



Hoopeston Police Department

301 West Main Street
Hoopeston, Illinois 60942

Christopher P. Kelnhofer
Chief of Police



POLICE OFFICER APPLICATION

We consider applicants without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, or any other legally protected status.

Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Home Telephone Number		Work Telephone Number		Cellphone Number	

Date Of Birth		Social Security Nr		Drivers License Number	
FOID Card Number		Expiration date	Height	Weight	Eyes
					Hair

Education

Are you a high school graduate or have obtained your GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of high school and year of graduation?	_____	
Have to attended college or technical school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, name of institution and number of years attended:	_____	
Have you received an undergraduate degree, and if so, in what field of study:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Military Experience

Have you ever served in the US military forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, branch of service: _____	Dates of service: _____ to _____	
Discharge date: _____	Type of discharge	<input type="checkbox"/> Honorable <input type="checkbox"/> Other
If discharge was other than Honorable, explain: _____	_____	
Are you currently serving in the Reserves or National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, branch and current unit assigned to:	_____	

Work Experience

Employer (current/last)	Address	Telephone Number
_____	_____	_____
Supervisor	Job Title/Description	
_____	_____	
Dates Employed:	From: _____	To: _____
Reason for leaving: _____		

Employer	Address	Telephone Number
_____	_____	_____
Supervisor	Job Title/Description	
_____	_____	
Dates Employed:	From: _____	To: _____
Reason for leaving: _____		

Employer	Address	Telephone Number
_____	_____	_____
Supervisor	Job Title/Description	
_____	_____	
Dates Employed:	From: _____	To: _____
Reason for leaving: _____		

Describe any specialized training, apprenticeships or skills:

Describe any specialized military training you have received:

Have you ever been bonded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain giving dates, location and charges: _____)		

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain giving dates, location and charges: _____)		

Have you ever been convicted of a misdemeanor (excluding minor traffic offenses)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain giving dates, location and charges: _____)		

Do you have any previous law enforcement experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain in detail: _____)		

Do you have any physical conditions which may limit your ability to perform this particular job or certain tasks within this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain in detail: _____)		

Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for habitual use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for a mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied a Firearm Owner's ID Card by the state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current and valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you speak any languages other than English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If so, what language: _____)		

References

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I hereby certify that I have answered all the questions and information requested in this application completely and truthfully. I authorize investigation of all statements and information contained in this application for employment. I further understand that if any information or statements I have provided in this application are found to be false, misleading or fraudulent, my application will be immediately denied. I also understand that I will be required to submit to fingerprinting, a background check and drug testing by the City prior to my appointment.

Applicant Signature

Date

Waiver and Release of Liability

In consideration of the granting of my request to be permitted to take the Hoopeston Police Commission examinations and particularly that portion thereof known as the Physical Agility Test, I hereby waive any claim for injuries to my person that may arise out of my taking and participating in the Physical Agility Tests as administered by the Hoopeston Police Commission's sworn personnel. As such an applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or in the existence of such conditions and rely on my inspection of the same.

In further consideration of my being permitted to take the Physical Agility Tests, I hereby release the City of Hoopeston, Illinois, all its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said Physical Agility Tests.

I have read the foregoing and understand every word of this Waiver and Release.

Agreed To and Accepted this _____ Day of _____, 20 _____.

Signature

Address

Witness Signature

Address

After completing this application, attached any resumes or additional sheets. This application may be mailed to or presented in person at:

Hoopeston Police Department
301 W. Main
Hoopeston, Illinois 60942

Or Fax To:

Hoopeston Police Department
(217) 283-7963

Qualifications and Requirements

Pursuant to the Rules and Regulations of the Hoopeston Police Commission for patrolmen, applications for employment with the Hoopeston Police Department will be accepted from persons meeting the following qualifications:

Must be a citizen of the United States

Must have attained the age of 21 years at the time of application.

