# **APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION

**INSTRUCTIONS:** PRINT, USE INK. Applicant must complete application accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term 'N/A' if the question does not apply. Be certain to list the area code for each telephone number requested.

POSITION APPLIED FOR										
LAW ENFORCEMENT GIREFIGHTER OTHER										
		PERSONAL DATA								
NAME (LAST) STREET	(FIRST)	(MIDDLE)	S.S.# Home Phoni	/ E ( )	1					
CITY	STATE	ZIP	CELL PHONE ( )							
COUNTY	• 		E-MAIL							
DATE OF BIRTH MONTH DAY YEAR	PLACE OF BIRTH (CITY,	STATE & ZIP CODE)		SEX	HEIGHT FT.	IN.				
WEIGHT	AGE	COLOR OF EYES	COLOR OF EYES COLOR OF HAIR							
1. ARE YOU A U.S. CITIZEN — IF "YES"       IF "NATURALIZED", GIVE PARTICULARS         □ YES       □ NO       □ NATIVE BORN       □ NATURALIZED										
2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE.)										

3. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES AND RELATIONSHIPS.

4. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS AND BROTHERS.									
NAME	RELATIONSHIP	ADDRESS	OCCUPATION						

5. ARE YOU SINGLE?	MAR	RIED 🗋	SEPARATED	WIDOWED	DIVORCED	
6. ARE YOU LIVING WITH WITH YOUR SPOUSE?	C YES	O NO	IF "NO" EXPLAIN			

## 7. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

# 8. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

		EXPLAIN	TO WHOM WAS ACTION GRANTED
SEPARATED			
DIVORCED			
ANNULLED			
9. ARE YOU PAY ALIMONY?	/ing	IF "YES" EXPLAIN	
10. IF DIVORCED PREVIOUS SI RESIDE.	LIST THE NAME(S) OF YOUR POUSE(S) AND WHERE THEY		

# 11. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM
12. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOP		IF "NO" EXPLAIN FULLY	
BY YOU, AND STEPCHILDREN?			
13. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A	C YES	IF "YES" EXPLAIN	
PATERNITY PROCEEDING?	D NO		
14. ARE YOU PAYING CHILD SUPPOR	RT? 🖸 YES	IF "YES" EXPLAIN	
	🗅 NO		

			F	RESIDENCES						
15. LIST YOUR	R ADDRESSES F	OR THE LAST TEN YE	ARS, ST	ARTING WITH PRE	SENT ADDR	ESS.				
FROM (MO. & YR.)	F RESIDENCE		(	CITY, ST	ATE & Z	IP CODE				
<u> </u>	(MO. & YR.)						·			
								<u> </u>		
				· · · · · · · · · · · · · · · · · · ·						
16. DO YOU O Are you e Your owi	es 🗅 No		"YES" (	SIVE LOC	ATION					
		ED	UCATI	ION AND TRA	INING					
18. LIST THE V	ARIOUS SCHOO	) LS YOU HAVE ATTEN	ded ani	D OTHER INFORMA	TION REQU	ESTED				
		SS OF SCHOOL TATE & ZIP CODE)		NO. OF YEARS COMPLETED	DATE(S)	ATTENDED	FULL TIME	PART TIME	GRAD YES	UATE   NO
GRAMMAR SCH			. <del></del>			<u></u>				
HIGH SCHOOLS	;									
	<u> </u>									
COLLEGE OR U	NIVERSITY									
		- <b></b>								
<u></u>										
XTENSION OR	CORRESPOND	ENCE COURSES								

