



Barrington Hills Police Department

112 Algonquin Road

Barrington Hills, Illinois 60010

[847] 551-3006 [847] 551-3055



APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. The Village of Barrington Hills is an Equal Opportunity Employer and prohibits discrimination, harassment, and intimidation of any kind. All applicants will be considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, political affiliation, national origin, veteran, or disability status.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Barrington Hills. Please furnish us with COMPLETE information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. Submit completed applications and any supplemental documents to [hiring@vbhpd.net](mailto: hiring@vbhpd.net).

Position Applied For Police Officer (full-time)	Date Available:
---	-----------------

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Present Permanent Address:					Home Phone:
City:	State:	Zip:	County:	Mobile Phone:	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License No.:	State:	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATIONAL INFORMATION

Indicate Highest Grade Completed:	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 13 14 15 16	Post College 1 2 MA PHD
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High School:	Address:	City:	State:	Zip:
Date of Diploma:	If you did not complete high school, do you have a high school equivalency diploma (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received:			
College / University:	Address:	City:	State:	Zip:
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received:	Major:	Minor:	No. of Semester Credits Earned?
College / University:	Address:	City:	State:	Zip:
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received:	Major:	Minor:	No. of Semester Credits Earned?
Technical School:	Address:	City:	State:	Zip:
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received:	Major:	Minor:	No. of Semester Credits Earned?
Other:	Address:	City:	State:	Zip:
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received:	Major:	Minor:	No. of Semester Credits Earned?

EDUCATION INFORMATION CONTINUED

Other:		Address:		City:	State:	Zip:
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received:		Major:	Minor:	No. of Semester Credits Earned?	

POLICE TRAINING (Only If Applying for Police Officer Position)

Police Academy Attended:		Address:		City:	State:	Zip:
Certification Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		State in which Certification Was Received:		Dates Attended:		No. Hours:

ADDITIONAL TRAINING

Please list any correspondence courses, special courses, seminars, workshops, training sessions, etc. that might relate to the position for which you are applying. Also list any certifications, licenses or certificates relating to the position for which you are applying.

CONVICTION INFORMATION

The Village of Barrington Hills will not automatically reject an applicant who has been convicted.

Have you ever been convicted as an adult of a Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, Please indicate Date, Place, Nature of Offense(s) and Disposition:
If so, Please indicate Date, Place, Nature of Offense(s) and Disposition:
Have you ever been convicted as an adult of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, Please indicate Date, Place, Nature of Offense(s) and Disposition:
If so, Please indicate Date, Place, Nature of Offense(s) and Disposition:
Are any convictions listed above under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:

EMPLOYMENT INFORMATION

Please list employers beginning with your present or most recent employment. It is important to be complete. (Attach an additional sheet of paper if necessary.)

1. Employer:		Address:	City:	State:	Zip:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone No.:	Employment Dates: From: _____ To: _____		Immediate Supervisor:	
Last Salary: \$ _____ Per		Reason for Leaving:			
Position Held:		Duties Performed:			
2. Employer:		Address:	City:	State:	Zip:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone No.:	Employment Dates: From: _____ To: _____		Immediate Supervisor:	
Last Salary: \$ _____ Per		Reason for Leaving:			
Position Held:		Duties Performed:			
3. Employer:		Address:	City:	State:	Zip:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone No.:	Employment Dates: From: _____ To: _____		Immediate Supervisor:	
Last Salary: \$ _____ Per		Reason for Leaving:			
Position Held:		Duties Performed:			
4. Employer:		Address:	City:	State:	Zip:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone No.:	Employment Dates: From: _____ To: _____		Immediate Supervisor:	
Last Salary: \$ _____ Per		Reason for Leaving:			
Position Held:		Duties Performed:			
5. Employer:		Address:	City:	State:	Zip:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone No.:	Employment Dates: From: _____ To: _____		Immediate Supervisor:	
Last Salary: \$ _____ Per		Reason for Leaving:			
Position Held:		Duties Performed:			

May we contact your present employer? Yes No (Please Indicate Reason)

Is any of your employment data under a different name? No Yes (Please Indicate)

Is any other information contained in this application under a different name? No Yes (Please Indicate)

REFERENCES

Please list three persons, other than relatives or personal friends, who have knowledge of your work experience and / or training.

1. Name / Title:	Address:	Phone:
2. Name / Title:	Address:	Phone:
3. Name / Title:	Address:	Phone:

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that **false statement(s) will serve as basis for rejection of this application and may serve as just cause for discharge, if discovered after employment.** I authorize the use of past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such person from any liability or damages on account of having furnished such information

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Village of Barrington Hills and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is bonding upon the Village of Barrington Hills unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Village of Barrington Hills retains the same right.

I understand that if employed, polices and rules which are issued are not conditions of employment and that the employer may revise polices or procedures, in whole or in part at any time.

I understand that this application will be kept on active file for 60 days from the date completed, after which time I would have to reapply in accordance with established Village Procedures.

Applicant Name Printed

Applicant Signature

Date