



South Barrington Police Department

30 South Barrington Road
South Barrington, Illinois 60010-9500
Phone (847) 381-7511 Fax (847) 381-0929
www.southbarrington.org
Michael J. Garrison
Chief of Police



ACCELERATED ENTRY / LATERAL TRANSFER APPLICATION

Persons currently certified with the Illinois Law Enforcement Training and Standards Board may be considered for accelerated entry / lateral transfer. Certified accelerated entry / lateral transfer candidates must affirm to and provide proof of meeting the following requirements (attach to application email):

Application Requirements:

- U.S. Citizen
- Valid Driver's License
- Must not have certain misdemeanor convictions and no felony convictions
- Good driving record
- Good moral character
- ILETSB Certificate
- Basic Training Certificate
- Documentation of at least 2 years Current Law Enforcement Employment
- Past & Current Performance Evaluations
- Past & Current Work Assignments

Accelerated Process Consists of:

- Interview
- Background Investigation
- Polygraph

After Conditional Offer:

- Psychological Exam
- Medical Exam with a Drug Screen

INSTRUCTIONS TO APPLICANT:

1. Please fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
2. You understand and agree that all information furnished in this application will be verified by the Village of South Barrington or its authorized representative. You waive any right you may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment information to the Village of South Barrington. You hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Village of South Barrington all information relative to such verification and hereby release such individuals, organizations, and the Village of South Barrington from any and all liability for any claim or damage resulting therefrom.
3. Save the completed application and email with the required documents attached titled Lateral Application to:
mgarrison@southbarrington.org

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE:	AGE:	DATE OF BIRTH:
CURRENT HOME ADDRESS:			CITY:	STATE:	ZIP CODE:	
CELL PHONE:		OTHER PHONE:		EMAIL:		
SOCIAL SECURITY #:	DRIVER'S LICENSE #:		DL STATE:	LIST ALL SOCIAL MEDIA PROFILE (SMP) NAMES:		
SMP NAME #2		SMP NAME #3		SMP NAME #4		
F.O.I.D. CARD #		F.O.I.D. EXP:	CITY OF BIRTH:	STATE OF BIRTH:	U.S. CITIZEN? YES/NO	

ACCELERATED ENTRY / LATERAL TRANSFER EMPLOYMENT APPLICATION

ILLINOIS PTB#

RESIDENCE HISTORY

List all of your addresses for the last ten years starting with your present address:

FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:
FROM (mm/yy):	TO (mm/yy):	ADDRESS, CITY, STATE, ZIP CODE:

EDUCATIONAL INFORMATION

List all schools, colleges, technical schools, etc.

[illegible]

ACCELERATED ENTRY / LATERAL TRANSFER EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

List all jobs you have held in the last ten years starting with your current employer:

EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		
EMPLOYER NAME:	WORKED FROM (mm/yy):	WORKED TO (mm/yy):	TITLE/POSITION:
ADDRESS, CITY, STATE, ZIP CODE			
SUPERVISOR NAME & TITLE:	SUPERVISOR PHONE #:	SUPERVISOR EMAIL:	
EXPLAIN WHAT YOUR DUTIES ARE/WERE:	REASON FOR LEAVING:		

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MILITARY SERVICE

List all Military duty. If none indicate "N/A" and skip to next section:

MILITARY BRANCH SERVED	SERVED FROM (MM/YY):	SERVED TO (MM/YY):	HIGHEST RANK HELD:			
WHAT TYPE OF DISCHARGE DID YOU RECEIVE?						
HONORABLE	HONORABLE CONDITIONS	OTHER THAN HONORABLE	BAD CONDUCT	DISHONORABLE	ENTRY LEVEL SEPARATION	MEDICAL
WERE YOU EVER CONVICTED AT A COURT MARTIAL?		IF YES, EXPLAIN:				
YES NO IF YES DATE: ____/____/____						
LIST ANY DISCIPLINARY ACTION YOU RECEIVED: YES NO						
ARE YOU NOW IN THE MILITARY RESERVES? YES NO		IF YES, LIST BRANCH/STATE/UNIT:				

CRIMINAL HISTORY

List all criminal and traffic arrests as an adult (18 and older):

DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:
DATE OF ARREST (dd/mm/yyyy):	AGENCY NAME, CITY, STATE:	CHARGES:	DISPOSITION:

REFERENCES

List three adults, not related to you, that you have known for a minimum of 5 years:

LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP CODE:	PHONE #:
LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP CODE:	PHONE #:
LAST NAME, FIRST NAME, MI	ADDRESS, CITY, STATE, ZIP CODE:	PHONE #:

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Entering your name, badge number and current Agency's name shall serve as your electronic signature:

LAST NAME, FIRST NAME, MI	BADGE NUMBER:	CURRENT AGENCY NAME:
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