

PERSONAL REFERENCES

LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS, AND THAT YOU HAVE KNOWN FOR AT LEAST 6 MONTHS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

EMPLOYMENT EXPERIENCE

START WITH PRESENT OR MOST RECENT EMPLOYER. INCLUDE VOLUNTEER ACTIVITIES. IF NEEDED USE SEPARATE SHEET OF PAPER.

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUPERVISOR _____

DATE STARTED _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____

DUTIES PERFORMED AND JOB DESCRIPTION

REASON FOR LEAVING _____

JOBS OR DUTIES PERFORMED THAT WOULD RELATE TO THE POSITION OF POLICE

OFFICER _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUPERVISOR _____

DATE STARTED _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____

DUTIES PERFORMED AND JOB DESCRIPTION

REASON FOR LEAVING _____

JOBS OR DUTIES PERFORMED THAT WOULD RELATE TO THE POSITION OF POLICE
OFFICER _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUPERVISOR _____

DATE STARTED _____ DATE ENDED _____

STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____

DUTIES PERFORMED AND JOB DESCRIPTION

REASON FOR LEAVING _____

JOB OR DUTIES PERFORMED THAT WOULD RELATE TO THE POSITION OF POLICE OFFICER _____

INDICATE LANGUAGES YOU READ, SPEAK, OR WRITE

FLUENT

GOOD

FAIR

SPEAK _____

READ _____

WRITE _____

LIST PROFESSIONAL , TRADE , BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.
 (YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION,
 NATIONAL ORIGIN, AGE, ANCESTRY, OR HANDICAP OR OTHER PROTECTED STATUS):

EDUCATION

ELEMENTARY GRADUATE					HIGH				COLLEGE				PROFESSIONAL			
4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
school attended					school attended				col. attended				col. attended			
dates attended					dates attended				dates attended				dates attended			
city and state					city and state				city and state				city and state			

LIST ANY DIPLOMAS OR DEGREES, COURSE OF STUDY, AND OR MAJOR IN COLLEGE
 AND POST GRADUATE WORK.

MILITARY EXPERIENCE

ARE YOU A VETERAN YES _____ NO _____ BRANCH _____

DATE OF SERVICE _____ DATE OF DISACHARGE _____

LIST DUTIES ASSIGNMENTS AND TRAINING _____

LAST IMMEDIATE SUPERVISOR _____

TYPE OF DISCHARGE _____

LIST ANY EXPERIENCES , PERSONAL CHARATERISTICS , SKILLS , OR REASON THAT WOULD MAKE YOU SUITED FOR EMPLOYMENT WITH THE AUBURN POLICE DEPARTMENT.

IF YOU NEED TO EXPLAIN ANY QUESTIONS ON THIS APPLICATION, NEED EXTRA SPACE, OR THERE IS OTHER PERTINENT INFORMATION PLEASE ATTACH TYPED OR PRINTED COPY TO THIS APPLICATION.

LIST EVERY ADDRESS YOU HAVE LIVED AT SINCE AGE 17

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FROM DATE _____ TO DATE _____

CITY OF AUBURN POLICE DEPARTMENT

**AUTHORIZATION FOR
RELEASE OF PERSONAL INFORMATION**

I, _____, having applied for employment with the City of Auburn as a member of its police department, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized representative of the City of Auburn, 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; medical and psychiatric treatments and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records (including all military service records), 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; and any records of a police department or other law enforcement agency.

I understand that any of the 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 and retention by the City of Auburn. 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

furnishing such information. I further release the City of Auburn Police Department 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.

This authorization shall remain in force until such time as the City of Auburn informs me that I have not been selected for the job for which I have applied or, if I am selected for the job, until such time as I am removed from probation and made a non-probationary employee by the city council.

I have read and fully understand the contents of this Authorization For Release Of Personal Information.

(Signature, including maiden name) (date)

(Witness signature) (date)

Address: _____

City: _____ State: _____

County: _____ Zip: _____ Phone: _____

Date of Birth: _____ Social Security No.: _____

Driver's License No. and State: _____

STANDARDS FOR P.O.W.E.R. AS SET BY THE ILLINOIS
 LAW ENFORCEMENT TRAINING AND STANDARDS
 BOARD

POWER CHART

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit & Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 Minute Sit Up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44

APPLICATION MUST BE RETURNED IN THE FOLDER

ITEMS TO BE RETURNED WITH APPLICATION

1. COMPLETED APPLICATION
2. RESUME IF AVAILABLE
3. SIGNED AND WITNESSED AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
4. SIGNED AND WITNESSED PHYSICAL AGILITY WAIVER OF LIABILITY
5. CURRENT PICTURE OF APPLICANT
6. COPY OF VALID DRIVERS LICENSE
7. COPY OF ALL CERTIFICATES, TRANSFERS, AND OR DIPLOMAS
8. COPY OF MILITARY DD14 IF APPLICABLE

APPLICANTS MUST BRING A PHYSICIANS RELEASE ON THE DAY OF THE PHYSICAL AGILITY TEST.

PHYSICAL AGILITY WAIVER OF LIABILITY

I THE UNDERSIGNED AGREE TO THE FOLLOWING. I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE THE ILLINOIS POLICE OFFICER'S BASIC TRAINING COURSE WITHIN 6 MONTHS OF HIRE, OR HAVE ALREADY COMPLETED THE ILLINOIS POLICE OFFICER'S BASIC TRAINING COURSE AT TIME OF HIRE, OR HAVE COMPLETED THE PART TIME POLICE OFFICER'S BASIC TRAINING COURSE AND WILL COMPLETE THE TRANSITION COURSE. I UNDERSTAND THAT I MUST PASS THE P.O.W.E.R TEST BEFORE ENTRY INTO THE POLICE OFFICER'S BASIC TRAINING COURSE. I UNDERSTAND I AM PARTICIPATING IN THE P.O.W.E.R TEST FOR THE CITY OF AUBURN OF MY OWN WILL. I ATTEST THAT I HAVE NO PHYSICAL REASONS WHY I CAN NOT PARTICIPATE IN THIS TEST. I ATTEST THAT I AM TO BE SEEN BY A PHYSICIAN BEFORE THE TEST DATE, AND HAVE A PHYSICIAN'S RELEASE TO TAKE THE TEST. I WILL NOT HOLD THE CITY OF AUBURN, OR ANY OF IT'S EMPLOYEES OR AGENTS LIABLE FOR ANY INJURY OR DISABILITIES RESULTING FROM THE TEST. I WILL NOT HOLD THE CITY OF AUBURN, OR ANY OF IT'S EMPLOYEES OR AGENTS RESPONSIBLE FOR THE STANDARDS IN THE TEST SET BY THE ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD.

SIGNATURE

DATE

WITNESS

DATE

BY SIGNING BELOW I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL RESULT IN MY NOT BEING CONSIDERED FOR A POSITION WITH THE AUBURN POLICE DEPARTMENT. I ALSO UNDERSTAND BY SIGNING BELOW THAT IF I AM HIRED BY THE AUBURN POLICE DEPARTMENT AND IT IS LATER FOUND THAT ANY STATEMENT ON THIS APPLICATION IS FALSE, OR ANY INFORMATION HAS NOT BEEN DISCLOSED, IT CAN RESULT IN TERMINATION OF MY EMPLOYMENT WITH THE CITY AUBURN.

SIGNATURE

DATE

WITNESS

DATE