



IOS - Recruitment and Testing Services



Plainfield Police Department – Police Officer Application Instructions

Thank you for your interest in the Plainfield Police Department. Please be sure to carefully review all application instructions and testing information.

Police Officer Application Instructions:

1. Carefully review the **minimum requirements** on the following page. **All requirements must be met by the specified deadline, Friday, August 18, 2017 at 2:00 p.m.** Applicants who do not meet the minimum requirements by the application deadline will not be allowed to continue in the testing process. There will be no opportunity to correct submissions after the application deadline.
2. Visit recruitment.iosolutions.com to complete the online application for the position of Police Officer. **THE DEADLINE FOR THE ONLINE APPLICATION IS FRIDAY AUGUST 18, 2017 at 2:00 PM.** Your online application must be confirmed no later than **8/18/17 at 2:00 PM.** You will receive a confirmation number when you complete your online application. Save this number for your records.
3. Applicants may mail/ship or hand deliver release form(s) and required documents:
Documents via email will **NOT be accepted
 - **MAIL/HAND-DELIVERY** – Gather all required documents, **print and sign** release form(s) and place all documents into an envelope. Mail/ship envelope via traceable carrier (FedEx, UPS, etc.) or hand-deliver to:
IOS Recruitment
ATTN: Plainfield PD
1127 S Mannheim Rd
Suite 203
Westchester, IL 60154
Business Hours: 8:30 a.m. – 5:00 p.m. M – Th, 8:30 a.m. – 3:00 p.m. Friday, closed weekends and holidays
4. Online application and required documents must be received by IOS Recruitment by **Friday, August 18, 2017 at 2:00 PM.** Documents delivered after the application deadline will **not** be accepted.

Please contact IOS Recruitment at (800)-343-HIRE or recruitment@iosolutions.com with questions regarding the application, required documents or testing BEFORE the application deadline date.

Orientation and Testing Information:

Candidates must attend the mandatory orientation and written examination on **SATURDAY, SEPTEMBER 16, 2017.** Sign-in will open at 8:00 a.m. Please arrive no later than 8:45 a.m. with a photo ID (driver's license, state ID, military ID) to sign-in. **NO LATE ADMITTANCE.** Test will be held at:

Fire Department Administration Building
23748 W. 135th Street
Plainfield, IL 60585

All portions of the testing process are mandatory. Failure to attend and successfully complete any portion of the process will result in elimination from employment consideration.



IOS - Recruitment and Testing Services



Plainfield Police Department – Minimum Requirements

APPLICATION DEADLINE: AUGUST 18, 2017 at 2:00 PM

Police Officer Minimum Requirements:

- \$25.00 non-refundable application fee;
- U.S. Citizenship;
- No Felony Convictions;
- Valid Driver's License;
- Associate's Degree in Criminal Justice or Law Enforcement OR a Bachelor's Degree in any field from a regionally accredited college or university;
- 21 to under 35 years of age as of August 18, 2017, unless otherwise exempt by Statute;
- Valid POWER Test Card dated within one year of written exam. Must be dated September 16, 2016 – September 16, 2017;
- Military Service Record/Discharge DD-214 (if applicable);
- Testing Requirements: Candidates must achieve at least 70% to pass the written examination and at least 70% to pass the oral interview. The top 20 candidates from the written exam will move on to the oral interviews.
- The Village of Plainfield will not consider members of the immediate family of current employees to the Village for employment. For the purpose of clarification, immediate family is defined by blood or marriage as spouse, parent, child, grandparent, grandchild, brother, sister, uncle, aunt, first cousin, step-parent, step-brother, step-sister, step-son, step-daughter, niece, nephew, mother-in-law, father-in-law, sister-in-law, and brother-in-law.

Preference Points:

Candidates on the Initial Eligibility List may apply for preference points. To qualify, you must have one of the following:

- At least one (1) full year of active service, and honorable discharge or reserve duty
- Bachelor's Degree in Law Enforcement/Criminal Justice
- Certification as a police officer from the Illinois Local Governmental Law Enforcement Officers Training and Standards Board and currently serving in a part-time or full-time capacity for a municipality within the state of Illinois

Each of the above listed items may earn you five (5) points. A maximum of five (5) points total may be applied.

