

CITY OF DARIEN
BOARD OF FIRE & POLICE COMMISSIONERS

COMMISSION MEMBERS
Frank Noverini
Carol M. Gierut
Mark Piccoli

October 1, 2009

Dear Applicant:

The Board of Fire and Police Commissioners will conduct testing for the establishment of a Police Officer Eligibility List on Saturday November 21, 2009, 8:00 a.m. at Hinsdale South High School, 7401 Clarendon Hills Road, Darien, Illinois. Enter the high school from the north parking lot. Applicants arriving after 8:00 a.m. will not be admitted. **Bring photo identification** in the form of a valid driver's license or government issued I.D. card. Applicants who fail to verify their identification at the test are disqualified.

Prior to the testing, your written application and other required materials (see checklist) must be delivered to the Commission no later than 5:00 p.m. Friday, October 30, 2009. Applications may be delivered in person or mailed to:

Board of Fire & Police Commissioners
Darien Police Department
1710 Plainfield Road
Darien, IL 60561

There is a \$30.00 non-refundable application fee that must accompany each completed application. Study guides from the testing service are available at a cost of \$10.00. Make checks payable to the City of Darien. Any questions should be directed to Carol Kopta, 630-852-5000 Ext. 8233, or e-mail ckopta@darien.il.us

Sincerely,



Carol Gierut
Chairman

CG:ck

CITY OF DARIEN

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REQUIREMENTS FOR POLICE OFFICER CITY OF DARIEN, ILLINOIS

- CITIZENSHIP:** Must be a citizen of the United States at the time of filing formal application.
- AGE:** Not less than 21 years of age, and not have reached age 35 at the time of testing or otherwise in compliance with State Law.
- EDUCATION:** Must have a minimum of a high school diploma or an official G.E.D. certificate (not just G.E.D. test results).
- GENERAL PHYSICAL CONDITION:** Must be able to demonstrate physical agility and muscular coordination by completion of the Illinois POWER Test (www.ptb.state.il.us/pdf/POWER.pdf). Successful candidates will be offered an extensive physical examination as part of a post (testing) offer of employment.
- SELECTIVE SERVICE REGISTRATION:** Letter of verification or registration with the Selective Service System where applicable. (www.sss.gov/)
- VETERANS:** Preference points are added to test score in accordance with Illinois Law. Application of veteran's preference points must be asserted in writing if the applicant is successful in achieving placement on an initial eligibility hiring list.
- MISCELLANEOUS:** Positively no deviation or exception on any requirement. At the time of application you will be required to furnish the Board of Fire & Police Commissioners with a copy of your birth certificate, high school diploma, or G.E.D. certificate and Military DD214 form, (Discharge, Separation Form) if applicable. These documents become property of the Board of Fire & Police Commissioners.

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FORM 1

AUTHORIZATION

I authorize and empower the City of Darien Board of Fire and Police Commissioners, the Darien Police Department any consumer reporting agency, or other outside service company engaged by said Board for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I, the undersigned, understand that all tests, investigative materials and reports, test results, and background investigation materials become the property of the City of Darien Board of Fire and Police Commissioners and are not subject to review.

(Print Name)

(Signature)

(Date)

CITY OF DARIEN

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FORM 2

Authorization to Release Information and Waiver

I, _____, an applicant for a position with the Darien Police Department (herein "DPD"), understand that the DPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the DPD.

Note To Employers: 745 ILCS 46/10 entitled "No liability for providing truthful information states:

"Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith is immune from civil liability for the disclosure and the consequences of the disclosure. The presumption of good faith established in this Section may be rebutted by preponderance of the evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee."

I do hereby authorize any representative of the DPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the DPD, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

This authorization is not to include any medically related history or Workers' Compensation Act or Worker's Occupational Diseases Act claims.

I reiterate and emphasize that the specific intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the DPD to consider in determining my suitability for employment.

I consent to your release of any and all public and private information that you may have concerning me for the following:

- Employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made).
- Any internal affairs investigations and discipline, including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me.
- The records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice or workers' compensation claims.
- Personal background and reputation.

- Military Service Records.
- Educational Records.
- Financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings).
- Any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations and criminal history information.
- Any information contained in investigatory files.

I hereby release you, as the custodian of such records, your organization, 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 to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the DPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the DPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employee harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the DPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access of and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the DPD in conjunction with employment procedures.

I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as required by the Illinois Personnel Records Review Act-820 ILCS 40/7.

