



ACCELERATED ENTRY / LATERAL TRANSFER EMPLOYMENT APPLICATION

All persons possessing certification from the Illinois Law Enforcement Training and Standards Board may be considered for accelerated entry / lateral transfer. Certified accelerated entry / lateral transfer candidates must first affirm to and provide proof of the following requirements (attach to application email):

Application Requirements:

- High School Diploma or GED
- U.S. Citizen
- 21 years old through 35 years old
- Valid driver’s license
- Must not have certain misdemeanor convictions and no felony convictions
- Good driving record
- Good moral character
- ILETSB Certificate

Application Requirements:

- Proof of 2 Years Current Law Enforcement Employment
- Past & Current Performance Evaluations
- Past & Current Work Assignments
- Interview

After Conditional Offer:

- Background Investigation
- Polygraph
- Psychological Exam
- Medical Exam

INSTRUCTIONS TO APPLICANT:

1. You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
2. I understand and agree that all information furnished in this application may be verified by the Village of West Dundee or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to the Village of West Dundee. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Village all information relative to such verification and hereby release such individuals, organizations, and the Village of West Dundee from any and all liability for any claim or damage resulting therefrom.
3. Save completed application and email titled AELT Application to: agorski@wdundee.org (a receipt will be sent the following business day).

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE:	AGE:	DATE OF BIRTH:	
CURRENT HOME ADDRESS:				CITY:	STATE:	ZIP CODE:	
CELL PHONE:		OTHER PHONE:		EMAIL:			
SOCIAL SECURITY #:	DRIVER’S LICENSE #:		DL STATE:	LIST ALL SOCIAL MEDIA PROFILE (SMP) NAMES:			
SMP NAME #2		SMP NAME #3		SMP NAME #4			
F.O.I.D. CARD #	F.O.I.D. EXP:	CITY OF BIRTH:	STATE OF BIRTH:	U.S. CITIZEN? YES/NO			



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RESIDENTIAL INFORMATION

List your addresses for the last ten years starting with your present address:

FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:

EDUCATIONAL INFORMATION

List all schools, colleges, technical schools, etc.

SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				
SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				
SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				
SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				
SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				
SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				
SCHOOL/COLLEGE NAME:	ATTENDED FROM (mm/yy):	ATTENDED TO (mm/yy):	CREDITS AWARDED:	DEGREE:
ADDRESS, CITY, STATE, ZIP CODE				



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EMPLOYMENT HISTORY

List all jobs you have held for the last ten years starting with your current employer:

EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		



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MILITARY SERVICE

List all Military duty if none indicate "N/A" and skip to next section:

MILITARY BRANCH SERVED:	SERVED FROM (mm/yy):	SERVED TO (mm/yy):	HIGHEST RANK HELD:
WHAT TYPE OF DISCHARGE DID YOU RECEIVE? <input type="checkbox"/> Honorable <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Entry Level Separation <input type="checkbox"/> Medical Separation			
WERE YOU EVER CONVICTED AT A COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - DATE: / /	IF YES EXPLAIN:		
LIST ANY DISCIPLINARY ACTION YOU RECEIVED:			
ARE YOU NOW IN THE MILITARY RESERVES? YES/NO IF YES LIST BRANCH/STATE/ UNIT:			

CRIMINAL HISTORY

List all criminal and traffic arrests as an adult (18 and older):

DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:

REFERENCES

List three adults, not related to you, that you have known for a minimum of 5 years:

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP CODE:	PHONE #:
LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP CODE:	PHONE #:
LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP CODE:	PHONE #:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Entering your name, badge number and current Agency's name shall act as your electronic signature:

LAST NAME, FIRST NAME, MI	BADGE NUMBER:	CURRENT AGENCY NAME:
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