Must be a high school graduate or an equivalent certificate. A copy of high school diploma or equivalent certificate must be attached to this application.

Must submit to all written, oral and physical examinations as deemed necessary by the Hoopeston Police Commission.

Must submit to fingerprinting and a complete background investigation check.

Must be bondable.

Must not be a conscientious objector from military service of the United States.

Must not be dishonorably discharged from the military service of the United States.

Must not be a habitual user of alcohol or drugs or be a habitual gambler.

Must not have been convicted of any felony or serious misdemeanor crimes.

I certify that I have read the above qualifications and requirements and that I meet said requirements.

Printed Name

Signature

Date



Hoopeston Police Department

301 West Main Street
Hoopeston, Illinois 60942

Christopher P. Kelnhofer
Chief of Police



CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

Acknowledgment of Consent

I, _____, acknowledge that I am seeking employment in a safety-sensitive field and that establishing my employment eligibility requires a thorough investigation into my background and character.

Furthermore, I acknowledge and agree that as a condition of being considered for employment with the _____, or for maintaining my continued employment with the employer, it is required that I consent to a complete and thorough investigation of my background to determine whether I am a suitable candidate for the position of _____ with the requesting law enforcement agency (hereinafter "employer").

Mandatory Background Investigation:

I authorize the employer and/or their designated contractor to conduct a background investigation of me, which shall include, but shall not be limited to,

- (1) a review of my complete employment history.
- (2) a review of my complete criminal history.
- (3) a review of driving records.
- (4) a background check with the Department of Children and Family Services.
- (5) interviews with my personal references.
- (6) a review of all internal investigation files from any previous employers.
- (7) a verification of academic credentials and licenses.
- (8) a review of my military service history, if any.
- (9) a review of the Illinois Law Enforcement Training Standards Board's records and officer misconduct database.

Credit Check

I hereby consent to the employer obtaining and reviewing any credit and consumer reports, as permitted under the federal Fair Credit Reporting Act and local or state credit privacy laws, if

applicable. I understand that the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., authorizes me to request a copy of any consumer credit report from the consumer reporting agency that compiled the report.

Consent to Release of Information

I hereby consent to the release of all employment records from my current and former employers, including, but not limited to:

- (1) job applications;
- (2) personnel files;
- (3) internal investigations;
- (4) separation agreements;
- (5) pre-employment evaluations;
- (6) tests;
- (7) questionnaires;
- (8) fitness-for-duty examinations; and
- (9) any other information obtained about me by the entity to whom this Consent is presented.

Consent to Required Interviews and Evaluations

I further agree to participate in a personal interview, testing process, polygraph examination, post-offer psychological evaluation and medical evaluation, or any combination of those examinations or tests, as determined by the employer.

Confidentiality

All information obtained by the employer under this background investigation shall be confidential and safeguarded against disclosure to all unauthorized persons as required by law. However, nothing prevents the employer from using the information obtained to evaluate my suitability for employment.

I specifically consent to the disclosure of information that may be covered by a settlement agreement or other confidentiality provision entered with my former employers, and I waive any rights to enforce any prior confidentiality agreement against my former employer about this disclosure.

Waiver of Privacy

I waive any right or claim to privacy in such information and consent to the disclosure of information that may be exempt from disclosure by law. I waive any right I may have to be notified by any individuals and organizations named in my application for employment before the release of any information to the employer, including the release of information concerning any disciplinary action taken against me by former employers.

Indemnification

In exchange for this release of all of my personnel information, I, agree to release, discharge, and hold harmless any person, firm, or entity and their employees and agents that disclose information in response to receipt of this consent, from any liability for all claims, liabilities, causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of any personal information as described above. I further release and hold harmless the employer and the employer's respective personnel, employees, and agents from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at the employer or the decision to hire me, not to hire me, or retain me in my position.