19.	COLLE				COURSE OF STUDY		I DEGREES(S) ATTAINED		
						MAJOR	MINOF	{	
20.	WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL?	 2	) NO	IF "YES" EX	 (PLAIN		<u>, , , , , , , , , , , , , , , , , , , </u>	l	
21.	LIST OTHER FORMAL EDUCATI HIGH SCHOOL YOU MAY HAVE SPECIAL TRAINING COURSES	YOND							
22.	LIST ANY PROFESSIONAL LICE OR CERTIFICATES YOU HOLD C HAVE HELD								
23.	23. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT						0	READ	
							0	READ	
				MI	LITARY			_	
	HAVE YOU EVER SERVED IN AN	v		IF "YES" WH		······································			
24.	MILITARY ORGANIZATION OF THE U.S.?	_	NO	IF TES VVI	IAT BRANGE				
25.	WHAT IS YOUR SERVICE SERIA	26. HIGHES	T RANK HEL	D	27. RANK	at di	SCHARGE		
28.	GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)				29. LIST F	Periods(s) of From (d/		/ICE	TO (DATE)
	GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)								
30.	WHAT TYPE OF DISCHARGE DIE YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)	BE	EXACT	ſ	IF OTHER THAN "HONORABLE" EXPLAIN				
31.	WERE YOU EVER CONVICTED AT A COURT-MARTIAL?	IF	"YES" I	EXPLAIN					
32.	ARE YOU NOW, OR WERE YOU EVER A MEMBER OF ANY BRAN		IF "Y		NACTIVE	BRANCH	UNIT		RANK
	OF THE U.S RESERVE FORCES?			RESS		1	FROM	<u>.</u>	то
33.	ARE YOU NOW, OR WERE YOU		IF "Y	ES" WHAT ST	ATE	REGIMENT		UNIT	<b>1</b>
	EVER A MEMBER OF THE NATIONAL GUARD?		RAN	RANK TYPE OF D		DISCHARGE FROM		!	ТО
34.	4. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT								

			DRIVING	HISTOR	Y			an a	
35.	CAN YOU OPERATE Y AN AUTOMOBILE?	IO VAL	YOU POSSESS A ID OPERATOR'S ENSE FROM NOIS?	_		IF "YES" DATE OF EXPIRATION		DRIVER'S LICENSE NO.	
37.	LIST ALL OTHER STATES IN WHICH YOU HOLD OR HAVE HELD AN OPERATOR'S LICENSE.	STATE	STATE			LICENSE NUMBER		EXPIRATION DATE	
38.	HAVE YOU EVER BEEN REFUS AN OPERATOR'S LICENSE BY ANY STATE?	ED YES	IF "YES" E	XPLAIN	· <u>·</u> ···				
	WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?							· ·	
	HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION LIST ALL TRAFFIC CITATIONS			XPLAIN					
	LOCATION (CITY)	1	NATE DATE	NATUR	E OF V	IOLATION	DIS	ISPOSITION OF CASE	
					<u> </u>				
			SECURI	ry data					
42.	2. HAVE YOU EVER BEEN I YES DATE BY V CONVICTED OF A INO CRIMINAL OFFENSE? IF "YES" EXPLAIN			OLICE AGENCY) CRIME CHARGED			RGED	DISPOSITION OF CASE	
43.	HAVE YOU EVER BEEN PLACED ON PROBATION?	U YES U NO	IF "YES" EXPLAI	N		<b>t</b>		<b>.</b>	
44.	HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00?	U YES U NO	IF "YES" EXPLAI	N					
45.	HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?	I YES NO	if "Yes" explai	N DETAILS,	INCLU	DING JURISDI	CTION D	ATES AND OUTCOME	
	THE VICTIM OF A RE CRIME? TH	AS THIS CRIME PORTED TO E POLICE? YES D NO	IF YOU WE	RE A "VICTI	M" EXI	PLAIN			
47.	HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? YES INO IF "YES" EXPLAIN	AGENCY	I.	DATE		PURPOSE			
	ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU?	IF "YES" EXI	PLAIN						