Salary: Starting salary of \$61,279, upon successful completion of Basic Training salary will increase to \$64,312

Benefits include: Medical, dental, optical, pension plan, deferred compensation plan, holiday benefit package, vacation benefit package, sick and personal benefit package, uniform and vest allowance



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Plainfield Police Department – Checklist

PLAINFIELD POLICE DEPARTMENT APPLICATION DOCUMENTS

Due August 18, 2017 at 2:00 p.m.

- Confirmed Online Application** **Write Your Confirmation Number**
Here: _____
- Village of Plainfield Release Forms (11 pages) – must be signed and dated by applicant.**
- COPY of Official Certified College or University Transcripts**
Must indicate attainment of an Associate's Degree in Criminal Justice or Law Enforcement
- COPY of Valid Driver's License**
Include copy of both sides only if license bears renewal sticker.
- COPY of Birth Record as Proof of Citizenship**
The following documents are accepted as proof of citizenship:
 - COPY of U.S. COUNTY-/STATE-ISSUED BIRTH RECORD
 - COPY of VALID U.S. PASSPORT
 - COPY of NATURALIZATION PAPERSHospital-issued birth certificates are not verifiable, and therefore cannot be accepted.
- COPY of Valid POWER Test Card**
Valid if issued between **9/16/2016 and 9/16/2017**. Candidates taking the POWER test after the application deadline **MUST** either provide a copy of their card to IOS Recruitment upon receipt or submit a copy on the date of the written examination
- COPY of Military DD-214 (if applicable)**

Please deliver **signed release form** and **all required documents** to the address below by **8/18/17 at 2:00 PM:**

IOS Recruitment
ATTN: Plainfield PD
1127 S Mannheim Rd
Suite 203
Westchester, IL 60154

Please be sure to carefully review checklist and application instructions before submission. Incorrect, missing, or otherwise incomplete applications will be cause for disqualification. IOS Recruitment is not responsible for late, misdirected or incomplete applications. Contact IOS Recruitment before the application deadline with any questions regarding the application, required documents or testing.

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the **Error! Reference source not found.** or I/O Solutions, Inc., or either of its authorized representatives to collect blood, urine or saliva samples from me and to conduct other necessary medical tests to determine the presence in my body or use by me of alcohol, drugs or controlled substances.

I understand that the presence of certain medications in my blood and/or urine may affect test results. To aid in the analysis of the test results I would like to inform the **Error! Reference source not found.**, I/O Solutions, Inc., and either of its authorized representatives that I have taken the following medications in the last seven (7) days:

RELEASE

I understand that release of my medical records by this written authorization will results in disclosure of these test results. I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the **Error! Reference source not found.**, the Village of Plainfield Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to: _____
Applicant Name, printed

Date_____

Applicant Signature

Date_____

Witness Name, printed

Date_____

Witness Signature

Date_____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

BEHAVIORAL PROFILE

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from you which will be used for a Behavioral Profile. The tests, survey and interviews are designed to: measure your attitudes regarding drugs and alcohol, trustworthiness, and work; to predict your interpersonal skills, personality traits and motivations; and to predict your on-the-job mental abilities.

CONSENT FOR BEHAVIORAL PROFILE

I hereby grant my consent for the I/O Solutions, Inc., or its authorized representative to conduct the necessary interviews and administer the necessary examinations to determine my Behavioral Profile.

RELEASE

I understand that release of the results of my Behavioral Profile by this written authorization will result in disclosure of those test and survey results.

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of the I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Behavioral Profile or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to:		Date _____
	Applicant Name, printed	
		Date _____
	Applicant Signature	
		Date _____
	Witness Name, printed	
		Date _____
	Witness Signature	

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CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from private credit reporting agencies as to your credit history. This investigative consumer report includes, if applicable, information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

CONSENT AND AUTHORIZATION TO INVESTIGATE CREDIT HISTORY

I hereby authorize and consent to a thorough investigation of my past and present credit history and disclosure of the results of that investigation to third parties. I understand that release of my past and present credit records by this written authorization will result in the disclosure of those records. I understand that this investigative consumer report can include, if applicable, information as to my character, general reputation, personal characteristics, and mode of living.

