



Village of Niles
Fire and Police Commission

Director – Barry Mueller (847) 588-8085
7000 W. Touhy Ave., Niles, IL 60714



Section I – Personal Information

Name: _____
Last Name First Name Middle

Address: _____
Street City State Zip

Email Address: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ Date of Birth: _____
MM/DD/YYYY

Age: _____

Have you been legally known by any other name or alias (ex. maiden name)?:

Are you a United States citizen? Yes No

Are you legally eligible for employment in the U.S.? Yes No

Are you registered with the U.S. Selective Service? Yes No

Have you earned 60 or more college credits? Yes No

If "yes," what college did you attend and how many credits do you currently have:

What academy did you attend to obtain state certification as a law enforcement officer?

_____ Date of Graduation: _____

Are you currently working for a department? Yes No

What department? _____

If you separated from a department which department _____

Separation date _____

Section III – Educational History

Please list the schools you have attended, including high school(s) and college(s):

Name of School	City, State	Dates Attended	Graduated?/GPA
		_____ to _____ MM/YY MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____

Degree/Certificate(s) Earned

Date

_____	_____
_____	_____
_____	_____
_____	_____

Please list any job related licenses/certifications you have earned (ex. EMT, HAZ-MAT) (copies of these licenses/certifications must be included with this application):

Section IV – Military History

Have you ever served in the U.S. Military? Yes No

If “no,” continue to the next page of this application.

If “yes,” which branch? _____

List periods of active service: _____ to _____
MMDDYY MMDDYY

_____ to _____
MMDDYY MMDDYY

Date and location of entrance to active duty: _____
Date Location

Date and location of discharge: _____
Date Location

Highest rank held: _____

Rank at discharge: _____

Type of discharge: _____

How many years of continuous, active duty have you served? _____

Are you now or were you ever a member of the U.S. reserve forces? Yes No

If “yes”: _____
Active/Inactive Branch Unit Rank

_____ Address Dates of Service

Are you now or were you ever a member of the National Guard? Yes No

If “yes”: _____
State Regiment Unit Rank

_____ Type of Discharge Dates of service

Section V – Driving & Criminal History

Has your driver's license ever been revoked or suspended? Yes No

If "yes," explain:

Have you ever had an operator's or chauffeur's license in another state? Yes No

If "yes," which state: _____

Have you ever been refused an operator's or chauffeur's license in another state? Yes No

If "yes," which state: _____

Please list any and all accidents and traffic citations issued in the last five years:

Have you ever been convicted of an offense other than a traffic violation? Yes No

If "yes," please complete the section below.

Date	Agency	Crime Charged	Disposition of Case

Have you ever been placed on probation?: Yes No

If "yes," please explain:

Have you ever been convicted of a felony?: Yes No

Section VI – Employment History

Are you currently on any eligibility lists? Yes No

If “yes,” please list agencies:

Have you ever been placed on an eligibility list and not hired? Yes No

If “yes,” please give details:

Section VI – Employment History, cont.

Please list previous employment for the last ten (10) years, beginning with your most recent or current employer. Provide dates for periods of unemployment if applicable.

CURRENT/MOST RECENT EMPLOYER

Name: _____ Type of Business: _____

Address: _____

Phone: _____ Your title: _____

Name and title of supervisor: _____

Description of duties: _____

Dates of employment: _____

Full Time: _____ Part time: _____ Salary: _____

Reason(s) for leaving: _____

OK to contact employer? Yes No

PREVIOUS EMPLOYER #1

Name: _____ Type of Business: _____

Address: _____

Phone: _____ Your title: _____

Name and title of supervisor: _____

Description of duties: _____

Dates of employment: _____

Full Time: _____ Part time: _____ Salary: _____

Reason(s) for leaving: _____

OK to contact employer? Yes No

PREVIOUS EMPLOYER #2

Name: _____ Type of Business: _____

Address: _____

Phone: _____ Your title: _____

Name and title of supervisor: _____

Description of duties: _____

Dates of employment: _____

Full Time: _____ Part time: _____ Salary: _____

Reason(s) for leaving: _____

OK to contact employer? Yes No

PREVIOUS EMPLOYER #3

Name: _____ Type of Business: _____

Address: _____

Phone: _____ Your title: _____

Name and title of supervisor: _____

Description of duties: _____

Dates of employment: _____

Full Time: _____ Part time: _____ Salary: _____

Reason(s) for leaving: _____

OK to contact employer? Yes No

Section VII – References, Acquaintances & Emergency Contacts

Please list the names and contact information for three (3) adults (family members and previous employers excluded) who have known you for at least five (5) years. Individuals listed may be asked to provide information about your character, ability, experience and/or personality.

