



Winthrop Harbor Police Department

Employment Interest Form

INSTRUCTIONS: Print this form and complete the required information. Please complete the form by hand and write legibly. Use back side if you need more space to list your information. The included *Authority to Release Information* form must also be signed on the second page. Follow the instructions on the job posting or flyer for submission of these completed forms.

POSITION OF INTEREST:

Sworn Police Officer Community Service Officer Marina Security Officer Dispatcher
 Records Clerk Internship Program Other: _____

TYPE OF INTEREST: Full-time Part-time Either full or part time

PERSONAL INFORMATION:

Full name: _____ Date of Birth: ____/____/____

Home address: _____ Unit/Apt. _____

City: _____ State: ____ Zip code: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____

E-Mail Address: _____

Driver's License #: _____ State: ____ Valid? Yes No

Are you currently a student? Yes No (If yes, where? _____)

List employment experience that may qualify you for this position:

List specific training that you've had that may be applicable to this position:

List any other Law Enforcement agencies you have submitted applications to:

Signature: _____ **Date** ____/____/____

AUTHORITY TO RELEASE INFORMATION

Having expressed interest in employment with the Winthrop Harbor Police Department, and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records which may be of interest to them. This authorization to release information includes, but is not limited to; school, employment, military, criminal, court and driving records, whether privileged or not. This authorization to release information is executed in context of the Village of Winthrop Harbor Police Department giving consideration to my interest in employment, and shall serve as a release of all liability to all parties furnishing such information to the Village of Winthrop Harbor and/or its Departments.

Once signed and Notarized, a copy or facsimile of this *Authority to Release Information* form shall serve as providing the same authority to release information as the original document.

**** SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC ****

Applicant Name: (print) _____

Applicant Signature: _____

Address: _____

City: _____ State: ____ Zip: _____

(This section to be completed by a Notary Public)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public Signature _____

(notary seal)

THIS FORM MUST BE SIGNED, NOTARIZED AND SUBMITTED WITH THE EMPLOYMENT INTEREST FORM.