APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION_____

INSTRUCTIONS: PRINT, OR TYPE. 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 ☐ FIREFIGHTER ☐ OTHER _____

PERSONAL DATA

NAME _____ S.S# _____
(LAST) (FIRST) (MIDDLE)

STREET _____ HOME PHONE _____

CITY _____ 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 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 (INCLUDING 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

test			
test			
test			
test			

5. ARE YOU SINGLE? ☐ MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED ☐

6. ARE YOU LIVING WITH YOUR SPOUSE? ☐ YES ☐ 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 PAYING ALIMONY? ☐ YES ☐ NO | IF "YES" EXPLAIN

10. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE.

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, ADOPTED BY YOU, AND STEPCHILDREN?	☐ YES ☐ NO	IF "NO" EXPLAIN FULLY
13. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING?	☐ YES ☐ NO	IF "YES" EXPLAIN
14. ARE YOU PAYING CHILD SUPPORT?	☐ YES ☐ NO	IF "YES" EXPLAIN

RESIDENCES

15. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS.

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

16. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?	☐ YES ☐ NO	**17.** DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?	☐ YES ☐ NO	IF "YES" GIVE LOCATION

EDUCATION AND TRAINING

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	FULL TIME	PART TIME	GRADUATE YES	GRADUATE NO
GRAMMAR SCHOOLS						
HIGH SCHOOLS						

COLLEGE OR UNIVERSITY						
EXTENSION OR CORRESPONDENCE COURSES						

19. COLLEGE	COURSE OF STUDY MAJOR	COURSE OF STUDY MINOR	DEGREE(S) ATTAINED

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? ☐ YES ☐ NO — IF "YES" EXPLAIN

21. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES

22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD

23. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT

_____ ☐ READ ☐ WRITE ☐ SPEAK

_____ ☐ READ ☐ WRITE ☐ SPEAK

MILITARY

24. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? ☐ YES ☐ NO — IF "YES" WHAT BRANCH

25. WHAT IS YOUR SERVICE SERIAL NO.?

26. HIGHEST RANK HELD

27. RANK AT DISCHARGE

28. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)

GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)

29. LIST PERIOD(S) OF ACTIVE SERVICE

FROM (DATE)	TO (DATE)

30. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.) — BE EXACT — IF OTHER THAN "HONORABLE" EXPLAIN

31. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? ☐ YES ☐ NO	IF "YES" EXPLAIN			
32. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? ☐ YES ☐ NO	IF "YES" ☐ ACTIVE ☐ INACTIVE	BRANCH	UNIT	RANK
	ADDRESS		FROM	TO
33. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? ☐ YES ☐ NO	IF "YES" WHAT STATE	REGIMENT	UNIT	
	RANK	TYPE OF DISCHARGE	FROM	TO
34. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT				

DRIVING HISTORY

35. CAN YOU OPERATE AN AUTOMOBILE? ☐ YES ☐ NO	**36.** DO YOU POSSESS A VALID OPERATOR'S LICENSE FROM ILLINOIS? ☐ YES ☐ NO	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	LICENSE NUMBER	EXPIRATION DATE	
38. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE? ☐ YES ☐ NO	IF "YES" EXPLAIN			
39. WAS YOUR LICENSE EVER SUSPENED OR REVOKED? ☐ YES ☐ NO	IF "YES" EXPLAIN			
40. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? ☐ YES ☐ NO	IF "YES" EXPLAIN			

41. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

SECURITY DATA

NOTE: You are not obligated to disclose expunged juvenile records of adjudication or arrest.

42. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF "YES" EXPLAIN ☐ YES ☐ NO	DATE	BY WHOM (POLICY AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
43. HAVE YOU EVER BEEN PLACED ON PROBATION? ☐ YES ☐ NO	IF "YES" EXPLAIN			
44. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF $50.00? ☐ YES ☐ NO	IF "YES" EXPLAIN			
45. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? ☐ YES ☐ NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES AND OUTCOME			

46. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? ☐ YES ☐ NO	WAS THIS CRIME REPORTED TO THE POLICE? ☐ YES ☐ NO	IF YOU WERE A "VICTIM" EXPLAIN

47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? ☐ YES ☐ NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE

48. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? ☐ YES ☐ NO	IF "YES" EXPLAIN

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.