Signature

I agree to sign this document and certify that I have read, understand, and agree to the terms and conditions set forth in this document and that this is a complete waiver under Section 10 of Employment Record Disclosure Act.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Date of Birth: _____ Social Security Number: _____

Telephone: _____ Cell phone: _____

Signature of Applicant: _____ Date: _____

Records Release Verification / Certification
Required by 50 ILCS 6.5

I, _____, have verified that all responsive records concerning _____, a current or former employee of _____ have been released to _____ or their designee, and that no known records have been intentionally withheld in accordance with the Hiring Decisions; Inspection of Employment Records Act (50 ILCS 6.5). I also certify that the _____ is not aware of any other credible, verifiable, relevant, and material information regarding the applicant that would reflect negatively on the applicant's fitness for employment as an officer and that is not contained in the responsive records.

Agency Representative Name: _____

Agency Representative Title: _____

Agency Representative Signature: _____

Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Fair Credit Reporting Act Background Check Disclosure

In connection with your employment application and for other employment purposes, the City of Hoopeston may seek background information about you from a consumer reporting agency. This information will be in the form of both consumer reports and investigative consumer reports.

These reports may be obtained at any time after the City of Hoopeston receives authorization from you, including any time during the period of your employment if the City of Hoopeston hires you.

Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, and other personal characteristics that is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records, and driving records, among other resources.

Investigative consumer reports include similar information as consumer reports, which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

Credit reporting companies, or another consumer reporting agency, will obtain the reports for the City of Hoopeston.

You have the right to request information from the City of Hoopeston about the nature and scope of any investigative consumer report on you that is requested by the City of Hoopeston. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.

Authorization to Obtain Consumer Reports Under the Fair Credit Reporting Act

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act*, and this authorization. I certify that I understand the documents I have received.

I hereby authorize the City of Hoopeston or its authorized agents, for employment purposes, to obtain or prepare consumer reports and investigative consumer reports at any time after it receives this authorization, including any time that I may be employed by the City of Hoopeston.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by credit reporting companies, other consumer reporting agencies, or the City of Hoopeston.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I otherwise disclose during my employment may be used to obtain consumer reports and investigative consumer reports.

_____ Signature	_____ Social security number
_____ Printed name	_____ Driver's license state and number
_____ Home address	_____ Former address
_____ Date of birth	_____ Date

This information is for background check Purposes only.

ILETSB Physical Fitness Standards

For BLE classes beginning after January 1, 2023

1. **SIT AND REACH TEST:** This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes beyond the extended arms from the sitting position. The score is in the inches reached on a yard stick with 15" being at the toes.

MALE TEST: SIT AND REACH					FEMALE TEST: SIT AND REACH				
Male Age	20-29	30-39	40-49	50-59	Female Age	20-29	30-39	40-49	50-59
Minimum Standard	14.4	13.0	12.0	10.5	Minimum Standard	17.0	16.5	15.0	14.8

2. **ONE MINUTE SIT UP TEST:** This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems.

MALE TEST: ONE MINUTE SIT UP					FEMALE TEST: ONE MINUTE SIT UP				
Male Age	20-29	30-39	40-49	50-59	Female Age	20-29	30-39	40-49	50-59
Minimum Standard	33	30	24	19	Minimum Standard	24	20	14	10

3. **ONE REPETITION MAXIMUM BENCH PRESS:** This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. The score is in percentage of body weight.

MALE TEST: BENCH PRESS					FEMALE TEST: BENCH PRESS				
Male Age	20-29	30-39	40-49	50-59	Female Age	20-29	30-39	40-49	50-59
Minimum Standard	88%	78%	72%	63%	Minimum Standard	51%	47%	43%	39%

4. **1.5 MILE RUN:** This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

MALE TEST: 1.5 MILE RUN					FEMALE TEST: 1.5 MILE RUN				
Male Age	20-29	30-39	40-49	50-59	Female Age	20-29	30-39	40-49	50-59
Minimum Standard	14:00	14:34	15:24	16:58	Minimum Standard	16:46	17:38	18:37	20:44