

**Carpentersville**  
**Board of Fire and Police Commissioners**

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Last Name	First Name	M
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- Application Completed
- Authorization for Release of Information
- Physical Agility Waiver
- Physician's Approval of Participation in Physical Agility
- Optometrist Certificate of Eye Examination
- College Transcripts and Degree
- High School Transcripts and Diploma
- Photocopy of Driver's License
- Military Discharge Papers (DD-214)

Applications are due Monday April 12, 2010 at 4:00 PM. Additional required documents not submitted with application may disqualify candidate from further consideration. Application questions should be directed to Commander Michael J. Kilbourne at (847) 551-3481.

# Carpentersville

## Board of Fire and Police Commissioners

### AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital Nursing Home, or Medical Association;

The US Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, Elementary or High School.

Any local, State, or Federal Law Enforcement Agency; any past or present employer; any Credit Bureau or Retail Merchants Association; any insurance company.

I, \_\_\_\_\_, have applied for employment with the Carpentersville Police Department.

I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you may have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Carpentersville Police Department. This authorization or a reproduction thereof, shall be valid for two years from the date of execution of this document.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Selective Service #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Veteran's Administration File #: \_\_\_\_\_

Armed Forces Membership: \_\_\_\_\_ Service #: \_\_\_\_\_

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, Zip Code

# Carpentersville

## Board of Fire and Police Commissioners

### Physical Agility Waiver

For and in consideration of the undersigned being granted the opportunity of participating and engaging in the physical agility testing process as an applicant for the position of police officer, the undersigned, in order to avail him/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto and hereby releases the Village of Carpentersville, and School District 300, its officials, officers, and all other personnel of the Village Carpentersville, and School District 300 from any and all liability whatsoever for any injuries, damages and claims the undersigned, their heirs, dependents and assigns may sustain while participating in the physical agility testing process or while upon the premises of the Village of Carpentersville, and School District 300 for the purposes of applicant testing.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

# Carpentersville

## Board of Fire and Police Commissioners

### Physician's Approval of Participation in Physical Agility

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

To Examining Physician: The Carpentersville Board of Fire and Police Commissioners is testing applicants for position of police officer. A portion of the examination process consists of a physical agility test. This test contains the following events requiring brief periods of maximum exertion.

**1. Sit and Reach Test**

This test 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 important in minimizing lower back problems. This test involves stretching out to touch the toes or beyond with arms extended from the sitting position. The score is in inches reached on a yardstick with 15" being at the toes.

**2. One Minute Sit Up Test**

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

**3. Maximum Bench Press (One Repetition)**

This is the weight pushed from the bench press (prone) position and measures the amount of force the upper body can generate. Weight based upon a percentage of applicant's body weight.

**4. One and a Half Mile Run**

This is a timed run to measure the heart and vascular systems capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and minimize the risk of cardiovascular problems.

### **Physician's Certification**

I certify that I have, on this date, examined the above named applicant and that on the basis of the examination found no reason which would make it medically inadvisable for the applicant to participate in the fore mentioned events.

Physician's Signature: \_\_\_\_\_

Examination Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

# Carpentersville

## Board of Fire and Police Commissioners

### Optometrist Certificate of Eye Examination

The Carpentersville Board of Fire and Police Commissioners is creating an eligibility list for police patrol officer. As part of the testing and selection process applicants are required to submit a medical report from an optometrist. Thank you for your assistance.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Number: \_\_\_\_\_ Physician ID: \_\_\_\_\_

Uncorrected Vision: Left Eye: \_\_\_\_\_ Right Eye: \_\_\_\_\_

Corrected Vision: Left Eye: \_\_\_\_\_ Right Eye: \_\_\_\_\_

Free From Colorblindness: YES NO (Circle One)

I certify the above optical information is true and correct.

\_\_\_\_\_  
Physician's Signature

**TO ALL APPLICANTS – EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

The following information is used by the Village of Carpentersville for research and statistical purposes, and in order to comply with U.S. Department of Justice regulations. Federal and state laws make it unlawful to discriminate in employment on the basis of race, color, religion, gender, national origin, disability or age. Your participation is voluntary and would be greatly appreciated. The information is confidential, will be kept separate from your application and will not be used to make any employment decision.

**AGE GROUP / GENDER**

- |                                   |                                      |                                 |
|-----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 40-44       | <input type="checkbox"/> Male   |
| <input type="checkbox"/> 25-29    | <input type="checkbox"/> 45-54       | <input type="checkbox"/> Female |
| <input type="checkbox"/> 30-34    | <input type="checkbox"/> 55 and over |                                 |
| <input type="checkbox"/> 35-39    |                                      |                                 |

**CHOOSE ONE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY:**

- American Indian or Alaskan Native.** (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)
- Asian/Pacific Islander.** (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)
- Black.** (Not of Hispanic origin: All persons having origins in any of the Black ethnic groups.)
- Hispanic.** (All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
- White.** (Not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.)

**PLEASE DESCRIBE HOW YOU LEARNED ABOUT THIS RECRUITMENT (Check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Job Announcement                        | <input type="checkbox"/> Village employee               |
| <input type="checkbox"/> Village of Carpentersville Website      | <input type="checkbox"/> Community Service Organization |
| <input type="checkbox"/> Other website: _____                    | <input type="checkbox"/> Flyer / Posting                |
| <input type="checkbox"/> Ad in Newspaper or Professional Journal | <input type="checkbox"/> Other: _____                   |