1	From	To	Most recent or current Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
		☐ Full Time ☐ Part Time	Reason for Leaving	
2	From	To	Second most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
		☐ Full Time ☐ Part Time	Reason for Leaving	
3	From	To	Third most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
		☐ Full Time ☐ Part Time	Reason for Leaving	
4	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
		☐ Full Time ☐ Part Time	Reason for Leaving	

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From	To	Next most recent Employer	Telephone
Immediate Supervisor and Title		Address	City, State, Zip
Job Title		Summarize the nature of work performed and job responsibilities	
☐ Full Time ☐ Part Time		Reason for Leaving	

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From	To	Next most recent Employer	Telephone
Immediate Supervisor and Title		Address	City, State, Zip
Job Title		Summarize the nature of work performed and job responsibilities	
☐ Full Time ☐ Part Time		Reason for Leaving	

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From	To	Next most recent Employer	Telephone
Immediate Supervisor and Title		Address	City, State, Zip
Job Title		Summarize the nature of work performed and job responsibilities	
☐ Full Time ☐ Part Time		Reason for Leaving	

50. INDICATE BY NUMBER ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT. EXPLAIN

51. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD?
☐ YES ☐ NO
IF "YES" EXPLAIN

AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS

52. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST?
☐ YES ☐ NO
IF "YES" EXPLAIN

53. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED?
☐ YES ☐ NO
IF "YES" EXPLAIN

54. ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST?
☐ YES ☐ NO
IF "YES" EXPLAIN

55. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION?
☐ YES ☐ NO

IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

56. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION?
☐ YES ☐ NO
INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS
IF "YES" EXPLAIN

57. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? ☐ YES ☐ NO	IF "YES" EXPLAIN

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	AMOUNT	APPROX. DATES
		$	
		$	
		$	

59. HAVE YOU EVER BEEN SUED? ☐ YES ☐ NO — IF "YES" GIVE DETAILS

60. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS.

AMT. OF ORIGINAL	AMT. NOW OWED	IN ARREARS		OWED TO	
		YES	NO	NAME	ADDRESS
$	$				
$	$				
$	$				

61. HAVE YOU EVER FILED FOR BANKRUPTCY? ☐ YES ☐ NO — IF "YES" 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.

1	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
2	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
4	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

5	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

ACQUINTANCES

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

1	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME		ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?

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

65. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

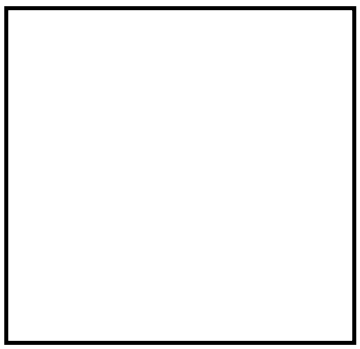
I hereby certify there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

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.

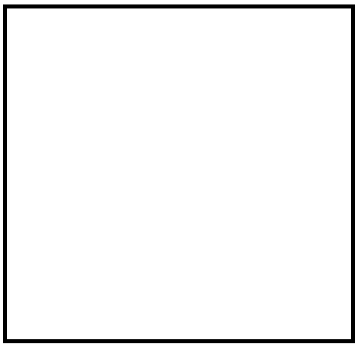
I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant_____ Date_____

FOR OFFICIAL USE ONLY



PHOTOGRAPH



THUMB PRINT

CONTINUATION SHEET

Indicate in the left-hand columns the number of the page and question you are answering, then complete your answer in the space provided.

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

CONTINUATION SHEET

Indicate in the left-hand columns the number of the page and question you are answering, then complete your answer in the space provided.

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

CONTINUATION SHEET

Indicate in the left-hand columns the number of the page and question you are answering, then complete your answer in the space provided.

PAGE NUMBER	QUESTION NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

Waiver/Release of Liability

Application for Public Employment

Agreement made this _____ day 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, 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 may now have, or have in the future (specifically including any claims as to person 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 right 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

RULES AND REGULATION 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 _____

Printed 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 _____

Printed Name _____

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

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 (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 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 _____ Telephone_____

_____

Last First Middle DOB

_____

Address City State

_____

SS# Driver’s License # State Zip

MEDICAL EXAMINATION CONSENT

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 statue, 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 _____

Printed Name_____

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

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.

I 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 evaluation of my application.

Signature_____ Date _____

Printed Name _____

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 _____

Printed Name _____

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

DRUG TESTING CONSENT

I, the undersigned applicant for the position of Firefighter/Police Officer for the City of 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 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 evaluation of my application.

Signature_____ Date _____

Printed Name _____

Thank you for your interest in employment with the Calumet City Police/Fire Department.
Please take a moment to let us know how you heard of employment opportunities for the Calumet City Police/Fire Department.

Check all that apply.

☐ **Theblueline.com**

☐ **Facebook**

☐ **Career/College Fair Location**

Location _____

☐ **Calumet City Employee**

☐ **Friend/Family Member**

☐ **Other**

Please Specify _____