



City of Braidwood Police Department

Providing Community Leadership through Integrity, Pride, and Professionalism

141 W. Main Street, Braidwood, Illinois 60408
Telephone (815) 458-2342 • Fax: (815) 458-6120

Todd Lyons
Chief of Police

APPLICATION FOR EMPLOYMENT PACKET

Instructions for proper completion of Application for Employment Packet:

1. Please fill out all fields to the best of your knowledge. Any area that does not apply please enter N/A into that area **(Do Not Leave Any Areas Blank)**
2. Make sure the application is printed or typed neatly in BLACK ink.
3. Candidates;
 - Must be a U.S. citizen
 - Must have an ILETSB certification (Full or Part-time)
 - Must have no felony convictions and be of good moral character (65 IL 5/10-2.1-6)
 - Possess a valid FOID card and Illinois Driver's License
 - Willing to work 12-hour shifts; including nights, weekend, and holidays
4. Behind the Release Authorization page please attach a copy of;
 - High School Diploma or Equivalent Degree
 - Military Discharge (Form DD-214) if applicable
 - Driver's License
 - Social Security Card
 - Any Certificates, Diplomas, Certification Cards or other pertinent documents for the position which you are applying for.

**ALL APPLICATIONS MUST BE DROPPED OFF AT THE POLICE DEPARTMENT OR
EMAILED TO TLYONS@BRAIDWOOD.US BY MARCH 1ST, 2021 AT 5 P.M. FOR
CONSIDERATION.**



APPLICATION FOR EMPLOYMENT

*Print or type in black ink only. Please answer all fields. Any fields that do not apply enter N/A
(DO NOT LEAVE ANY FIELDS BLANK)*

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different: _____

List all previous addresses in the past 10 years:

DOB (mm-dd-yy): _____ Social Security No: _____

Driver's License No: _____ Issuing State: _____

Home Phone: _____ Cellular Phone: _____

Email Address: _____

Have you applied with us before? *If yes, give date:* _____

Position you are applying for: _____

On what date would you be available for your first day of work (mm-dd-yy): _____

Are you a U.S. citizen, or authorized to work in the U.S. without any restrictions? [] Yes [] No

Besides English are there any other languages you speak fluently? [] Yes [] No

If yes, list languages and if you can read, speak, understand, or all three:

Have you been convicted of a misdemeanor in or out of the State of Illinois?

Yes No

If yes, please describe circumstances:

Have you ever been convicted of a felony in or out of the State of Illinois?

Yes No

If yes, please describe circumstances:

Have you ever been convicted of any moving violation in or out of the State of Illinois?

Yes No

If yes, please describe location, outcome and offense:

Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes No

If yes, please describe circumstances and provide the name(s) of supervisor(s) while in that position:

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes No

Is there any other information that you would like to advise this department that you feel may affect your appointment with this agency?

Yes No

If yes, please describe circumstances:

Employment History

*Please list the names of present and previous employers starting with most recent first.
Please list additional experience on separate page.*

Employer: _____ Date employed: _____ to _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Your Position: _____ Job Title: _____

Starting Salary: _____ Final Salary: _____

Work performed/ Job duties: _____

Reason for leaving: _____

Employer: _____ Date employed: _____ to _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Your Position: _____ Job Title: _____

Starting Salary: _____ Final Salary: _____

Work performed/ Job duties: _____

Reason for leaving: _____

Employer: _____ Date employed: _____ to _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Your Position: _____ Job Title: _____

Starting Salary: _____ Final Salary: _____

Work performed/ Job duties: _____

Reason for leaving: _____

Education

	Name and Address	Years Attended	Course of Study	Degree Received
High School				
College				
Graduate/Professional				
Business/Trade School				
Other (Specify)				
Other (Specify)				

Describe any specialized training, apprenticeship, job-related skills and qualifications acquired from employment or other experience:

List professional, trade, business or civic activities and offices held:

List other information you feel is pertinent to the employment you are seeking:

References

You must list at least four (4) references. Do NOT include family members.

Name:	Phone:	
Address:	Relationship:	Years known:

Name:	Phone:	
Address:	Relationship:	Years known:

Name:	Phone:	
Address:	Relationship:	Years known:

Name:	Phone:	
Address:	Relationship:	Years known:

Military Service

Are you currently serving in the U.S. Military? Yes No

If yes, what branch of Service? _____

Are you a veteran of the U.S. Military? Yes No

If yes, beginning date and ending date of active duty (mm-yy) From: _____ To: _____

On what grounds were you discharged (*write exactly as it appears on discharge form*):

Were you ever court marshaled or convicted of a crime in a military court? Yes No

If yes, please describe outcome and offense:

Acknowledgement and Authorization

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement contacted in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Release Authorization

To all courts, probation departments, selective service boards, physicians, hospitals, past and present employers, and other institutions and agencies, without exception:

I, _____, am applying for appointment as an employee of the City of Braidwood Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the City of Braidwood Police Department or its representative any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge, and exonerate the City of Braidwood Police Department, its agents, and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing, inspection and/or collection of such documents, records, and other information or the investigation made by the City of Braidwood Police Department.

Any copies of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Witness Signature

Date

Witness Name Printed: