



CITY OF EDWARDSVILLE POLICE DEPARTMENT
TESTING REGISTRATION FORM
PROBATIONARY PATROL OFFICER POSITION

118 Hillsboro Ave., P.O. Box 407
Edwardsville, IL 62025-0407

INSTRUCTIONS: Fill out this registration form completely and accurately. All statements are subject to verification. Incorrect statement(s) will bar or remove you from employment &/or consideration.

(Please print or type)

Name: _____ Email Address: _____

Address: _____ Mobile Telephone #: _____

(Include area code)

City: _____ State: _____ Zip: _____ Alternate Telephone #: _____

(Include area code)

Date of Birth*: _____ Social Security #: _____

*Applicants must be under thirty-five (35) years of age, at the time of application or test day and at such time as the final eligibility list is posted, unless exempt from such age limitation under the Act. Applicants must be twenty-one (21) years of age at the time they file their application with this Board. Proof of birth date will be required at time of application.

1. Are you presently authorized to work in the United States? _____ Yes _____ No

*Note: Federal law requires proof of your authorization to work in the United States.
If hired, you will be required to provide proof of your identity and employment eligibility within three (3) days of employment.*

2. Do you have a valid Driver's License? _____ Yes _____ No

Driver's License Number _____

Driver's License State of issue _____

Expiration Date _____

3. Do you have a bachelor's degree in any field? _____ Yes _____ No

Degree/Institution _____

4. Do you have an associate's degree in criminal justice? _____ Yes _____ No

Degree/Institution _____

5. Illinois Law Enforcement Completion Date and Location _____

6. Do you have a High School diploma or equivalent? _____ Yes _____ No

CERTIFICATION OF TRUTH AND ACCURACY

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions I have provided in this application. I am fully aware that any such willful misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

In connection with my application for employment, I hereby authorize any officer or other authorized representative of the Edwardsville Police Department or City of Edwardsville Human Resources Department, bearing this Release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and education records (including, but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records), medical records (pre-employment drug screen any physical examination results) and credit records. Further authorization is extended to all police departments, sheriff's departments, juvenile courts, and clerks of courts to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history or activity. I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records and any employer, school, college, university or other educational institution, medical facility, credit bureau or consumer reporting agency, including its officers, employees or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as an authorization to release any and all information in lieu of the original, which remains on file with the investigative agency.

Signature: _____ Date: _____

*The Board of Fire & Police Commissioners MUST remove this section prior to the selection process.
This information will be retained by Department of Human Resources only.*

EEO SURVEY

(optional)

The City of Edwardsville is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City asks applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Date: _____

Position applied for: _____

Sex: Male Female

Ethnic/Racial Group:

(Please check one)

- Hispanic or Latino** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White (not of Hispanic or Latino origin)** - All persons having origin in any of original peoples of Europe, the Middle East or North Africa.
- Black or African American (not of Hispanic or Latino origin)** - All persons having origin in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not of Hispanic or Latino origin)** - All persons having origin in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not of Hispanic or Latino origin)** - All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native (not of Hispanic or Latino origin)** - All persons having origin in any of the original peoples of North or South America and who maintain cultural identification through tribal affiliation or community attachment.
- Two or More Races (not of Hispanic or Latino origin)** - All persons who identify with more than one of the above six categories.

Decline Self Identification:

(If you do not wish to self identify your gender, ethnicity or race, please check the box below)

I do not wish to self identify.

Thank you. This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes, and will not influence the application or hiring process.