Berwyn Police Phone: 708-795-5600 Berwyn Police Fax: 708-788-3813

City of Berwyn Police Department • 6401 31st. • Berwyn, IL 60402 • www.berwyn-il.gov

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

me:				
LAST		FIRST		MIDDLE
t all other names or ali	iases you have use	d, or by which you have	been known includi	ng maiden names:
dress:	STREET	CITY	STATE	ZIP CODE
me Phone # ( )	Cellul	ar/Other Phone ( )	E-mail	Address
e of Birth:	Age: Plac	ce of Birth	Socia	l Security Number:
e of application/_				
If necessary, best to May we contact yo Are you authorized	u at work? □ Yes		AM to work number and be	□ Home □ Cellular/Other
			draft board as a cons	scientious objector?
reasonable accomn	nodation, perform	the essential functions of		plying. Can you, with or without d job description)?
Have you suffered	the amputation of	any limb?		
Have you submitted	d an application he	ere before?   Yes	□ No If yes, when	:
Have you been emp	oloyed here before	? □ Yes □ No	If yes, give dates:	From//_ to//
Do you have adequ	ate and reliable tra	ansportation to and from	work?	yes □ No
Employment Histo	ory:			
Are you currently e May we contact yo Have you ever take If <i>yes</i> , please explan	ur present employen a Civil Service I	Exam (Police or Fire)?	,	
Are you now on an If yes, Where?	×:			
Have you ever beer		e eligibility list and not y)		
**	a police officer?			

Ha	Have you ever been employed as a FULL TIME police officer?					
	ave you ever served as an "auxi 0)?	liary policeman" for at	least five (5) years and are	you now under the age of forty		
	ere you ever discharged or aske yes, please explain:					
mi	ght, in any way, restrict your ab	pility to work for our city		noncompetition agreement) that		
Ar	e you now or have you ever bee	en engaged in any busine	ess as an owner, partner or o	officer?		
Ex	plain any gaps in your employn	nent, other than those du	e to personal illness, injury	or disability		
	st all jobs you have held for the litary service and/or periods of Employer's Name		quence.	ent job first. Be sure to include		
1.			1000			
	Address/City/State/ZIP					
	Name and Title of Supervisor		Telephone Number			
	From (Month/Year)	To (Month/Year)				
	Reason for leaving					
	May employer be contacted?					
2.	Employer's Name	Type of Busin	uess			
	Address/City/State/ZIP					
	Name and Title of Supervisor		Telephone Number			
	From (Month/Year)	To (Month/Year)				
	Reason for leaving					
	May employer be contacted?					
3.	Employer's Name	Type of Busin	ess			
	Address/City/State/ZIP					
	Name and Title of Supervisor		Telephone Number			
	From (Month/Year)	To (Month/Year)				
	Reason for leaving					
	May employer be contacted?					

4.	Employer's Name	Type of Busines	SS	
	Address/City/State/ZIP			
	Name and Title of Supervisor		Telephone Number	
	From (Month/Year)	To (Month/Year)		
	Reason for leaving			
	May employer be contacted?			
5.	Employer's Name	Type of Busines		
	Address/City/State/ZIP			
	Name and Title of Supervisor		Telephone Number	
	From (Month/Year)	To (Month/Year)		
	Reason for leaving			
	May employer be contacted?			
NC:	sidences:			
Lis	t your addresses for the last ten Address (City, State, ZIP)	years, starting with preser	nt address first.  From (Month/Year)	To (Month/Year)
1.	Address (City, State, 211)		Trom (Month) Tear)	To (Month/Tear)
	ress (City, State, ZIP)		From (Month/Year)	To (Month/Year)
2				
4dd	ress (City, State, ZIP)		From (Month/Year)	To (Month/Year)
3	7, 10 (			
4dd	ress (City, State, ZIP)		From (Month/Year)	To (Month/Year)
4				
4dd	ress (City, State, ZIP)		From (Month/Year)	To (Month/Year)
5				
Far	mily Profile			
	t every member of your immedia	oto family who is still livin	a Include fother mother of	ihlings spausa and shildren
_18				ionings, spouse, and emidren
١.	Name	Relationship Date of I	Birth Address, City, St.	
	Occupation	Home Phone	Work/Cell Phone	
	оссираноп	none I none	NOTO CELL HORE	