# **EMPLOYMENT HISTORY**

# 49. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.

					Telephone				
	From	То		Most recent or current Employer					
ľ	Immediate Su	pervisor and Title		Address	City, State, Zip				
1	Job Title			Summarize the nature of work performed and job responsibilities					
}	D Full Time			Reason for Leaving					
_	From	То		Second most recent Employer	Telephone				
	Immediate Su	pervisor and Title		Address	City, State, Zip				
2	Job Title			Summarize the nature of work performed and job responsibilities					
			C Full Time	Reason for Leaving					
	From			Third most recent Employer	Telephone				
	Immediate Supervisor and Title			Address	City, State, Zip				
3	Job Title			Summarize the nature of work performed and job resp	Summarize the nature of work performed and job responsibilities				
	□ Full Time □ Part Time			Reason for Leaving					
	From	and the second		Next most recent Employer	Telephone				
	Immediate St	upervisor and Title	2	Address	City, State, Zip				
4	Job Title	Job Title		Summarize the nature of work performed and job resp	ponsibilities				
	D Full Time			Reason for Leaving					
	From To			Next most recent Employer	Telephone				
	Immediate S	upervisor and Title	3	Address	City, State, Zip				
5	Job Title			Summarize the nature of work performed and job responsibilities					
			C Full Time	Reason for Leaving					
	From	То		Next most recent Employer	Telephone				
	Immediate S	upervisor and Title		Address	City, State, Zip				
6	Job Title	_, <u>, , , , , , , , , , , , , , , , , , </u>	· <u> </u>	Summarize the nature of work performed and job responsibilities					
			D Full Time	Reason for Leaving					
	From	То	G Fait Time	Next most recent Employer	Telephone				
	Immediate S	upervisor and Title	e	Address	City, State, Zip				
7	Job Title			Summarize the nature of work performed and job res	ponsibilities				
			D Full Time	Reason for Leaving					
50	I INDICATE BY	Y NUMBER ANY E	MPLOYERS						
	YOU DO NO Explain	r wish us to co	NTACT.						

51.	HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD?	AGENCY		APPROX. E	XAM DATE	POS. ON LIST	STATUS
	YES NO	· · · · · · · · · · · · · · · · · · ·					
	IF "YES" EXPLAIN						
52.	WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST?	VES NO	IF "YES" EXPLA	N			
53.	WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED?	S YES	IF "YES" EXPLA	N			
54.	ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST?	YES IF "YES" EXPLAIN					
55.	HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION?	IF "YES" PI	DSITION	DATE (FROM)	(TO)	LOCATIO	DN
56.	WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATIS- FACTORY SERVICE, OR WHILE UNDER INVESTIGATION?	IF "YES" E)	KPLAIN				
	YES NO						
	INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS						
57.	ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSI- NESS AS AN OWNER, PARTNER OR CORPORATE MEMBER?	if "Yes" e>	(PLAIN			· · ·	

# **CREDIT HISTORY**

### 58. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES SUCH AS BANK, CHARGE ACCOUNT, OR OTHER LENDER. (Include Loan Opened and Closed Dates)

	NAME & ADDRESS OF FIRM					TYPE OF BUSINESS		APPROX. DATES	
						·	\$		
							\$		
							\$		
59. HAVE YOU BEEN SUE	_		IF "YES"	GIVE DETAILS	<u>, , , , , , , , , , , , , , , , , , , </u>				
60. LIST ANY	OUTSTANDING	DEBTS /	AND LIST	AMOUNT(S) AND	WHETHER IN AI	RREARS.			
AMT. OF	AMT. NOW	IN AR	REARS	ARS OWED 1			ГО		
ORIGINAL	OWED	YES	NO	NA	NAME		ADDRESS		
\$	\$								
\$	\$					T			
¢	\$								
61. HAVE YOU FILED FOF BANKRUP		YES NO	IF "YI	es" explain					

# **REFERENCE CONTACTS**

### REFERENCES

## 62. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

	NAME		ADDRESS		HOME PHONE
1	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	YEARS KNOWN
	NAME		ADDRESS		HOME PHONE
2	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	YEARS KNOWN
	NAME	<u> </u>	ADDRESS	3	HOME PHONE
3	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	YEARS KNOWN
	NAME	1	ADDRESS	)	HOME PHONE
4	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	YEARS KNOWN
	NAME	<u> </u>	ADDRESS	3	HOME PHONE
5	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	YEARS KNOWN
	l	<u></u>			<u></u>

### ACQUAINTANCES

# **63.** FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

<u></u>	NAME	A	DDRESS	3		HOME PHONE
1	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	WHAT CAPACITY DO	I You know this person?
	NAME	A	DDRESS		<u></u>	HOME PHONE
2	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	WHAT CAPACITY DO	I YOU KNOW THIS PERSON?
<u> </u>	NAME	A	DDRESS	3	<u> </u>	HOME PHONE
3	BUSINESS ADDRESS	BUSINESS PHONE		OCCUPATION/PROFESSION	WHAT CAPACITY DO	YOU KNOW THIS PERSON?
					l	

