

1710 Plainfield Road Darien, Il 60561 630-971-3999 www.darien.il.us

Community Service Officer Application

We welcome you as an applicant with the City of Darien Police Department.

* As an equal opportunity employer, the police of the City of Darien is to employ applicants strictly on the basis of an individual's qualifications. Selections are made without regard to race, religious beliefs, sex, marital status, national origin, age, sexual orientation, or disability.

* Application is active for up to one year. After this time a new application must be completed.

* Nothing herein contained will constitute a commitment of indefinite or permanent employment

		General	mormation	
Date:				
Name:				
	LAST	FIRST		DDLE
Address:				
	STREET		CITY	ZIP CODE
Telephone	Number: ()	Plea		
Date of Bir	th:			Work Cellular
Driver's Li	cense #		State of Issue:	
Are you lav	wfully permitted to bec	ome employed in this cou	untry? Yes	No
•	ever been convicted of a iminal convictions are	a felony? not an absolute bar to emp		No
If yes, plea	se explain:			

General Information



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Employment Desired

Position Applied for: COMMUNITY SE	RVICE OFFICER			
Days/Hours Available to work:				
Earliest star date:				
Are you related to anyone currently empl	oyed by the City of Darie	n? Yes <u>No</u>		
If yes, please provide their name, departr	nent, and relationship:			
	Employment His	tory		
Please list your last three employers. Beg	in with your present or m	ost recent position.		
Employer #1:		Telephone Number:		
Employer Address:				
Title:	Start Date:	Last Date:		
Number of hours worked per week:	_ May we contact this e	employer? Yes I	No	
Reason for leaving (or NONE if current e	employer)			
Employer #2:	aployer #2: Telephone Number:			
Employer Address:				
Title:	Start Date:	Last Date:		
Number of hours worked per week:	_ May we contact this e	employer? Yes I	No	
Reason for leaving (or NONE if current e	employer)			

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Employer #3:	Telephone Number:
Employer Address:	
Title:	Start Date: Last Date:
Number of hours worked per week:	May we contact this employer? Yes No
Reason for leaving (or NONE if cur	rent employer)
	Military Background
Have you served in the Armed Forc	es? Yes No
Branch:	_ Number of Years: End of Service Date:
Provide DD214 Discharge Certifica	tion:
Please describe the skills or training	acquired while serving:

Education

	Name & City	<u># of</u> <u>Years</u> <u>Attended</u>	Graduation Date	<u>Major / Field of Study</u>
<u>High</u> <u>School</u>				
<u>College /</u> <u>University</u>				
<u>Trade</u> <u>School</u>				
<u>Other</u>				



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Please summarize any special job related skills, training, experiences, licenses, or certifications that you possess, (if you have certifications or licenses you may be asked to have a copy available at the time of the interview, if applicable).

References

Please give the names and addresses of three references. Do not include relatives.

Reference Name:	
Relationship:	
	Telephone: ()
Reference Name:	
Relationship:	
	Telephone: ()
Reference Name:	
Relationship:	
	Telephone: ()



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Applicant's Statement

If I am hired, I agree to abide by the rules and regulations of the City of Darien and City of Darien Police Department. I understand that my employment is AT-WILL. This means that I do not have a contract of employment for any particular duration or limiting the ground for my termination in any way. I am free to resign at any time. Similarly, the City of Darien is free to terminate my employment at any time for any reason. I understand that personnel policies, programs and procedures are in place and may be changed from time to time. The only time my AT-WILL status could be changed is if I were to enter into any express written contract with the City of Darien explicitly promising job security, containing the words "This is an Express Contract of Employment" and approved by the Darien City Council. The above language contains our entire agreement about my AT-WILL status and there are no oral or side agreements of any kind.

I certify that all of the answers and statements herein contained are true and complete. I understand that any misstatement or omission of fact will sufficient cause for dismissal or disqualification. I hereby authorize the verification of the information on this application, and I understand that the City or its agents may conduct a thorough background examination.

Signed _____ Date _____