.....
REFERENCE #1

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Years Known: _____

Occupation: _____

Business Address: _____

Business Phone: _____ Email Address: _____

How do you know this person? _____

.....
REFERENCE #2

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Years Known: _____

Occupation: _____

Business Address: _____

Business Phone: _____ Email Address: _____

How do you know this person? _____

.....

REFERENCE #3

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Years Known: _____

Occupation: _____

Business Address: _____

Business Phone: _____ Email Address: _____

How do you know this person? _____

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Please list the names and contact information for three (3) acquaintances who have known you for at least five (5) years, are NOT related to you, are NOT reference and are NOT former employers. Names listed should be those who have seen you frequently over the last year.

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ACQUAINTANCE #1

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Years Known: _____

Occupation: _____

Business Address: _____

Business Phone: _____ Email Address: _____

How do you know this person? _____

.....

ACQUAINTANCE #2

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Years Known: _____

Occupation: _____

Business Address: _____

Business Phone: _____ Email Address: _____

How do you know this person? _____

.....

ACQUAINTANCE #3

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Years Known: _____

Occupation: _____

Business Address: _____

Business Phone: _____ Email Address: _____

How do you know this person? _____

.....

Please list the names and contact information of two (2) individuals who may be contacted in case of an emergency.

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EMERGENCY CONTACT #1

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Section VIII – Additional Information and Candidate Affidavit

Please complete the following questions and sign the candidate affidavit IN INK.

Have you ever used illegal marijuana? Yes No

Have you ever used any illegal drug other than marijuana? Yes No

Have you ever been involved in the sale or distribution of illegal drugs? Yes No

Have you ever filed for bankruptcy? Yes No
If "yes," please give details

Have you ever been sued? Yes No
If "yes," please give details (i.e. description, case name, case number):

Have you ever been party to a lawsuit? Yes No
If "yes," please give details (i.e. description, case name, case number):

At the time of application, is the matter still pending? Yes No

I hereby swear and affirm that each statement and all information in, or supplementing, this application are complete, true, and accurately recorded to the best of my knowledge. I understand that providing false, misleading, and/or incomplete information on this application is grounds for disqualifying me from eligibility for appointment or my dismissal if discovered subsequent to my appointment.

All statements in this application are subject to verification.

Signature: _____ Date: _____

Please return completed application to the Niles Fire and Police Commission 7000 W. Touhy Niles, IL 60714 with all copies of certifications and copies of transcripts by due date.



POLICE DEPARTMENT

MAYOR
George D. Alpigianis

**ACTING
VILLAGE
MANAGER**
Hadley Skeffington-Vos

VILLAGE CLERK
Marlene J. Victorine

TRUSTEES
John C. Jekot
Joe LoVerde
Danette O'Donovan Matyas
Denise M. McCreery
Craig Niedermaier
Dean Strzelecki

Consent and Release Agreement

CONSENT AND RELEASE FOR JOB APPLICATION AND BACKGROUND CHECK

I acknowledge that as a condition of being considered for employment with Niles, or of my continued employment at Niles, it is required that I consent to an investigation of my background. I hereby authorize Niles and its representative to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal references, verifications of academic credentials and licenses, military history, and credit and consumer reports, as permitted under the federal Fair Credit Report Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Niles, I hereby consent to participate in a personal interview, testing process, polygraph examination, medical examination, and/or post-offer psychological evaluation.

All information obtained by Niles pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent, from liability that might result from the request for, use of, and/or disclosure of any background information, as described above. I further release and hold harmless Niles, and their respective designees, personnel and affiliated companies, from any liability resulting from or in connections with, the results of this background investigation concerning my fitness for employment or continued employment at Niles.

I hereby consent to this background information investigation by Niles. I understand that I may request a copy of any consumer report from the consumer report agency that compiled the report, in accordance with the requirements of the FCRA.

