



Police Department



A Nationally Accredited
Police Department

VILLAGE OF GRAYSLAKE

POLICE OFFICER

CANDIDATE APPLICATION

Mayor: Rhiett Taylor
Trustees: Ronald L. Jarvis ~ Kevin D. Waldenstrom ~ Elizabeth Davies ~ Lalena Zoe Magretta ~ Laura Dias ~ Pradip Safu
Village Clerk: Cynthia E. Lee

Ten South Seymour Avenue ~ Grayslake, Illinois 60030 ~ (847) 223-8515 ~ Fax: (847) 223-4821 ~ www.villageofgrayslake.com



PLEASE READ CAREFULLY

August 9, 2022

Police Officer Candidate:

Attached is the required application package to qualify for testing as a police officer for the Village of Grayslake. The application must be completed **in full**, and returned in a sealed envelope to the Grayslake Police Department, Attn: Deputy Chief Myhra, 10 S. Seymour Avenue, Grayslake, IL 60030 no later than Noon on Monday, September 30, 2022.

Applicant's name should be printed on the front of the sealed envelope.

Legible copies of the following items **must be included** with the returned application. Please retain the originals:

- A recent photograph (6 months or less)
- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of Driver's License
- Copy of NIPSTA Power Card or other ILETSB (Illinois Law Enforcement Training and Standards Board) certified physical testing facility (**issued no more than 9 months from the date of the Grayslake written examination**)

Legible copies of the following items should be included with the returned application, but **must be received by the application due date.**

- Copy of Military Discharge Papers (DD214 or similar)
- Evidence of High School graduation or G.E.D.
- Copy of College or University Degree
- Copy of Certified Transcript of Course Work from the accredited College or University attended

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NOTE: All applicants **must attend** a mandatory orientation meeting on Saturday, October 15, 2022 at 9:00 a.m. at the Grayslake North High School, 1925 N. Illinois Route 83, Round Lake Beach, Illinois. **THE DOORS WILL BE CLOSED AT 9:00 A.M.** Applications can be obtained online at www.villageofgrayslake.com. You must show a valid state or federal picture ID or passport to be admitted to the orientation. If you do not submit a properly completed application by the deadline, if you do not register at the orientation or if you do not provide acceptable ID, you will not be eligible to take the written exam on Saturday, October 15, 2022.

In the event you move or change telephone numbers during the time of testing or upon successfully completing the process and being placed on the eligibility list, it is your responsibility to notify the Village of Grayslake Police Commission (10 S. Seymour Avenue, Grayslake, Illinois 60030), in writing, of the change.

Applicants must complete a written test. The test will be conducted on Saturday, October 15, 2022, beginning at 9:00 a.m., (doors open at 8:00 a.m.) at the Grayslake North High School, 1925 N. Illinois Route 83, Round Lake Beach, Illinois. Applicants should be dressed in an appropriate non-offensive manner. Special needs per ADA requirements shall be accommodated with prior written request made at least ten (10) days prior to the scheduled written examination.

A preliminary eligibility list will be drafted upon the successful completion of these tests, based on scores. Candidates who are eligible for veteran, educational, or law enforcement certification preference points, shall make a claim in writing with proof thereof within ten (10) days after the date of the eligibility list or such claim shall be deemed waived. Once positions on the department are open, candidates will be contacted in order on the list and will be required to submit to a psychological test, polygraph test, medical exam, an extensive background investigation and oral interviews, with the Police Commission.

Village of Grayslake Police Commission
Grayslake Village Hall
10 South Seymour Avenue
Grayslake, Illinois 60030



ACKNOWLEDGEMENT/CONSENT BACKGROUND AND CREDIT HISTORY

As part of the application process for employment as a Police Officer with the Police Department of the Village of Grayslake, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicant's neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. The name of the consumer reporting agency used as part of this background investigation will be furnished to the applicant upon the applicant's request. Furthermore, the applicant acknowledges that he/she consents and authorizes the Village of Grayslake, its agents and or assigns, to conduct a background investigation and to request a report of his/her credit history. The applicant also acknowledges that said applicant has been advised of his/her creditor's rights, as follows:

“Applicant has the right, under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency, the following disclosures:

1. The nature and substance of all information in its files (except medical information) on you at the time of the request.
2. The sources of the information.
3. The creditors to whom the consumer reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he/she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

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Federal Law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification; (2) you may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. You must pay any toll charge involved, and may be required to provide proper identification; (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing, free of charge.”

The undersigned agrees and consents to the release of such information to the Police Commission of the Village of Grayslake, as the applicant’s prospective employer.

Signed this _____ day of _____, 2022

(Applicant’s Signature)

(Please Print Your Name)

SOCIAL STATUS

17. ARE YOU SINGLE? <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
18. ARE YOU LIVING WITH YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO" EXPLAIN	
19. GIVE INFORMATION REGARDING MARRIAGE, OR MARRIAGES			
DATE	WHERE	WIFE'S MAIDEN NAME	
20. IF A MARRIAGE TO WHICH YOU WERE PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING			
	EXPLAIN	TO WHOM WAS ACTION GRANTED	
SEPARATED			
DIVORCED			
ANNULLED			
21. ARE YOU PAYING ALIMONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN	
22. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE?			
23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU & STEPCHILDREN			
NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM
24. ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO" EXPLAIN FULLY	
25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN	
26. ARE YOU PAYING CHILD SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN	

EDUCATION

27. LIST VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED					
NAME & ADDRESS OF SCHOOL (INCLUDING CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE YES NO		AVERAGE GRADE
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGES OR UNIVERSITIES					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					
28. JUNIOR COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	
29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			IF "YES" EXPLAIN		
30. LIST ANY OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES.					
31. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD.					