A photocopy/FAX copy of this release will be valid as an original thereof, even though said photocopy/FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by the DPD or its attachments and that all information and documents provided to the DPD become the property of the DPD and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

Signature: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Social Security No.: _____ Date of Birth: _____

Witnessed By: _____ Date: _____

CITY OF DARIEN

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FORM 3

I hereby agree to abide by all Rules and Regulations of the Board of Fire and Police Commissioners of the City of Darien during the giving of any examination and after the examination. Also, during any probation period I might be appointed to; or as a regular member of the Police Department.

These rules were available for me to read at the Police Department.

(Print Name)

(Signature)

(Date)

CITY OF DARIEN
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FORM 4

PHYSICIAN'S CONSENT FORM

To the City of Darien, Fire and Police Commission:

This is to certify that I have examined _____ and have found that he/she may participate in the physical activities of the Illinois POWER Test on November 21, 2009.

(Print Physician's Name)

(Signature)

Address _____

Telephone No. _____

Date _____

NOTE: This form is to be completed and returned to the Board of Fire and Police Commissioners, City of Darien, 1710 Plainfield Road, Darien, IL 60561

**Illinois Law Enforcement
Training and Standards Board**



Preface

The Illinois Law Enforcement Training and Standards Board, in recognizing the importance of physical fitness status for academy performance (and eventual job performance), has established the **Peace Officer Wellness Evaluation Report (POWER)** test for entering any of the Illinois certified police academies.

The POWER test will be provided to all candidates prior to entering the academy to see if each individual meets the standards. These fitness entrance requirements help to ensure that each recruit can undergo both the physical and academic demands of an academy without undue risk of injury and with a level of fatigue tolerance to meet all academy requirements. If the applicant does not meet all the standards, the recruit will not be allowed to enter the academy.

In an effort to brief police administrators and police applicants, this pamphlet will provide information on the rationale, purpose, testing and procedures, standards of performance and fitness activities to prepare for the POWER test. It is intended to answer the basic questions pertaining to all aspects of the fitness testing process. Any questions you may have about these standards should be directed to the Board's Office at (217) 782-4540.

Thomas J. Jurkanin, Ph.D.
Executive Director

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What Is Physical Fitness?

Physical fitness is a health status pertaining to the individual officer having the physiological readiness to perform maximum physical effort when required.

Physical fitness consists of three areas:

- Aerobic capacity or cardiovascular endurance pertaining to the heart and vascular system's capacity to transport oxygen. It is also a key area for heart disease in that low aerobic capacity is a risk factor.
- Strength pertains to the ability of muscles to generate force. Upper body strength and abdominal strength are important areas in that the low strength levels have a bearing on upper torso and lower back disorders.
- Flexibility pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.

Why Is Fitness Important as a Job-Related Element for Law Enforcement Officers?

- It has been well documented that law enforcement personnel (as an occupational class) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity. Law enforcement agencies have the responsibility of minimizing known risk. Physical fitness is a health domain which can *minimize the "known" health risks* for law enforcement officers.

Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analysis that account for physical fitness have demonstrated that fitness areas are underlying factors determining the physiological *readiness* to perform a variety of *critical* physical tasks. These three fitness areas have also been shown to be predicative of job performance ratings, sick time, and number of commendations of police officers. Data also shows that the fitness level is predicative of *trainability* and academy performance.

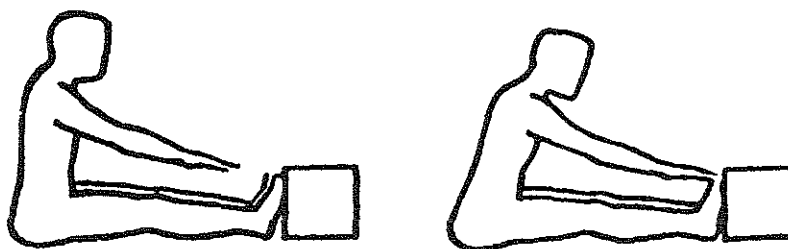
- Physical fitness can be an important area for minimizing *liability*. The unfit officer is less able to respond fully to strenuous physical activity. Consequently, the *risk of not performing physical duties* is increased.

How Will Physical Fitness Be Measured?

The POWER test consists of four basic tests. Each test is a scientifically valid test. It is recommended that five minutes of static stretching, using techniques approved by the Board, be completed prior to each test. A five minute rest is recommended between each test with a fifteen minute rest before the 1.5 mile run. The tests will be given in the following sequence with a rest period between each test.

