part Time
Reason for Leaving	

Employer	Dates Employed
	From: _____ To: _____
Address	Telephone
Title	Hourly Rate/Salary
	Start _____ Final _____
Last Supervisor	Full Time / Part Time
Reason for Leaving	

Employer	Dates Employed
	From: _____ To: _____
Address	Telephone
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Give three references (exclude blood or marital relations or individuals with similar close personal relationships with you, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men/women who have known you well for at least five years, preferably those that have known you during the past five years.

Full Name _____ Years Acquaintance _____

Home Address: _____ Telephone: _____

Business Address: _____ Bus. Phone: _____

Occupation: _____ Cell Phone: _____

Full Name _____ Years Acquaintance _____

Home Address: _____ Telephone: _____

Business Address: _____ Bus. Phone: _____

Occupation: _____ Cell Phone: _____

Full Name _____ Years
Acquaintance _____

Home Address: _____ Telephone: _____

Business Address: _____ Bus. Phone: _____

Occupation: _____ Cell Phone: _____

SOCIAL ACQUAINTANCES

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Give three social acquaintances in your own age group who have known you well at least five years, preferable those that have known you during the past five years (again, exclude blood or marital relations or individuals with similar individuals.)

Full Name _____ Years Acquaintance _____

Home Address: _____ Telephone: _____

Business Address: _____ Bus. Phone: _____

Occupation: _____ Cell Phone: _____

Full Name _____ Years Acquaintance _____

Home Address: _____ Telephone: _____

Business Address: _____ Bus. Phone: _____

Occupation: _____ Cell Phone: _____

Full Name _____ Years
Acquaintance _____

Home Address: _____ Telephone: _____

Business Address: _____ Bus. Phone: _____

Occupation: _____ Cell Phone: _____

PERSONAL DECLARATIONS

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- 1) Do you consume alcoholic beverages: YES NO
1a) If YES, how much? _____ How frequently? _____

- 2) Do you use or have you ever used marijuana? YES NO
2a) If yes, how many times? _____ First Time _____ Last Time _____

- 3) Do you use or have you ever used items such as hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? YES NO
3a) If yes, complete the following for each drug used:
 Drug _____
 Circumstance _____
 How many times used: _____ First time: _____ Last time: _____

- 4) Do you understand that prospective employees will be required to submit to an urinalysis for drug use prior to employment? YES NO

- 5) List the Federal, State, and Local departments, agencies, or offices (including law enforcement) to which you have applied for employment.

- 6) If any of the above agencies have conducted an investigation of you, indicate the name(s) of the agency and the approximate date of the investigation.

Availability of Applicant:
Earliest Date of Employment: _____ How much notice is to report is needed? _____

APPLICANT ACKNOWLEDGEMENT

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I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of fact, stated or implied, that I make in my application, interviews, or other employment forms will be sufficient reason not to hire me or may result in my discharge after I am hired.

I understand nothing in this application is intended to create an employment contract, expressed or implied, with the Village of Bedford Park, or to obligate the Village of Bedford Park to offer me employment, I understand that it will be at-will, and that it may be terminated at any time and for any reason by myself or the Village of Bedford Park.

I also understand that, if hired, I am required to abide by all rules and regulations of the Village of Bedford Park and that Village of Bedford Park policies and procedures regarding employment may be modified at any time without notice.

Signature of Applicant

Date

Printed Name

Address

City/State/Zip

AGREEMENT

The Village of Bedford Park is an Equal Opportunity Employer

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I hereby agree to abide by all rules and regulations of the Village of Bedford Park Police Department during the application process and if I am hired. These rules are available for me to read at the Bedford Park Police Department.

Date

Signature

Printed Name

Address

City/State/Zip