

BEDFORD PARK POLICE DEPARTMENT

6701 SOUTH ARCHER ROAD
BEDFORD PARK, ILLINOIS 60501
PHONE 708-458-3388 FAX 708-563-4525
<https://www.bedfordparkpd.com/>



Minimum Requirements and Qualifications for Lateral Transfer

**APPLICATION AND ALL REQUIRED DOCUMENTS MUST BE RETURNED TO THE
BEDFORD PARK POLICE DEPARTMENT.**

Applicants for lateral transfer Police Officer appointments must meet the following minimum qualifications and requirements at the time of application:

- Must have been employed, whether currently or in the past two (2) years as a Police Officer.
- Must have served for at least one (1) year as a full-time sworn law enforcement officer by a Federal, State, County or local law enforcement agency, and must have completed the probationary period with their current department or former department.
- Must have successfully completed the Illinois Basic Law Enforcement Academy and possess current certification from the Illinois Law Enforcement Training and Standards Board (**Part-time certification as a law enforcement officer does not meet this requirement**). Out-of-state officers must provide documentation they have fulfilled the requirements of this Board.
- Applicants must be at least 22 years old and must not have reached their 40th birthday by the application filing deadline.
- Must be a citizen of the United States.
- Education – Must have proof of High School Diploma, GED Certificate, or High School Proficiency Statement.
- Must possess a valid Driver's License.
- Must agree to comply with all requirements of the position and have the ability to pass all examination and training requirements.
- Must be able to demonstrate physical agility and muscular coordination to perform the duties of the job of police officer.
- Must demonstrate the ability to pass the Illinois Peace Officer Wellness Evaluation Report (POWER Test) upon request prior to hire.
- Must possess a minimum visual acuity of 20/40 in each eye uncorrected and corrected to 20/20. Must have normal color vision, depth perception, and be free of any night vision deficiencies.
- Must exhibit good moral character and have not been convicted of any felony. Persons with a record of misdemeanor convictions may be disqualified from taking examinations as set forth in 65 ILCS 5/ Article 10-1-7(c). Certain misdemeanor convictions may disqualify candidates for a position on the Police Department. This can be viewed at www.ilga.gov
- Must have the ability to obtain a valid FOID card and be able to safely and accurately discharge a firearm.

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- Must pass a polygraph examination, a thorough background investigation, a medical examination, a psychological assessment, and a drug screening.

The applicant must have the ability to furnish upon request, a copy of the following, to the extent applicable: a resume; professional licenses; training certificates; documents confirming work experience; birth certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214/Copy 4); and any other employment related material as requested or required. You shall not be considered for the position unless you meet these requirements. Any questions concerning the employment process should be directed to:

**Village of Bedford Park Police Department
6701 S. Archer Road, Bedford Park, Illinois, 60501
(708)-458-3388.**

Selection Process

Officers are hired from both an entry officer list and a lateral list depending on the department needs. Each phase of the process listed below is a pass/fail and a “pass” is required to proceed to the next phase.

- Review of application material.
- Interview.
- Background investigation.
- Post-offer examinations, including but not limited to: psychological assessment; polygraph; medical examination; and drug screening.

Lateral Eligible Police Officer Candidate Pool

- Applications are retained for 1 year. After 1 year applicants may reapply.
- The Chief of Police’s selection for recommendation to the Village Board for conditional hire from the lateral transfer candidate pool shall be based upon the relative excellence of the applicants, as determined by the Chief of Police.
- In the event that the selection process identifies applicants who have certain knowledge, skills and abilities that make those applicants more desirable for the position sought to be filled, the Chief of Police may choose to recommend to the Village Board that those applicants are offered conditional hiring.

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The following is a checklist to ensure you complete the Application Packet as required and attach and return copies of all required certificates and other documentation. This form should be submitted with the documentation.

☐ Download the Employment Application at: <https://www.bedfordparkpd.com> or pick one up at the Bedford Park Police Station (6701 S. Archer Rd. Bedford Park, IL 60501).

☐ Submit this completed application packet (with all forms completed) to the Bedford Park Police Department, along with the following required documents:

- Photocopy of certificate issued by the State of Illinois Law Enforcement Training and Standards Board verifying completion of the Law Enforcement Basic Training Course.
- Photocopy of Driver's License.
- Certified transcript of grades from any accredited college or university, *if applicable*.
- Certified copy of Birth Certificate (Passport may be required if foreign born).

Applicants submitting incorrect or insufficient information/documentation, or incomplete applications will be automatically disqualified from employment consideration. Applications are considered complete when the application has been completed AND the required documents and forms have been submitted in person or by mail to the Bedford Park Police Department, 6701 S. Archer Road, Bedford Park, IL. 60501 (hours are M-F 8:00 a.m. to 6:00 p.m.).

