



Village of  
**West Dundee**  
Police Department

555 S. Eighth Street, West Dundee, IL 60118  
Telephone 847-551-3810 Fax 847-551-3843 Quad Com Dispatch 847-428-8784 (24 hrs.)

*Integrity*  
*Courage*  
*Professionalism*

**ACCELERATED ENTRY / LATERAL TRANSFER EMPLOYMENT APPLICATION**

Accelerated entry / lateral transfer candidates must meet and be able to provide proof of the following requirements:

- Certified police officer in the State of Illinois
- High School Diploma or GED
- Successful pre-employment screening which includes background investigation, review of past and current performance evaluations, interview, polygraph, psychological exam, medical exam, and drug screening

**INSTRUCTIONS TO APPLICANT:**

1. You must fully and accurately complete this application. Incomplete applications will not be considered.

By submitting this application, you understand and agree that all information furnished herein may be verified by the Village of West Dundee or its authorized representative, and you waive any right 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. Further, you 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.

2. Save completed application as "AELT Application - *First Initial. Last Name*" and email to:  
[hr@wdundee.org](mailto:hr@wdundee.org) with the subject line "AELT - *First Initial. Last Name*"

**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	



## **ACCELERATED ENTRY / LATERAL TRANSFER EMPLOYMENT APPLICATION**



### **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				



## **ACCELERATED ENTRY / LATERAL TRANSFER EMPLOYMENT APPLICATION**



### **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:		
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/Employee #:	CURRENT AGENCY NAME:
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