DRIVING HISTORY

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

RESIDENCES

37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS.			
FROM (MO. & YR)	TO (MO. & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE
38. DO YOU OWN OR ARE YOU BUYING A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION	

MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" BRANCH	
41. SERVICE SERIAL NO.	42. HIGHEST RANK HELD	43. RANK AT DISCHARGE	
44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)		45. LIST PERIOD(S) OF ACTIVE SERVICE FROM (DATE)	TO (DATE)
46. GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)			
47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	BE EXACT		
48. HAVE YOU REGISTERED FOR SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
49. REGISTRATION # (CAN BE FOUND BY CALLING 847-688-6888 OR WWW.SSS.GOV).			
50. WERE YOU EVER CONVICTED AT A COURT MARTIAL IF "YES" EXPLAIN <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
51. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> YES <input type="checkbox"/> NO			
BRANCH	UNIT	RANK	
ADDRESS		FROM	TO
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?			IF "YES" WHAT STATE
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REGIMENT	UNIT	RANK	
TYPE OF DISCHARGE		FROM	TO
53. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT			

CRIMINAL HISTORY

54. HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
55. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN		
56. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN		
57. HAVE YOU EVER BEEN REPORTED AS A MISSING OR RUNAWAY PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME		
58. HAVE YOU EVER BEEN A VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THIS CRIME REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN	
59. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY	DATE	PURPOSE
IF "YES" EXPLAIN				

60. (DOES NOT APPLY)

61. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED			
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE
62. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN	

EMPLOYMENT HISTORY

63. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS
64. ARE YOU NOW ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN		
65. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN		
66. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" EXPLAIN		
67. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DATE:				
68. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

69. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYER IF "YES" EXPLAIN	
70. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER?	

71. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE. IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS. INCLUDE EMPLOYER TELEPHONE NUMBERS WHENEVER POSSIBLE.

1	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS & PHONE #
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
2	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS & PHONE #
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
3	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS & PHONE #
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
4	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS & PHONE #
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
5	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS & PHONE #
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
6	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS & PHONE #
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

EMPLOYMENT (CONTINUED)

7	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
8	EMPLOYER'S NAME		ADDRESS		TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
72. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		73. EXPLAIN YOUR REASONS FOR APPLYING FOR THIS POSITION			

CREDIT HISTORY

74. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Including Bank, or Charge Account, or Firms You Have Borrowed Money for Any Purpose).			
NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE
		\$	OPENED CLOSED
		\$	
		\$	
75. HAVE YOU EVER BEEN SUED		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE DETAILS
76. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT (S) & WHETHER IN ARREARS			
AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS YES NO	NAME AMOUNT OWED TO ADDRESS
\$	\$		
\$	\$		
\$	\$		
77. HAVE YOU EVER FILED FOR BANKRUPTCY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

ACQUAINTANCES

78. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.				
1	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

79. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLE MORE THAN FIVE YEARS. ALL PERSON TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

1	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
3	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN

81. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

THUMBPRINT

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation may include testing for drugs/ narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to meet vision & hearing standards established by the Village of Grayslake.



WAIVER/RELEASE OF LIABILITY
(APPLICANT FOR PUBLIC EMPLOYMENT)

AGREEMENT made this ____ day of _____, 2022, between _____, an Applicant for employment as a Police Officer with the Police Department of the Village of Grayslake, Illinois, (the “Applicant”) and the Village of Grayslake, Illinois, its Board of Police Commissioners, their employees, agents, representatives and assigns (specifically any testing agency employed by the Village or its Board of Police Commissioners) (hereinafter collectively referred to as the “Village”); witness:

WHEREAS, Applicant has applied to the Village for employment as a Police Officer; and

WHEREAS, the Village is required to subject the Applicant to a competitive testing process; and

WHEREAS, the Applicant has agreed to submit to a variety of examinations, including a written examination, oral interviews, medical examinations, and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the Village; and

WHEREAS, the Village has agreed to administer some of said exams, on an as needed basis and as provided by the Rules and Regulations of the Village’s Board of Police Commissioners, without expense to the Applicant; and

WHEREAS, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment by the Village of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the Applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant’s participation in any examination or background investigation conducted by or for the Village as part of its pre-employment screening process for the position of Police Officer. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the Village may incur as to the Applicant resulting from the Applicant’s participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former

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employer pursuant to the Personnel Records Review Act, 820 ILLS, Sect. 40/7(1). The Applicant also acknowledges that the Applicant has the opportunity to discuss the import of this Waiver with legal counsel of Applicant's own choosing.

Witness our hands and seals the day and year above written.

APPLICANT

**VILLAGE OF GRAYSLAKE, ILLINOIS
BOARD OF POLICE COMMISSIONERS**

By: _____
(Its Chairman or Secretary)