



O'Fallon Police Department

Lateral Entry Application



Return all applications to Captain Michael Mojzis
 285 North Seven Hills Road
 O'Fallon, IL 62269

Last name	First name	Middle name

Other names you have used (example: maiden name, name(s) by a former marriage, or name change)	

List the current address where you physically reside (Not a post office box number).			
Number, street, and apt. number	City	State	Zip code

List a mailing address if unable to obtain mail at your residence.			
Number, street, and apt. number or PO Box	City	State	Zip code

Residence telephone number	Work telephone number
()	()
E-mail address	Cell telephone number
	()

Date of birth	Age	Sex	Race
Month / Day / Year (XXXX)		<input type="checkbox"/> M <input type="checkbox"/> F	

Driver's License Number	Classification	Restrictions	State of Issue	Expiration Date
_____	_____	_____ <input type="checkbox"/> No restrictions		Month / Day / Year

Is anyone you are related to (blood or marriage) employed with the City of O'Fallon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Person and relationship to you: _____	
Position within the City: _____	

Law Enforcement Employment Section

Begin with your current employer and list all law enforcement employers you have had in the past 10 years. If you have worked for more than three Law Enforcement Agencies, please list only the name and dates of employment on the last page.

You must be currently employed as a full-time officer to be eligible for the Lateral Entry Program.

Employment start date	Name of current employer
Month / Year	

Current employer's mailing address	If not the same as mailing address, list your actual work location

Your title or position

Supervisor's name	Supervisor's title

Have you ever received, or do you have any pending disciplinary actions? Explain in section below.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

1st Former Law Enforcement Employer

Name of former employer	Former employer's mailing address

Start Date	Month / Year	End Date	Month / Year

Full time Part-Time Temporary Internship

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number () Area code	

Explain reason for leaving employment.

Do you feel this former employer would rehire you? If you answered "No" explain below.	<input type="checkbox"/> Yes No

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Supervisor's name (first name, last name)	Supervisor's title

Did you ever receive, or do you have any pending disciplinary actions? Explain below.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

2nd Former Law Enforcement Employer

Name of former employer	Former employer's mailing address

Start Date	Month / Year	End Date	Month / Year

Full time Part-Time Temporary Internship

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number () Area code	

Explain reason for leaving employment.

Do you feel this former employer would rehire you? If you answered "No" explain below.	<input type="checkbox"/> Yes No

Supervisor's name (first name, last name)	Supervisor's title

Did you ever receive, or do you have any pending disciplinary actions? Explain below.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Law Enforcement References

List below any individuals who are members of law enforcement agencies whom you are acquainted with or related to and who have knowledge of you and your qualifications.

Name and rank: (first name, last name)	Agency where employed or retired from
Relationship to you: (relative, family friend, etc.)	How long have you known this person?
Contact number: ()	Years:
Name and rank: (first name, last name)	Agency where employed or retired from
Relationship to you: (relative, family friend, etc.)	How long have you known this person?
Contact number: ()	Years:

Education

Yes No Graduated High School or G.E.D. Certified? Name of high school: _____

Date of Graduation: _____ / _____ Location of School: _____

Month Year City State

Yes No I possess a degree from an accredited college or university:

Type of Degree: AA BA BS MA MS Other: _____

Major/Minor: _____ (Leave blank if degree not yet received).

Yes No Currently enrolled in College? Total credit hours earned: _____

College(s) or university name and location: Name: _____

Location: _____

Military Service

Branch of Service: _____ Term of Service: From: _____ / _____ To: _____ / _____

Month Year Month Year

Type discharge: Honorable Other than honorable Still Enlisted

If other than Honorable Discharge, