

RANTOUL ILLINOIS POLICE DEPARTMENT

**POLICE OFFICER BACKGROUND INVESTIGATION
INFORMATION PACKET**

CONFIDENTIAL

(December 2009)

GENERAL INFORMATION

1. Type or legibly print in black ink.
2. All questions must be answered completely. Print "N/A" in the blank for any question which does not apply to you.
3. If space available is insufficient, attach a separate sheet of 8 ½" x 11" paper for each topic. Be sure to label each heading.
4. Where addresses are requested, be sure to provide the complete address (street address, city, state, and zip code). Post office boxes alone are not acceptable.
5. If any documents are to be faxed directly to the Rantoul Police Department, please use:

(217) 893-9556
Rantoul Police Department
Attn: Kathy Kohl

Be sure to indicate on your Background Information Packet which documents are being faxed.

INSTRUCTION INFORMATION

- A. Whenever the question asks for names, be sure to provide: last name, first name, and middle name. If there is a middle initial only, indicate by "I.O." If there is no middle name, indicate by "NMN."
- B. In answering questions in the residences section, list all addresses going back to high school.
- C. In answering section pertinent to employment history, list all jobs held since high school.
- D. In section dealing with references, please provide three individuals (not relatives or former or present employers), who are responsible adults of reputable standing in their communities. These individuals should be known for at least three years, preferably five years.
- E. In section requesting social acquaintances, provide three persons in your own age group/peer group (including both sexes) who have known you well for at least three years.

REQUIRED DOCUMENTS

A copy of your birth certificate.

A copy of your High School Diploma or G.E.D. certificate.

A copy of your College Diploma.

A copy of your College transcripts.

Copies of all professional certificates and awards you have received.

If you served in the US Military, a copy of your DD 214.

A copy of your resume (if available).

Completed AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION.

Completed AUTHORIZATION FOR RELEASE OF MILITARY RECORDS.

Completed AUTHORIZATION TO USE CREDIT REPORT FOR EMPLOYMENT PURPOSES.

If you have any questions while preparing this document, please telephone (217) 893-0988, Monday through Friday, 8:00 a.m. - 5:00 p.m., and request assistance from Kathy Kohl.

IMPORTANT NOTICE

BECAUSE YOUR ABILITY TO COMPLETE THIS DOCUMENT AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR EMPLOYMENT DECISIONS, IT IS ESSENTIAL THAT YOU READ AND CLEARLY UNDERSTAND THE INSTRUCTIONS WHICH ACCOMPANY THIS FORM. ANY UNANSWERED, INCOMPLETE, OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION. ADDITIONALLY, ANY FALSE STATEMENTS AND/OR DELIBERATELY EVASIVE ANSWERS WILL BE GROUNDS FOR REJECTION OR YOUR TERMINATION AT A LATER DATE.

PERSONAL HISTORY

NAME (LAST, FIRST, MIDDLE)				LIST OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES. INCLUDE MAIDEN NAME IF APPLICABLE.		
ADDRESS			APARTMENT NO.			
CITY	COUNTY	STATE	ZIP CODE			
TELEPHONE NUMBERS (INCLUDING AREA CODE)				IF YOU EVER LEGALLY CHANGED YOUR NAME, PLEASE PROVIDE DATE, LOCATION, AND COURT.		
(HOME)		(WORK)				
DATE OF BIRTH (MO/DAY/YEAR)	AGE	SOCIAL SECURITY NUMBER				
SEX						
<input type="checkbox"/> MALE						
<input type="checkbox"/> FEMALE						

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BIRTH CERT. _____

PERSONAL HISTORY (Cont.)

WITH WHOM DO YOU LIVE AT THE ADDRESS LISTED? LIST FULL NAMES.

HAVE YOU EVER APPLIED FOR A POSITION WITH ANOTHER LAW ENFORCEMENT AGENCY? YES NO

AGENCY APPLIED FOR	APPROXIMATE DATE APPLIED	STATUS
A:		
B:		
C:		
D:		

IS THERE ANY REASON YOU WOULD NOT BE ABLE TO ACQUIRE AN ILLINOIS FIREARMS OWNER'S IDENTIFICATION CARD?

YES NO

DO YOU CURRENTLY POSSESS A VALID ILLINOIS FIREARM OWNER'S IDENTIFICATION CARD?

YES NO

IF YES # _____ EXP. DATE _____

RESIDENCES

A: CURRENT ADDRESS				LANDLORD NAME	
[] OWN [] RENT					
ADDRESS			APT. NO.	LANDLORD ADDRESS	
CITY	STATE	ZIP	LANDLORD TELEPHONE NUMBER ()		
B: PREVIOUS ADDRESS				LANDLORD NAME	
[] OWN [] RENT					
ADDRESS			APT. NO.	LANDLORD ADDRESS	
CITY	STATE	ZIP	LANDLORD TELEPHONE NUMBER ()		
FROM: _____ TO: _____					
C: PREVIOUS ADDRESS			D: PREVIOUS ADDRESS		
[] OWN [] RENT			[] OWN [] RENT		
ADDRESS		APT. NO.	ADDRESS		APT. NO.
CITY	STATE	ZIP	CITY	STATE	ZIP
FROM: _____ TO: _____			FROM: _____ TO: _____		
E: PREVIOUS ADDRESS			F: PREVIOUS ADDRESS		
[] OWN [] RENT			[] OWN [] RENT		
ADDRESS		APT. NO.	ADDRESS		APT. NO.
CITY	STATE	ZIP	CITY	STATE	ZIP
FROM: _____ TO: _____			FROM: _____ TO: _____		

EMPLOYMENT HISTORY

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY	DUTIES	
		\$ _____	[] MO. [] HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY	DUTIES	
		\$ _____	[] MO. [] HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY	DUTIES	
		\$ _____	[] MO. [] HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY	DUTIES	
		\$ _____	[] MO. [] HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYMENT HISTORY (Cont.)

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		
		\$ _____ <input type="checkbox"/> MO. <input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		
		\$ _____ <input type="checkbox"/> MO. <input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		
		\$ _____ <input type="checkbox"/> MO. <input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		
		\$ _____ <input type="checkbox"/> MO. <input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

EMPLOYMENT HISTORY (Cont.)

EMPLOYER			DATES EMPLOYED		
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____		
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
YOUR JOB TITLE		SALARY	DUTIES		
		\$ _____	<input type="checkbox"/> MO.		
			<input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING		

EMPLOYER			DATES EMPLOYED		
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____		
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
YOUR JOB TITLE		SALARY	DUTIES		
		\$ _____	<input type="checkbox"/> MO.		
			<input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING		

MILITARY RECORD

HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION NO.		HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT BRANCH:	
DATES OF ACTIVE DUTY		TYPE OF DISCHARGE	RANK AT TIME OF DISCHARGE
FROM: _____ TO: _____			
WAS ANY TYPE DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? INCLUDE ANY NONJUDICIAL PUNISHMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
ARE YOU A MEMBER OF THE RESERVE? BRANCH:		NATIONAL GUARD? <input type="checkbox"/> PRESENT <input type="checkbox"/> FORMER <input type="checkbox"/> NONE	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> READY <input type="checkbox"/> STANDBY		IF YES, BRANCH OF SERVICE:	

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DRIVING HISTORY

DO YOU HAVE A VALID DRIVERS' LICENSE YES NO

LICENSE NO. _____ STATE _____

HAVE YOU EVER HELD A DRIVERS' LICENSE FROM ANOTHER STATE? YES NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION:

LICENSE NO. _____ STATE _____

LICENSE NO. _____ STATE _____

HAS YOUR DRIVERS' LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION:

DATES OF SUSPENSION/REVOCATION

REASON FOR SUSPENSION/REVOCATION

JURISDICTION (CITY, COUNTRY, & STATE) WHERE OCCURRED

STATE OF LICENSE ISSUER

FOR ADMINISTRATIVE USE

COMPUTER VERIFICATION _____

DR. LICENSE ABSTRACT

REQUESTED _____

RECEIVED _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME (PLEASE INCLUDE ADULT AND JUVENILE)? YES NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION BELOW:

DATE OF ARREST	CITY/COUNTY/STATE	CHARGE	CASE DISPOSITION

HAVE YOU EVER BEEN PLACED ON PROBATION? YES NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION BELOW:

DATE OF PROBATION	CITY/COUNTY/STATE	CHARGE	PROBATION OFC'S NAME

FOR ADMINISTRATIVE USE

COMPUTER CQH _____

FPC SENT RECEIVED

STATE _____ _____

FEDERAL _____ _____

REFERENCES

COMPLETE NAME		HOME ADDRESS
		HOME PHONE
YRS. KNOWN	OCCUPATION	BUSINESS ADDRESS
		BUSINESS PHONE
COMPLETE NAME		HOME ADDRESS
		HOME PHONE
YRS. KNOWN	OCCUPATION	BUSINESS ADDRESS
		BUSINESS PHONE
COMPLETE NAME		HOME ADDRESS
		HOME PHONE
YRS. KNOWN	OCCUPATION	BUSINESS ADDRESS
		BUSINESS PHONE

SOCIAL ACQUAINTANCES

COMPLETE NAME		HOME ADDRESS
		HOME PHONE
YRS. KNOWN	OCCUPATION	BUSINESS ADDRESS
		BUSINESS PHONE
COMPLETE NAME		HOME ADDRESS
		HOME PHONE
YRS. KNOWN	OCCUPATION	BUSINESS ADDRESS
		BUSINESS PHONE
COMPLETE NAME		HOME ADDRESS
		HOME PHONE
YRS. KNOWN	OCCUPATION	BUSINESS ADDRESS
		BUSINESS PHONE

FOR ADMINISTRATIVE USE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

**RANTOUL ILLINOIS POLICE DEPARTMENT
109 East Grove Avenue
Rantoul, Illinois**

To Whom It May Concern: I am an applicant for the position of Entry-Level Police Officer with the Rantoul Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Rantoul Police Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself, by and to any duly authorized agent of the Rantoul Police Department whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. It is my specific intent to provide access to personnel information however personal or confidential it may be.

I consent to your release of any and all public and private information you may have concerning me, my work record, my background and reputation, my military service records, educational records (including those educational records covered by the Family Educational Rights to Privacy Act of 1974), complaints or grievances filed by or against me, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any Federal or State laws. I hereby release you as the custodian of such records or your organization, including its officers, employees or related personnel, both individually and collectively from 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. I direct you to release such information upon request of the duly accredited representative of the Rantoul Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Rantoul Police Department in conjunction with employment procedures.

A photocopy of fax copy of this release will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

Name of Applicant (Print)

Date

Signature

Witness

Address

Date of Birth

AUTHORIZATION FOR RELEASE OF MILITARY RECORDS

I, _____, do hereby authorize a review and full disclosure of all military records concerning myself to any duly authorized agent of the Rantoul Police Department.

I understand that any of the information obtained by a personal 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 by the Rantoul Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Rantoul 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.

I have read and fully understand the content of this AUTHORIZATION FOR RELEASE OF MILITARY RECORDS.

FULL NAME OF APPLICANT

BRANCH OF SERVICE

PRESENT ADDRESS

SERVICE NUMBER

CITY, STATE, ZIP CODE

DATE RELEASED FROM ACTIVE

PRESENT MILITARY STATUS (i.e. ACTIVE RESERVE, INACTIVE RESERVE, NATIONAL GUARD, etc.)

SIGNATURE

WITNESS SIGNATURE

DATE



*Village of
Rantoul*



Paul Farber
Chief of Police

109 E. Grove Street
Rantoul, IL 61866

Phone 217.893.0988
Fax 217.893.9556

**NOTICE OF INTENT TO OBTAIN A CONSUMER CREDIT REPORT FOR
EMPLOYMENT PURPOSES**

As a part of our policy for consideration of employment, it is our practice to obtain a consumer credit report on the applicant.

Under the provisions of the Federal Fair Credit Reporting Act (PL 91-508 and amendments thereto) before the report is procured, we are required to advise the applicant that consumer report may be obtained and the applicant has authorized in writing the procurement of the report.

We wish to advise that it is our intent to order a credit report on you as a part of our evaluation of your application. We cannot do so unless and until we have your signed authorization.

Therefore, we ask that you enter the information requested on the enclosed "Authorization" form, sign and return to us as soon as possible.

Sincerely,

Paul Farber
Chief of Police



AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: **workers compensation injuries, driving record, criminal record, education, military records (DD214), credentials, credit (from Trans Union LLC), and references.** I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize AAIM to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Name Last: _____ First: _____ Middle: _____

Other Names Used: _____
Please include maiden, aliases and nick names

Address: _____

City/State/Zip: _____

Telephone Number: _____ Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State: _____ Sex: M F Race: _____

May your current employer or references associated with your current employment be contacted? [] YES [] NO

Signature

Date

I hereby consent to allow AAIM ("drug screen providers, medical centers, and laboratory testing services") to take a specimen of my hair, urine, saliva, and/or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I further consent to allow AAIM to make the results of such screen available to the prospective or current employer.

In consideration for such services being rendered on my behalf, I hereby release AAIM, their officers, agents, and employees, from any and all claims, which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against AAIM, their respective officers, agents, or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and save harmless AAIM, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Signature

Date

HAVE YOU REMEMBERED...

- COPY OF BIRTH CERTIFICATE
- COPY OF HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
- COPY OF COLLEGE DIPLOMA
- COPY OF COLLEGE TRANSCRIPT
- COPIES OF PROFESSIONAL CERTIFICATES AND AWARDS
- COPY OF MILITARY FORM DD 214
- COMPLETED COPIES OF AUTHORIZATION FOR RELEASE OF PERSONAL, MILITARY AND CREDIT HISTORY INFORMATION

You must have witness signatures on authorization for release of personal and military information. Failure to do so will result in your packet being considered incomplete.

CERTIFICATION OF STATEMENTS MADE

I hereby certify that all statements made in this questionnaire are true and complete, and I understand that providing false or misleading information or omitting required information in completing this background questionnaire or during the selection process is grounds for exclusion from the selection process or discharge if discovered subsequent to employment or after a conditional offer of employment has been made.

Signature in Full

Printed Name

Date Completed