2.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell I	Phone	
3.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell I	Phone	
4.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell I	Phone	
5.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell I	Phone	
6.	Name	Relationship	Date of Birth	Address, City, St.	
_	Occupation	Home Phone	Work/Cell I	Phone	
7.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell F	Phone	
8.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell F	Phone	
9.	Name	Relationship	Date of Birth	Address, City, St.	
	Occupation	Home Phone	Work/Cell F	Phone	

Name 10.	Relationship	Date of Birth	Address, City, St.	
Occupation	Home Phone	Work/	Cell Phone	
Please provide at References	least three references			
Name 1.	Years Known		Address, City State	
Home Phone	Work/Cellular Phone	e		
Name 2.	Years Known		Address, City, State	
Home Phone	Work/Cellular Phone	3		
Name 3.	Years Known		Address, City, State	
Home Phone	Work/Cellular Phone	2		
Name 4.	Years Known		Address, City, State	
Home Phone	Work/Cellular Phone		1 1	
Name 5.	Years Known		Address, City, State	
Home Phone	Work/Cellular Phone	1		

Alcohol, Illegal Drug Use and Gambling	:			
Are you currently now abusing or excessiv Do you currently use illegal drugs? Are you currently now excessively gambling				
Educational Background:				
Starting with your most recent school atte	nded, provide the	following information.		
SCHOOL (INCLUDE CITY AND STATE)	YEARS COMPLETED	COMPLETED	GPA CLASS RANK	Major/Mino
		□ Diploma □ GED □ Degree	KANA	
		□ Certification		
		□ Other		
		□ Diploma □ GED □ Degree		
		□ Certification		
		Other		
		□ Diploma □ GED □ Degree		
¥		□ Certification		
		□ Other		
		□ Diploma □ GED		
		□ Degree		
		□ Certification		
		□ Other		
Have you obtained any of the following?				
State-certified Law Enforcement C State-certified Corrections Officer Associate's Degree: Bachelor's Degree: Master's Degree:				

List any professional licenses or certificates you hold or have held:

Drivin	g History:				
Do you State	possess a valid Driver's License?	Date of Expiration	ı		
	. 8 55 5 6 59				
Have y	iver, have you ever been involved in a tra ou ever been refused a driver's or chauffe ur license ever been suspended, revoked,	eur's license by any			
Militar	y Service:				
Are you	ou ever served in any branch of the Unite a now or were you ever a member of the la now or were you a member of the Natio	United States Reserv		_	
Crimin	al History:				
Have y	ou ever been convicted of a felony?	es □ No			
If yes, p	please explain:				
Have ye	ou ever been convicted of any of the follo	wing crimes as either	er misdemeanors	or felonies?	
		Y/N	Comment		
1.	Homicide				
	Manslaughter				
	Robbery				
	Burglary				
	Fraud				
	Kidnapping				
	Forgery Money Laundering				
9.					
	Criminal Sexual Abuse				
	Criminal Sexual Assault				
	Aggravated Criminal Sexual Assault				
	Aggravated Criminal Sexual Abuse				
	Adultery				
	Public Indecency				
	Prostitution				
	Soliciting for a prostitute				
	Keeping a Place of Prostitution				
	Patronizing a Prostitute				
	Pimping				
	Juvenile Pimping				
	Exploitation of a Child				
	Aggravated Assault Intimidation				
	Theft				
	Institutional Vandalism				
	Mob Action				
	Obstructing Justice				
	Periury				