### **EMERGENCY CONTACTS**

# 64. PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY NAME ADDRESS HOME PHONE RELATIONSHIP NAME ADDRESS HOME PHONE RELATIONSHIP NAME ADDRESS HOME PHONE RELATIONSHIP NAME ADDRESS HOME PHONE RELATIONSHIP

### 65. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

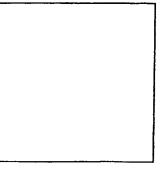
It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant\_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY

**PHOTOGRAPH** 



**THUMB PRINT** 

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER
<u></u>		
		DATE

# **CONTINUATION SHEET**

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER
ATURE	L	DATE

# **CONTINUATION SHEET**

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER
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NATURE	I	DATE

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# **CONTINUATION SHEET**

### Waiver/Release of Liability Application for Public Employment

Agreement made this	dav	v of	20

between\_

Applicant Name

For employment as a firefighter/paramedic with the Fire Department of the City of Calumet City, Illinois, or as a police officer with the Police Department of the City of Calumet City, Illinois, (the "applicant") and the City of Calumet City, Illinois, its Board of Fire and Police Commissioners; the City's and the Board of Fire and Police Commissioners' employees, agents, representatives, and assigns (specifically any testing agency employed by the City or its Board of Fire and Police Commissioners (hereinafter collectively referred to as the "City"), witness:

Whereas, applicant has applied to the City for employment as a firefighter/paramedic or police officer; and,

Whereas, the City is required to subject the applicant to a competitive testing process; and,

Whereas, the applicant has agreed to submit a variety of exams including written exam, oral interview, medical exam, and such other examinations, and to undergo a thorough background investigation as deemed appropriate by the City; applicant must also have a current CPAT card valid within 12 months of test date; and,

Whereas, the City has agreed to administer said exams, on an as needed basis, and as provided by the rules and regulations of the City's Board of Fire and Police Commissioners, without expense to the applicant; and

Whereas, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well qualified individuals to fill the positions sought by the applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment by the City, of the fees associated with the conduct of examinations to be taken by the applicant, hereby agrees to waive any claims the applicant my now have, or have in the future (specifically including any claim as to personal injury and/or damages) arising from applicant's participation in any exam. Specifically including the required CPAT certification valid within 12 months of test date (firefighter/paramedic only), background investigation conducted by, or for the City as part of its pre-employment screening process for the position of firefighter/paramedic or police officer. The applicant future states that the waiver is given voluntarily, and with the knowledge that the applicant is waiving any and all liability the City may incur as a to the applicant, resulting from the applicant's participation in the pre-employment screening process. The applicant specifically waives the nght to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, &40/7 (1). The applicant also acknowledges that the applicant had the opportunity to discuss the import of this waiver with legal counsel of applicant's own choosing.

Witness our hands seals the day and year above written.

Applicant:

City of Calumet City, Illinois Board of Fire and Police Commissioners

Signature

Printed Name

# CITY OF CALUMET CITY FIRE AND POLICE COMMISSION CALUMET CITY, ILLINOIS

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### **RULES AND REGULATIONS AGREEMENT**

I hereby agree to abide by all the rules and regulations of the Fire and Police Commission of Calumet City, Illinois during and after all examination programs. I further agree to abide by all rules and regulations of the Calumet City Fire/Police Department should I be appointed in due course of time. I understand the aforementioned rules are available for me to review at the Calumet City Fire/Police Department.

Signature	Date
Print Name	

### **TEST RESULT WAIVER**

I, the undersigned fully understand and agree that all test and the results thereof become the property of the Calumet City Fire and Police Commission. I further understand and acknowledge that all said testing material and the results thereof are not subject for review

Signature		Date
	х 	· · · · · · · · · · · · · · · · · · ·
Print Name		

Applicant must sign all forms where requested and return with the application packet

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# ACKNOWLEDGEMENT/CONSENT TO PERFORM BACKGROUND INVESTIGATION

As part of the application process for employment as a firefighter/police officer with the Fire or Police Department of Calumet City, Illinois, I, the undersigned applicant, have been informed and understand that an investigation will be made to procure a consumer report in conjunction with the application for employment or any time after my employment with the City of Calumet City. The term "consumer report" means a written, oral or other communication prepared by a consumer reporting agency that may include information concerning employment history, character, general reputation, personal characteristics (including my driving record, criminal history, etc.) or mode of living. I understand that this report may be compiled through information from court records, departments of motor vehicles, past or present employers, educational institutions, governmental, licensing, or registration agencies, business or personal references and other sources necessary to verify the information I have furnished to the City of Calumet City Fire & Police Board of Commissioners.