This document shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name: _____ Social Security Number: _____

Signature: _____ Date: _____

5. Communication skills/second language
6. Attitude toward police work

5. DUTIES AND RESPONSIBILITIES:

- Full service Municipal Policing.
- Enforcement of State and Local Laws.
- Prepare written reports on assigned tasks. Attend court and testify when necessary.
- Do community policing, assist and render aid to citizens, conduct building checks and investigate suspicious persons, vehicles, noise, etc.
- Uniform Patrol, traffic control, motor vehicle assists and traffic crash investigations
- Volunteer to participate in Village Community Functions.

6. BENEFITS:

- Starting salary as of 5/1/20 between \$75,186.33 and \$78,945.64 depending on experience and qualifications. The starting salary for accelerated officers will be determined by the Chief of Police in accordance with the Village of Niles.
- Health and Dental Insurance with BlueCross BlueShield
 - PPO and HMO options
 - Employees contribute 15% of the premium
- Flexible Spending Account (FSA) - \$2,650 medical; \$5,000 dependent care
- Vision Insurance with VSP
 - Employees contribute 100% of the premium
- Pet Insurance
 - Employees contribute 100% of the premium
- Participation in the Police Pension
- Optional participation in 457, Roth 457 and Roth IRA plans
- \$50,000 Life Insurance coverage
 - Employer pays 100% of the premium for \$50,000
- Vacation time and personal days according to Village policy and CBA.
- After 6 months, Tuition Reimbursement Program of \$3050 annually
- Employee Assistance Program for employee and dependents

7. RESIDENCY REQUIREMENTS:

All employees shall maintain an actual full time, primary residence within a fifty (50) mile radius from Niles Village Hall within the border of the State of Illinois. Requests to live outside the boundaries may be considered by the Village Board.

CANDIDATES WHO SUCCESSFULLY COMPLETE THE ASSESSMENT REVIEW WILL BE REQUIRED TO SUBMIT TO THE FOLLOWING:

1. Fire and Police Commission Individual Oral Interview
2. Psychological Exam
3. Pre-Employment Medical Exam

All criteria will be on a “Pass” or “Fail” basis. Any score of a “Fail” from any phase of the process eliminates the candidate from any further consideration for employment with the Niles Police Department.

APPLICATION AND EXPERIENCE VERIFICATION:

Each Applicant will be required to submit employment documentation, training verification and the last two evaluations from his/her current employer. A status check will be made to insure “good” standing from the current employer before an offer of employment is made. The candidate can also provide a current pay stub for employment verification.

BACKGROUND INVESTIGATION:

Each applicant shall submit to fingerprinting and photographing. He/She shall provide a written Village of Niles Police application along with signed waivers for access to such records as may be required by the Fire and Police Commission to conduct a complete background investigation.

POLYGRAPH EXAMINATION:

Applicants shall submit to a polygraph examination. The examination shall be conducted by a testing service, licensed by the State of Illinois and selected by the Fire and Police Commission.

INDIVIDUAL ORAL INTERVIEW:

Questions asked of an applicant during the Oral Interview will be such as to enable the Fire and Police Commission to evaluate the applicant on speech, appearance, alertness, maturity, ability to present ideas, judgment, emotional stability, self confidence and demeanor for the position. The assessment review will be made available to the Board members for consideration along with the background investigation and polygraph results.

PSYCHOLOGICAL EXAMINATION:

Applicants shall be required to successfully complete and Pass a Psychological Examination by a qualified and recognized licensed examiner selected by the Fire and Police Commission.

MEDICAL EXAMINATION:

An applicant will be required to take and successfully Pass a pre-employment medical examination by licensed physician or medical group designated by the Village of Niles.

ACCELERATED ENTRY PLACEMENT ON EXISTING ELIGIBILITY REGISTER:

All applicants that apply and are selected for accelerated entry will be placed on an existing eligibility register. Candidates shall be ranked based on their relative excellence and may

be selected over all other Candidates on the eligible register by the Fire and Police Commission, to fill vacancies in the respective Department.

If hired through the accelerated process, the candidate must complete a (2) two-year probation period that begins when the candidate is sworn in as a probationary officer. The Candidate must meet the standards set forth by the Fire and Police Commission and the Chief of Police, who shall have the authority to terminate the Probationary Officer during this period, with concurrence of the Fire and Police Commission.

FIRE AND POLICE COMMISSION

VILLAGE OF NILES, ILLINOIS

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Equal Opportunity Employer