APPLICATION FOR EMPLOYMENT SHERMAN POLICE DEPARTMENT



Trevor J. Clatfelter, Village President

Please return completed applications to the Sherman Police Department 401 St. John Drive • Sherman, Illinois 62684 • (217) 496-3256

Note: All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions truthfully, and print clearly in ink. Please note this application may be used only for applying to positions with the Sherman Police Department.

Applicant Name:	
FOR OFFICE USE	FOR OFFICE USE
Date Application Received:	
Date Contacted for Interview:	
Date of Interview:	
Date of Hire:	

Sherman Police Department APPLICATION FOR EMPLOYMENT

The Village of Sherman is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, marital or veteran's status, national origin, disability, or any other legally protected status

All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions truthfully, and print clearly in ink.
Please note this application may be used only for applicants applying for employment with the Sherman Police Department.

Statement of Understanding: I understand I may be required to submit proof of pervious employment, education, military service or any other statements in this application. I authorize release of this and other information covering job related factors for purpose of verification and determination of suitability for employment as a police officer. I certify that the information in this application is true and correct.

Applicant Signature	D	ate	
APPLICANT INFORMA	TION		
(Name <u>exactly</u> as it appears on Social Security Card)			
Last Name:			
First Name: Middle	Name or Initial:		
Maiden Name and any and all Alias:			
Street Address:			
City:Sta	ate: Zip Code	:	
Primary Telephone: () Secondary	Telephone: (_)	
Do you have a valid Illinois Driver's License yes	no. If no, exp	lain	
Are you a resident of the Village of Sherman?	(Circle One)	Y	N
If no, will you relocate to the Village?	(Circle One)	Y	Ν
Are you 21 years of age or older?	(Circle One)	Y	Ν
If no, can you submit a work permit?	(Circle One)	Y	Ν
Do you have the legal right to work in the United States? If no, please explain:	(Circle One)	Y	N
Have you ever been convicted of a felony?* If yes, please explain:	(Circle One)	Y	N

Have you been convicted of a misdemeanor within the last five (5) years? If yes, please explain:			Ν	
Are you currently taking unlawful or illegal drugs?	(Circle One)	Y	Ν	

*Applicants may not be denied employment because of a conviction record, unless the offense is related to the position for which they are applying.

EDUCATION AND EXPERIENCE (Include Transcripts with Application)

Please list any College, University, Trade or Technical Schools and other educational institutions attended, degrees awarded (if any), types of courses taken and number of years attended:

Name of School	Attended From	Attended To	Diploma/Degree Awarded

Please list any professional licenses or certifications you hold: ______

Please list any technical skills for which you have been trained: ______

Please check skills/equip	ment operated:	
Microsoft Windows	Microsoft Power Point	Calculator
Microsoft Word	🗆 Fax Machine	Other (be specific)
Microsoft Excel	🗆 Copier	
supervisory experience, e	•	al skills, training, management or qualifications, including military service ion:

STATEMENT OF MILITARY SERVICE, if applicable

Branch of Service: _______ to ______ to _______

Provide copy of DD-214 with Application

EMPLOYMENT INFORMATION

Position for which you are applying	ng:			
Type of employment (please circle Note: If applying for a Part Days (circle) M T W	t-Time positio	on, what days and hours a		le to work?
Rate of Pay expected:		_		
How soon can you report to work	?			
Have you previously been employ			Y	N
If yes, please what position				
Date started:				
Date ended:				
Name of Immediate Super				
Reason for Leaving:				
Are you presently employed (circle	<u>م</u> ا2		Y	N
If yes, why do you desire to	•	nlovment?		
May we contact your present emp If yes, please provide name			Υ	N
WORK EXPERIENCE				
(List most recent employers, inclu	ding volunte	er experience)		
Employer:				
Dates Employed:		Phone: ()	
Job Position / Title:		Salary (starting) \$	(ending) \$	
Immediate Supervisor(s) Name an	d Title:			
Briefly describe duties you perform	ned:			
Reason for leaving:				
Employer				
Employer: Dates Employed:		Phone: () –	
Job Position / Title:	10	Salary (starting) \$	(ending) (
Immediate Supervisor(s) Name an	d Title:		(chaing) -	
Briefly describe duties you perform				
Reason for leaving:				

Employer:		
Dates Employed:to	Phone: ()
Job Position / Title:		
Immediate Supervisor(s) Name and Title:		
Briefly describe duties you performed:		
Reason for leaving:		
Employer:		
Dates Employed:to Job Position / Title:	Phone: ()
Job Position / Title:	Salary (starting) \$	(ending) \$
Immediate Supervisor(s) Name and Title:		
Briefly describe duties you performed:		
Reason for leaving:		
Employer:		
Dates Employed:to	Phone: ()
Job Position / Title:	Salary (starting) \$	(ending) \$
Immediate Supervisor(s) Name and Title:		
Briefly describe duties you performed:		
Reason for leaving:	·	
Employer:		
Dates Employed: to	Phone: ()
Job Position / Title:	Salary (starting) \$	(ending) \$
Immediate Supervisor(s) Name and Title:		
Briefly describe duties you performed:		
Reason for leaving:		

JOB APPLICANT'S AGREEMENT AND CERTIFICATION (Please read carefully, before signing)

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, discharge."

"I understand that prior to being offered employment with the Village of Sherman; a background check may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release any and all such persons from any liability or damage on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Village of Sherman and myself as applicant. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the Village of Sherman unless made in writing."

"I understand that prior to being offered employment with the Village of Sherman; I may be required to take a physical examination. In the event I have a disability, which will affect my ability to take the test, I will so inform the Village of Sherman prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing site, modified testing conditions, and accessible testing formats."

"I understand that this application will be kept on active file for sixty (60) days from the date completed and found next to my signature, after which time I would have to reapply.

Signature of Applicant

____/___/____ (MM/DD/YYYY)