

# Department of Police Employment Application



ILLINOIS SECRETARY OF STATE  
**POLICE**  
110 E. ADAMS  
SPRINGFIELD, IL 62701

This application is for permanent employment only. Complete this application in detail. A separate application is required for each title that requires a training and experience evaluation; previous applications will not be reconsidered. Mail completed applications for training and experience testing to: Illinois Secretary of State Police, 110 E. Adams St., Springfield, IL 62701. Incomplete applications may be rejected.

**PRINT OR TYPE ONLY**

<b>Title of Position Applied For</b>				<b>OFFICE USE</b>	
				<b>TEST MONITOR</b>	
<b>Social Security Number</b>		<b>Date of Birth (optional)</b>		<b>OFFICE USE</b>	
				<b>DRIVER'S LICENSE</b> <input type="checkbox"/> <b>PHOTO ID</b> <input type="checkbox"/>	
<b>Last Name</b>			<b>First Name</b>		<b>M.I.</b>
<b>Street Address</b>				<b>County of Residence</b>	
<b>City</b>		<b>State</b>	<b>ZIP Code</b>		
<b>Primary Telephone Number</b>			<b>Alternate Telephone Number</b>		
( )			( )		
<b>EMAIL</b>					
<b>DRIVER'S LICENSE</b>					
<b>State Issued:</b>	<b>Class Rating — Non-CDL:</b>	<b>Class Rating — CDL:</b>	<b>Driver's License Number:</b>		<b>Date Expires:</b>
					MO DY YR

**ZONE PREFERENCE**  
Check all that apply:  
 Northern Illinois  
 Central Illinois  
 Southern Illinois

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED AND REQUIRED ATTACHMENTS ARE SUBMITTED**

1. Have you ever pleaded guilty, been found guilty or been convicted of any criminal offense other than a minor traffic violation? (If "YES," attach detailed explanation.) YES  NO
2. Have you ever been discharged from a job? Layoff/downsizing does not apply. (If "YES," attach detailed explanation.) YES  NO
3. Are you currently in default on repayment of any state education loan? YES  NO
4. Is any member of your family employed by the Office of the Secretary of State? YES  NO   
(If "YES," Name of Employee \_\_\_\_\_ Dept. \_\_\_\_\_ Relationship \_\_\_\_\_)

\* State law requires an employee in default on repayment of any education loan for 6 months or more and in the amount of \$600 or more shall, as a condition of employment, make satisfactory repayment arrangements with the maker or guarantor of the loan.

\*\* Family Member includes a person who has established a party to a civil union or parties to a marriage pursuant to the law.

<b>VETERANS POINTS AND PREFERENCE</b>	<b>DEPARTMENT OF PERSONNEL USE ONLY</b>
<input type="checkbox"/> I wish to claim Veterans Preference: Attach U.S. Veterans Affairs award letter or a legible copy of a certified DD214/215. <input type="checkbox"/> I wish to claim Veterans Preference as a member of the Illinois National Guard or U.S. Armed Forces Reserves: Attach letter from unit personnel indicating service under honorable conditions or a legible copy of a certified NGB 22. <input type="checkbox"/> I have already established Veterans Preference with the Office of the Secretary of State. To claim Veterans Preference as a surviving spouse or parent of an unmarried veteran who suffered service-connected death or disability, attach completed <b>Spouse/Parent Eligibility for Veterans Preference</b> form.	

I understand that I may be required to submit proof of previous employment, education or any other statement(s) in this application. I hereby authorize the release of this and associated information covering job-related factors for purposes of verification and determination of suitability for state employment by means of a background check. I certify that the information on this application is true and accurate to the best of my knowledge, and understand that misrepresentation of any information herein may result in ineligibility or be grounds for discipline, up to and including discharge.

Written Signature of Applicant (signature required)

Date

**THE OFFICE OF THE SECRETARY OF STATE IS AN EQUAL OPPORTUNITY EMPLOYER.**

**SECTION I—Employment Information:**

**Child support obligations:** State law requires that you provide certain information about child support obligations at the time of hire. The possibility of employment is not affected by a child support obligation or default in payment.

**Selective Service Registration:** As a condition of employment, state law requires that “every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation, at time of appointment, evidencing his registration with the Federal Selective Service System.”

**Disclosure of Information:** The Office of the Secretary of State requests disclosure of information that is necessary to accomplish the statutory purpose as outlined under 15 ILCS 310/10. Disclosure of this information is REQUIRED; failure to provide any information may result in rejection of this form.

**SECTION II—Experience Report:**

Fully describe **ALL** of your work experience beginning with your present position. If you held several positions with one employer, list each position separately. Incomplete information may negatively affect your grade for examinations consisting of training and experience. Resumé format is not acceptable, but additional sheets may be attached. Additional sheets **MUST** include all information requested below.

<b>Failure to fully complete the following information will result in no credit given for this work experience.</b>				
Name, Address and Phone Number of Employer:			Payroll Title:	
If this position was supervisory, indicate number of employees supervised for each type:				
Manual/Trades	Clerical/Office	Technical/Paraprofessional	Professional	Administrative/Managerial
<b>Failure to fully complete the following information will result in no credit given for this work experience.</b>				
Dates of Employment:				
From: Mo	Yr	To: Mo	Yr	
Total:	Years:	Months:	Average hours worked per week:	
Describe your duties and responsibilities. <b>Be specific.</b>				
<b>Office Use Only</b>				
Reason for leaving:			Level	Amount

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From: Mo	Yr	To: Mo	Yr		
Total:	Years:	Months:	Average hours worked per week:		
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Reason for leaving:				Level	Amount

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Dates of Employment:					
From: Mo	Yr	To: Mo	Yr		
Total:	Years:	Months:	Average hours worked per week:		
Describe your duties and responsibilities. <b>Be specific.</b>					
				<b>Office Use Only</b>	
Reason for leaving:				Level	Amount





**SECTION III—Professional/Technical Licensure or Certification:**

Law enforcement applicants should provide ILETSB Certification and Status.

Type:	Certification Number:	Date Issued:	Expiration Date:	State Issued In:
		Mo Yr	Mo Yr	
		Mo Yr	Mo Yr	
		Mo Yr	Mo Yr	

**SECTION IV—Business, Trade, Technical or Other Coursework:**

List below coursework or classes taken that cannot be credited toward a college or university degree program. Failure to indicate course length may result in no credit given.

Name, Address and Phone Number of Business, Trade, Technical or other School	From: Mo/Yr	To: Mo/Yr	Course Length: Hours/Days/Weeks	Subject(s)	Certificate Earned
	/	/	/ /		
	/	/	/ /		

**SECTION V—Education Report:**

List college/university education accurately and completely. Proof of education claimed may be required during the hiring process. **A copy of a certified transcript/degree MUST be submitted to obtain credit for educational achievement for training and experience evaluated titles.**

High School Graduate: YES <input type="checkbox"/> NO <input type="checkbox"/> OR	Years Completed:				GED:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	1	2	3	4				
Name, Address and Phone Number of College/University	Hours Earned: Sem Qtr		Major:	Minor:	Dates Attended: Mo/Yr Mo/Yr		Degree Earned: Level Date: Mo/Yr	
Undergraduate:					/	/		/
					/	/		/
Graduate:					/	/		/

**SECTION VI—Foreign Language:**

I am proficient (speak, write and translate) in the following languages (do not include English):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following documents must accompany this application in order to receive the maximum credit:**

1. Illinois Law Enforcement Training and Standards Board Certificate. Copy acceptable.
  - Titles of Investigator and Capitol Police only.
2. If college courses completed; copy of transcript(s) from all colleges attended.
3. If claiming Veterans Preference; copy of DD214/215 or U.S. Veterans Affairs Award letter.
4. If claiming Veterans Preference as a member of the Illinois National Guard or U.S. Armed Forces Reserve: copy of N6B22 or a letter from Unit Personnel indicating service under honorable conditions.