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**APPLICATION AND ALL REQUIRED DOCUMENTS MUST BE RETURNED TO THE
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APPLICATION FOR EMPLOYMENT

Name (Last, First, M):	
Address:	
Telephone (Cell):	
Telephone (Home):	
Email Address:	
Date of Birth (mm/dd/yyyy):	
Social Security #:	
Driver's License #:	
Driver's License State:	

Have you filed an application here before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, date:</i>	
Have you ever been employed here before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, date:</i>	
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, may we contact your employer?</i>	
<i>If NO, provide a reason.</i>	
Are you a United States citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If applicable, date of citizenship?</i>	
Date available for employment?	

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Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, please describe.</i>		
Veteran of the U.S. Military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, which branch?</i>		
Do you speak a foreign language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, what language?</i>		
Read and/or write a foreign language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, what language?</i>		

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.

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EDUCATION

High School:

High School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

High School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

College/University/Trade School:

School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

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School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

School Name:	
Address:	
Dates attended:	
Diploma/Degree:	
Specialization:	

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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:	<input type="checkbox"/>
Part-Time:	<input type="checkbox"/>
Reason for leaving:	

Employer:	
Dates Employed:	From: _____ To: _____
Address:	
Telephone #:	
Title:	
Hourly Rate/Salary:	Start: _____ Final: _____
Last Supervisor:	
Full-Time:	<input type="checkbox"/>
Part-Time:	<input type="checkbox"/>
Reason for leaving:	

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Employer:	
Dates Employed:	From:_____ To:_____
Address:	
Telephone #:	
Title:	
Hourly Rate/Salary:	Start:_____ Final:_____
Last Supervisor:	
Full-Time:	<input type="checkbox"/>
Part-Time:	<input type="checkbox"/>
Reason for leaving:	

Employer:	
Dates Employed:	From:_____ To:_____
Address:	
Telephone #:	
Title:	
Hourly Rate/Salary:	Start:_____ Final:_____
Last Supervisor:	
Full-Time:	<input type="checkbox"/>
Part-Time:	<input type="checkbox"/>
Reason for leaving:	

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Have you ever been involuntarily discharged from a job for disciplinary reasons or resigned or quit pending possible discharge or other discipline?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, please describe below:</i> <hr/> <hr/> <hr/> <hr/> <hr/>	

Have you ever been suspended from a job for disciplinary reasons?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If YES, please provide the following information:</i>	
How many times were you suspended?	
<i>Answer:</i>	
For how long were you suspended for each occurrence?	
<i>Answer:</i>	
With what misconduct were you charged that led to your suspension?	
<i>Answer:</i>	

This past year, how many scheduled days were you absent with or without cause?	
This past year, how many times were you tardy arriving for work?	

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REFERENCES

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.

#1	Reference	
Full Name:		
Years Acquaintance:		
Home address:		
Telephone (Cell):		
Telephone (Home):		
Business address:		
Telephone (Business):		
Telephone (Other):		

#2	Reference	
Full Name:		
Years Acquaintance:		
Home address:		
Telephone (Cell):		
Telephone (Home):		
Business address:		
Telephone (Business):		
Telephone (Other):		

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#3	Reference	
Full Name:		
Years Acquaintance:		
Home address:		
Telephone (Cell):		
Telephone (Home):		
Business address:		
Telephone (Business):		
Telephone (Other):		

SOCIAL ACQUAINTANCES

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.)

#1	Social Acquaintance	
Full Name:		
Years Acquaintance:		
Home address:		
Telephone (Cell):		
Telephone (Home):		
Business address:		
Telephone (Business):		
Telephone (Other):		

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#2	<i>Social Acquaintance</i>	
Full Name:		
Years Acquaintance:		
Home address:		
Telephone (Cell):		
Telephone (Home):		
Business address:		
Telephone (Business):		
Telephone (Other):		

#3	<i>Social Acquaintance</i>	
Full Name:		
Years Acquaintance:		
Home address:		
Telephone (Cell):		
Telephone (Home):		
Business address:		
Telephone (Business):		
Telephone (Other):		

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Please provide an emergency contact:

<i>Emergency Contact</i>	
Full Name:	
Home address:	
Telephone (Cell):	
Telephone (Home):	
Business address:	
Telephone (Business):	
Telephone (Other):	

EXPUNGED JUVENILE RECORDS

Expunged Juvenile Records Disclosure (per 707 ILCS 405/5-923)

