



# City of Braidwood Police Department

Community • Leadership • Integrity • Pride • Professionalism

141 W. Main Street, Braidwood, Illinois 60408  
Telephone (815) 458-2342 • Fax: (815) 458-6120

Bret Goodwin  
Chief of Police

## APPLICATION FOR EMPLOYMENT

*Print or type in black ink only. Please answer all fields. Any fields that do not apply enter N/A  
(DO NOT LEAVE ANY FIELDS BLANK)*

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

List all previous addresses in the past 10 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB (mm-dd-yy): \_\_\_\_\_ Social Security No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you applied with us before? *If yes, give date:* \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

On what date would you be available for your first day of work (mm-dd-yy): \_\_\_\_\_

Are you a U.S. citizen, or authorized to work in the U.S. without any restrictions? [ ] Yes [ ] No

Besides English are there any other languages you speak fluently? [ ] Yes [ ] No

*If yes, list languages and if you can read, speak, understand, or all three:*

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Have you been convicted of a misdemeanor in or out of the State of Illinois?

*If yes, please describe circumstances:*

[ ] Yes [ ] No

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Have you ever been convicted of a felony in or out of the State of Illinois?

[ ] Yes [ ] No

*If yes, please describe circumstances:*

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Have you ever been involuntarily terminated or asked to resign from any position of employment?

[ ] Yes [ ] No

*If yes, please describe circumstances and provide the name(s) of supervisor(s) while in that position:*

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If selected for employment, are you willing to submit to a pre-employment drug screening test?

[ ] Yes [ ] No

## Employment History

*Please list the names of present and previous employers starting with most recent first.*

*Please list additional experience on separate page.*

Employer: \_\_\_\_\_ Date employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Work performed/ Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Job Title: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date employed: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Work performed/ Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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## Education

	Name and Address	Years Attended	Course of Study	Degree Received
High School				
College				
Graduate/Professional				
Business/Trade School				
Other (Specify)				
Other (Specify)				

Describe any specialized training, apprenticeship, job-related skills and qualifications acquired from employment or other experience:

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List professional, trade, business or civic activities and offices held:

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List other information you feel is pertinent to the employment you are seeking:

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## References

*You must list at least four (4) references. Do NOT include family members.*

Name:	Phone:	
Address:	Relationship:	Years known:

Name:	Phone:	
Address:	Relationship:	Years known:

Name:	Phone:	
Address:	Relationship:	Years known:

Name:	Phone:	
Address:	Relationship:	Years known:

## Military Service

Are you currently serving in the U.S. Military?  Yes    No

If yes, what branch of Service? \_\_\_\_\_

Are you a veteran of the U.S. Military?  Yes    No

If yes, beginning date and ending date of active duty (mm-yy) From: \_\_\_\_\_ To: \_\_\_\_\_

On what grounds were you discharged (*write exactly as it appears on discharge form*):

\_\_\_\_\_

Were you ever court marshaled or convicted of a crime in a military court?  Yes    No

If yes, please describe outcome and offense:

\_\_\_\_\_

**Acknowledgement and Authorization**

*ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.*

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release Authorization**

To all courts, probation departments, selective service boards, physicians, hospitals, past and present employers, and other institutions and agencies, without exception:

I, \_\_\_\_\_, am applying for appointment as an employee of the City of Braidwood Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the City of Braidwood Police Department or its representative any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge, and exonerate the City of Braidwood Police Department, its agents, and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing, inspection and/or collection of such documents, records, and other information or the investigation made by the City of Braidwood Police Department.

*Any copies of this authorization will be considered as effective and valid as the original.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name Printed