RELEASE

I hereby consent to the release of the results of the investigation of my credit history and other relevant information to authorized representatives of the **Error! Reference source not found.** or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners and the I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

Agreed to:		Date _____
	Applicant Name, printed	
		Date _____
	Applicant Signature	
		Date _____
	Witness Name, printed	
		Date _____
	Witness Signature	

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CRIMINAL HISTORY INFORMATION / FINGERPRINT

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from State and local law enforcement agencies for any reportable criminal history information concerning you using your fingerprints. This information can include a record of any convictions, which are required by statute to be collected and maintained by government agencies.

RELEASE

I agree to be fingerprinted by the **Error! Reference source not found.** and acknowledge that these fingerprints will be used to investigate my criminal history and conviction record. I agree to and understand the release of the results of the investigation, to determine my criminal history information, will result in the disclosure of information concerning whatever criminal history exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history will be released to authorized representatives of the **Error! Reference source not found.** or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and the disclosure of any of that information.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

DRIVING RECORD

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from the Secretary of State regarding your driving record. This information can include a record of your current driver's license issuance information (exclusive of information on judicial driving permits); convictions and orders entered revoking, suspending, or canceling your driver's license or privilege.

RELEASE

I hereby acknowledge the results of the investigation of my driving record will be released to authorized representatives of the **Error! Reference source not found.** or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc. its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into and the disclosure of my driving record.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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EMPLOYMENT: PAST AND PRESENT

CONSENT

I hereby consent to a thorough investigation of my past and present employment activities and agree to cooperate in such investigation. I hereby authorize my past and present employers to release the requested information and to comment on my work record.

RELEASE

I understand that by this written authorization my past and present employment records will be disclosed to third parties. I hereby consent to the release of the results of the investigation into my past and present employment and other relevant information to authorized representatives of the **Error! Reference source not found.** and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to:	_____	Date _____
	Applicant Name, printed	
	_____	Date _____
	Applicant Signature	
	_____	Date _____
	Witness Name, printed	
	_____	Date _____
	Witness Signature	

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COLLEGE/UNIVERSITY DIPLOMA

CONSENT

I hereby consent to an investigation to determine the authenticity of my college or university diploma. I hereby authorize my educational institution(s) or its equivalent to release such information regarding the authenticity of my college or university diploma to representatives of the **Error! Reference source not found.** or I/O Solutions, Inc.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of my diploma or its equivalent will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent to authorized representatives of the **Error! Reference source not found.** or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my college or university diploma and the disclosure of the results of that investigation as authorized herein by me.

Agreed to:		Date _____
	Applicant Name, printed	
		Date _____
	Applicant Signature	
		Date _____
	Witness Name, printed	
		Date _____
	Witness Signature	

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MEDICAL RECORDS

CONSENT

I hereby consent for I/O Solutions, Inc., or its authorized representative to obtain my medical records from my primary physician for the period of time that my name appears on the **Error! Reference source not found.**'s Final Eligibility List.

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records. I hereby consent to the release of my medical records to authorized representatives of the **Error! Reference source not found.** or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Police Departments to which I have made application for employment or to which I will make application for employment. By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

Agreed to:		Date _____
	Applicant Name, printed	
		Date _____
	Applicant Signature	
		Date _____
	Witness Name, printed	
		Date _____
	Witness Signature	

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PERSONAL INFORMATION RELEASE TO MUNICIPALITY

DISCLOSURE

This is to inform you that in processing your application an investigation has been made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the **Error! Reference source not found.** or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

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WRITTEN EXAMINATION

RELEASE

By this written authorization I understand that release of the results of my Written Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Written Examination for dissemination to the **Error! Reference source not found.** and to those municipalities and/or Police Departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the **Error! Reference source not found.**, the **Error! Reference source not found.** Board of Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Written Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to:		Date _____
	Applicant Name, printed	
		Date _____
	Applicant Signature	
		Date _____
	Witness Name, printed	
		Date _____
	Witness Signature	

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**Village of Plainfield Employment Agreement
Police Officer Employment Agreement**

I, _____, in advance of my appointment as a police officer with the Village of Plainfield, do hereby acknowledge that in the event I resign my position as a police officer within the first two (2) years, I will reimburse the Village of Plainfield all costs associated with training/uniforms, estimated to be \$32,000, according to the following scale:

<u>Completed Quarters of Service</u>	<u>% of Costs to be Repaid</u>
One	88%
Two	75%
Three	63%
Four	50%
Five	38%
Six	25%
Seven	13%
Eight	0%

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.