The name of the consumer reporting agency used as part of this background investigation is Investigative Support Unit.

I hereby authorize/consent the City of Calumet Fire & Police Commission and other persons or firms acting on its behalf to procure a consumer report in conjunction with my application, to assist the City of Calumet City Fire & Police Commission in the proper identification of my file and/or review of records. I have set forth below certain information, which the Fire & Police Commission and other agencies acting on its behalf shall use in conjunction with my background and/or completing in the proper identification of my file and/or review of records. I have set forth below certain information which the Fire & Police Commission and other agencies acting on its behalf shall use in conjunction with my background and/or completing in the proper identification of my file and/or review of records. I have set forth below certain information which the Fire & Police Commission and other agencies acting on its behalf shall use in conjunction with my background and/or completing the consumer report to be prepared for the City of Calumet Fire & Police Commission.

I understand that any false statements will result in my disqualification for employment or termination of employment if such false statements are discovered after my employment.

Signature				
Date				ne
s				DOB
Last	First	Middle		
Address	City		State	-
SS#	Driver's	: License #	State	Zip

I, the undersigned applicant for the position of firefighter/paramedic or police officer for the City of Calumet City, understand that I must participate in a physical examination as part of my assessment of hire by the City of Calumet City Fire Department or the City of Calumet City Police Department. In accordance with the appropriate state and federal statute, and the American Disabilities Act, this examination may be inclusive, but not limited to complete medical history, occupational history (including any previous exposure), physical examination, and drug/alcohol and eye examination.

I acknowledge that the results of the test will be considered by the Calumet City Fire and Police Commission in its evaluation for my application, and hereby consent to testing and possible use of the results as may be necessary in the evaluation of my application.

I further acknowledge that medical test results shall be released to the Calumet City Fire Pension Board or the Calumet City Police Pension Board upon request.

Signed \_\_\_\_\_

Date\_\_\_\_\_

Print Name \_\_\_\_\_

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### FIRE AND POLICE COMMISSION OF CALUMET CITY

#### С **PSYCHOLOGICAL EVALUATION CONSENT**

I, the undersigned applicant for the position of Firefighter/Police Officer for the City of Calumet City, understand that I must participate in a psychological evaluation as part of my assessment of hire by the City of Calumet City Fire/Police Department.

l acknowledge that the result of the test will be considered by the Calumet City Fire and Police Commission in its evaluation of my application and hereby consent to the testing and use of the result, as may be necessary, in the evaluation of my application.

Signature\_\_\_\_\_Date\_\_\_\_\_Date\_\_\_\_\_

Print Name\_\_\_\_\_

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### POLYGRAPH EXAMINATION CONSENT

I, the undersigned, fully understand that part of the application process for the Firefighter/Police, for the City of Calumet City, requires the taking of a polygraph examination. This examination may cover the following areas:

Theft from previous place of employment, buying or selling property, commission of any serious crime, shoplifting, work and medical history, use of alcoholic beverages, use or sale of illegal drugs, driving record, payment or receipt of bribes or kickbacks and use of excessive force against another person.

I acknowledge that the results of the test will be considered by the Calumet City Fire and Police Commission in its evaluation of my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature	Date
-----------	------

Print Name\_\_\_\_

DRUG TESTING CO	NSENT
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I, the undersigned applicant for the position of Firefighter/Police Officer for Calumet City, acknowledge that I have been advised, as part of the medical examination portion of the application process, I will be given a test to detect the presence of illegal drugs, including but not limited to marijuana, cocaine, heroin and methamphetamine.

I acknowledge that the results of the test will be considered by the Fire and Police Commission in its evaluation of my application. I hereby consent to the testing and use of its results, as may be necessary, in the evaluation of my application.

SignatureDate	e
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Print Name\_\_\_\_\_