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 also important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. *The score is in the inches reached on a yard stick.*



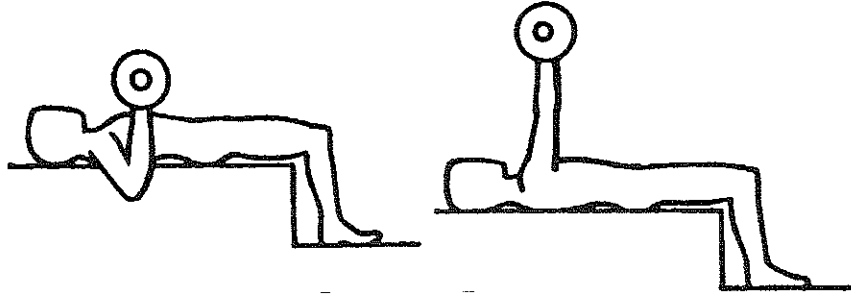
2. 1 Minute Sit-Up Test

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 also an important area for maintaining good posture and minimizing lower back problems. *The score is in the number of bent leg sit-ups performed in one minute.*



3. 1 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. It is an important area for performing police tasks requiring upper body strength. *The score is a ratio of weight pushed divided by body weight.*



4. 1.5 Mile Run

This is a timed run to measure the heart and vascular system's 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.*



What Are the Standards?

- The actual performance requirement for each test is based upon norms for a national population sample.
- The applicant must pass every test.
- The required performance to pass each test is based upon age (decade) and sex. While the absolute performance is different for the eight categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile range in terms of their respective age/sex group. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and sex group.

POWER CHART

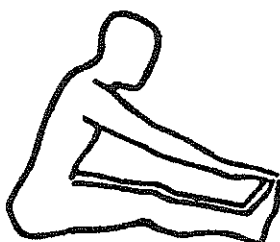
TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 Minute Sit-Up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44

How Does One Prepare for the Power Test?

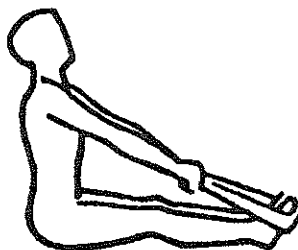
1. Preparing for the Sit and Reach Test

Performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises.

Sit and Reach. Do 5 repetitions of this exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for 10 seconds.



Towel Stretch. Sit on the ground with the legs straight. Wrap a towel around the feet holding each end with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.



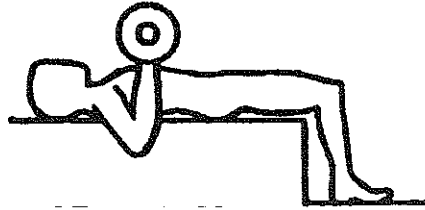
2. Preparing for the Sit-Up Test

The progressive routine is to do as many bent leg sit-ups (hands behind the head) as possible in 1 minute. At least three times a week, do three sets (three groups of the number of repetitions one did in 1 minute).



3. Preparing for the 1 Repetition Maximum Bench Press

If one has access to weights, determine the maximum weight one can bench press one time. Take 50% of that poundage. This will be the training weight. One should be able to do 8-10 repetitions of that weight. Do three sets of 8-10 repetitions adding 2 ½ to 5 pounds every week.




If one does not have weight equipment, then the push-up exercise can be utilized. Determine how many push-ups one can do in 1 minute. At least three times a week, do three sets of the amount one can do in 1 minute.



4. Preparing for the 1.5 Mile Run

Below is a gradual schedule that would enable one to perform a maximum effort for the 1.5 mile run. If one can advance the schedule on a weekly basis, then proceed to the next level. If one can do the distance in less time, then that should be encouraged.



Week	Activity	Distance	Time	Frequency
1	Walk	1 Mile	20'-17'	5/Week
2	Walk	1.5 Miles	29'-25'	5/Week
3	Walk	2 Miles	35'-32'	5/Week
4	Walk	2 Miles	30'-28'	5/Week
5	Walk/Jog	2 Miles	27'	5/Week
6	Walk/Jog	2 Miles	26'	5/Week
7	Walk/Jog	2 Miles	25'	5/Week
8	Walk/Jog	2 Miles	24'	4/Week
9	Jog	2 Miles	23'	4/Week
10	Jog	2 Miles	22'	4/Week
11	Jog	2 Miles	21'	4/Week
12	Jog	2 Miles	20'	4/Week

FORM 5

Φ Preferred Solutions, Inc.