Except with respect to authorized military personnel, an expunged juvenile law enforcement record or expunged juvenile court record may not be considered by any private or public entity in employment matters, certification, licensing, revocation of certification or licensure, or registration. Applications for employment within the State must contain specific language that states that the applicant is not obligated to disclose expunged juvenile records of adjudication or arrest. Employers may not ask, in any format or context, if an applicant has had a juvenile record expunged. Information about an expunged record obtained by a potential employer, even inadvertently, from an employment application that does not contain specific language that states that the applicant is not obligated to disclose expunged juvenile records of adjudication or arrest, shall be treated as dissemination of an expunged record by the employer. The Department of Labor shall develop a link on the Department's website to inform employers that employers may not ask if an applicant had a juvenile law enforcement or juvenile court record expunged and that application for employment must contain specific language that states that the applicant is not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

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PERSONAL DECLARATIONS

Do you consume alcoholic beverages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, how much?</i>		
<i>If YES, how frequently?</i>		
Do you use or have you ever used marijuana?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, how many times?</i>		
<i>First time:</i>		
<i>Last time:</i>		
Do you use or have you ever used drugs such as hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, please provide the following information:</i>		
Drug used:		
Circumstance:		
How many times used:		
First time:		
Last time:		
Drug used:		
Circumstance:		
How many times used:		
First time:		
Last time:		
Do you understand that prospective employees will be required to submit to an urinalysis for drug use prior to employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

<i>Name:</i>	<i>Indicate: Federal, State, or Local</i>

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.

<i>Name:</i>	<i>Date of investigation:</i>

AVAILABILITY OF APPLICANT

Earliest date to begin employment:	
How much notice is required to report:	

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APPLICANT ACKNOWLEDGEMENT

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 facts, 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 employment 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

Printed name:	
Date:	
Address:	
City/State/Zip:	

AGREEMENT

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

Signature of Applicant

Printed name:	
Date:	
Address:	
City/State/Zip:	

TEST RESULTS WAIVER

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I, _____, the undersigned applicant for the position of police officer in the Village of Bedford Park, understand that all tests and results thereof become the property of the Bedford Park Police Department and the Village of Bedford Park and are not subject to review.

Signature of Applicant

Printed name:	
Date:	
Address:	
City/State/Zip:	

AUTHORITY TO RELEASE INFORMATION

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To whom it may concern,

I hereby authorize any Police Officer, Investigator or other authorized representative of the Bedford Park Police Department bearing this release, or copy thereof, within two years of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Bedford Park Police Department. Consent is granted for the Bedford Park Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature of Applicant

Printed name:	
Date:	
Address:	
City/State/Zip:	
Social Sec.#:	
Telephone #:	

Notary Public Signature:

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NOTIFICATION OF POLYGRAPH EXAMINATION

I, _____, the undersigned applicant for the position of police officer in the Village of Bedford Park, understand that part of the testing process for police officer requires the taking of a polygraph examination.

This examination may cover, but is not limited to, the following areas:

- Theft from previous places of employment
- Buying or selling of stolen property
- Commission of any serious crimes
- Shoplifting
- Work and medical history
- Use of alcoholic beverages
- Use of illegal drugs
- Driving record
- Paying or receiving bribes or kickbacks
- Use of excessive force against another person
- Gang membership or affiliation

Signature of Applicant

Printed name:	
Date:	
Address:	
City/State/Zip:	

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NOTIFICATION OF DRUG TESTING

I, _____, the undersigned applicant for the position of police officer in the Village of Bedford Park, acknowledge that I have been advised that as part of the medical examination for the application to the Bedford Park Police Department, I will be given a test to detect the presence of controlled substances. This test is not limited to illegal drugs and may also include commonly abused prescription medication.

I acknowledge that the results of the test will be considered by the Village of Bedford Park Police Department and the Village of Bedford Park in its evaluation of my application and I hereby consent both to the testing and such use of the results as may be reasonably necessary in the evaluation of my application.

Signature of Applicant

Printed name:	
Date:	
Address:	
City/State/Zip:	

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CHANGE OF ADDRESS / PHONE NUMBER AGREEMENT

I, _____, the undersigned applicant for the position of police officer in the Village of Bedford Park, agree to notify the Bedford Park Police Department of any change in my address or phone number(s) as given on my original application during the selection process. Should I fulfill all the requirements as set forth by the testing process and after my name is placed on the eligibility list, I agree that I will notify the Bedford Park Police Department in writing within ten (10) days of said change to:

Bedford Park Police Department

Attn: Recruit Testing

6701 S. Archer Road

Bedford Park, IL 60501

I understand that failure to do so will give cause for the Bedford Park Police Department to remove my name permanently from the current eligibility list for its duration.

Signature of Applicant

Printed name:	
Date:	
Address:	
City/State/Zip:	