<ul><li>30. Suborning Perjury</li><li>31. Tampering with Public</li><li>32. Keeping a Gambling Pl</li></ul>	A ANNOTAS ESSANS
conviction alone will not result	o disclose a record of conviction that has been expunged or sealed. Additionally in disqualification for employment. We look at all of the circumstances involved in fense, nature of duties applied for, and other job related factors).
If yes, explain in detail listing redoes not constitute an automatic	eason(s), date(s), and location(s) in the comments section. Note: Answering "Yes' bar to employment.
Do you have or have you ever po	ossessed a valid Firearms Owner Identification Card?
If yes, please complete: Card #_	Expiration Date:
Date available for work	

I certify that all information provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (professional and personal), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application is current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply by filling out a new application.

I understand that if hired, with or without cause and with or without prior notice, I am free to resign at any time, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law or pursuant to a collective bargaining agreement, if applicable. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless in writing and signed by the employer's president.

I also understand that if hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws required me to complete an I-9 Form in this regard.

This Employer does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, pregnancy, sexual orientation or gender identity, or any other protected status under applicable federal, state, or local law. This employer likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, pregnancy, sexual orientation or sexual preference, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly

prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Employer takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of	f the foregoing Applicant	Stater	ment.
Signature of Applicant	Date	_/_	/

www.berwyn-il.gov



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## City of Berwyn Illinois Police Officer

**Essential Duties & Responsibilities** 

Receives briefing at shift commencement regarding general and special orders and information passed through the chain-of-command, as well as pertinent data regarding previous shift's activities. Receives beat assignments and inspects assigned vehicle and weaponry for operability.

Responds to radio dispatched call for action and/or assistance and takes appropriate action, assists allied law enforcement and local Fire Department in emergency situations. Renders first aid during emergency situations. Provides assistance to citizens whenever necessary.

Performs or assists in thorough preliminary investigations into reported and/or observed criminal activity to include all felony, misdemeanor, local ordinances violations, and petty crimes. Notifies supervisor when circumstances require backup or investigative staff. Provides backup response as requested.

Investigates calls of a non-criminal nature to include civil disturbances, family disputes, reports of missing persons and other annoyances. Assesses individual cases to determine appropriate action.

Serves as Juvenile Officer, investigates crimes by and against minors. Explores home situations and provides or recommends counseling services to parents, guardians, and children; maintains liaison with State Attorney's office, the court system and other related service agencies for cases requiring further action. Follows up on truancy cases and problem minors.

Apprehends, arrests, and transports suspects to police holding facility for booking and temporary incarceration. Performs booking of suspects according to established procedures and releases authorized personnel. Transports offenders to and from County Jail facilities as necessary.

Patrols assigned areas by vehicle or on foot, serving as a visible deterrent to crime and remaining alert to special problems in regard to crime prevention and possible criminal activity. Checks business establishments, dwellings and other buildings for signs of illegal entry. Provides information and assistance to general public and investigates suspicious activity or situations.

Enforces City traffic ordinances, regulates traffic, serving as a visible deterrent, promotes traffic safety, performs speed control activities, and issues citations to violators of the Illinois Motors Vehicle Code and the Municipal Code for the City of Berwyn. Arrests or warns persons guilty of violating motor vehicle regulations and safe driving practices. Monitors passing traffic to detect stolen vehicles and arrests drivers where ownership is not apparent.

Prepares, maintains, and forwards all requisite reports and records of activities. Reviews all reports and sources of information that aid in the proper disposition of assigned cases. Prepares cases for court presentation and provides relevant testimony in court.

Performs community relations duties as assigned, speaks to school and community group and individuals on a variety of police-related topics for the promotion of crime prevention.

Provides road information and assistance to motorists.

Follows all safety regulations, policies and procedures. Reports all unsafe conditions and acts to supervisor. Reports all accidents to the supervisor immediately whenever possible, but no later than end of the employee's work shift. Follows recognized safe work practices.

Performs other duties as requested or assigned which are reasonably within the scope of the duties enumerated above.