7501 Lemont Road Suite 250
Woodridge, IL 60517
630-910-3507 FAX 630-910-3630

BACKGROUND INQUIRY AUTHORIZATION

I _____ authorize Preferred Solutions, Inc. to obtain
PLEASE PRINT

any and all past employment records regarding previous employment and other areas of my background such as past employer inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, and drug testing results. I agree to hold Preferred Solutions, Inc., its client and my past employers, harmless regarding any information that is obtained during the background inquiry. I am aware that this report is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report, if not hired.

To all my previous employers and holders of public records:

Please accept this faxed or mailed document as an original authorization for release of all employment records including reason for termination or resignation, criminal records, past drug and alcohol test results and transcripts of educational accomplishments.

Applicant: The request for your date of birth is to be used in performing a criminal record search only. It is not used by the client in consideration of employment.

I, hereby authorize my current or previous employers in compliance with FHWA/DOT Federal Motor Carrier Safety Regulations (FMCSR) 382.405 (f) (h), 382.413 (a) (b) (c) (f) to release the according drug testing information to Preferred Solutions, Inc.

Signature

Date

Last Name First Name Middle Name Maiden Name

Street Address: _____

City: _____ State: _____ Zip Code _____

County of Residence _____ Social Security Number _____

Date of Birth _____

Driver's License Number _____ State _____

EDUCATION

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
30. LIST 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 FROM ILLINOIS? <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 OTHER 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 YOUR OWN 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
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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. WHAT IS YOUR 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	
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)	FROM (DATE)	TO (DATE)
47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	BE EXACT	

48. IF YOU HAD NO MILITARY SERVICE EXPLAIN

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E., 1-A ETC.	50. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS, CITY, STATE & ZIP CODE	
51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
	ADDRESS		FROM	TO
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT	UNIT	
	RANK	TYPE OF DISCHARGE	FROM	TO
54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT				

CRIMINAL HISTORY

55. HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
IF "YES" EXPLAIN				
56. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
57. 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			
58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME			
59. HAVE YOU EVER BEEN THE 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		
60. 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				

62. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

63. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? IF "YES" EXPLAIN

YES NO

EMPLOYMENT HISTORY

64. 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

65. ARE YOU NOW ON ANY ELIGIBILITY LIST? YES NO IF "YES" EXPLAIN

66. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED? YES NO IF "YES" EXPLAIN

67. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES NO IF "YES" EXPLAIN

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? YES NO DATE

69. 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

70. 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 EMPLOYERS IF "YES" EXPLAIN	

71. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

72. 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.

1	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	
2	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	
3	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	
4	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	
5	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	
6	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	

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

73. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		74. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.	
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CREDIT HISTORY

75. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include 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
		\$	
		\$	

76. HAVE YOU EVER BEEN SUED? YES NO IF "YES" GIVE DETAILS

77. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) & WHETHER IN ARREARS.

AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

78. HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" EXPLAIN

ACQUAINTANCES

79. 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

80. 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 PERSONS 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

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 upon a conditional offer of employment may include testing for drugs/narcotics and alcohol. You will be required to give a thorough medical history and will be required to meet standards established by the municipality.

THUMBPRINT

CITY OF DARIEN

BOARD OF FIRE & POLICE COMMISSIONERS

COMMISSION MEMBERS
Frank Noverini
Carol M. Gierut
Mark Piccoli

FORM 6

DOCUMENT CHECK LIST

Use this checklist to compile all required items to be submitted. Failure to submit ALL required documents will result in the **disqualification** of your application.

X if enclosed

- | | |
|-------|--|
| _____ | Form 1 - Authorization Form |
| _____ | Form 2 - Authorization to Release Information & Waiver |
| _____ | Form 3 - Agreement to abide by Rules and Regulations of Board Form |
| _____ | Form 4 - Physician's Consent form – POWER Test |
| _____ | Form 5 - Preferred Solutions Background Inquiry Form |
| _____ | Form 6 - Check List Form |
| _____ | Copy of Birth Certificate |
| _____ | Copy of Driver's License |
| _____ | Recent Photograph of Applicant, Print Name on Back |
| _____ | Copy of High School Diploma or Official G.E.D. Certificate
(Not test results) |
| _____ | Copy of verification of registration with the Selective Service |
| _____ | Copy of Military Discharge Papers, if applicable |
| _____ | Police Officer Application |

Applicant's Name (PRINT)

Applicant's Signature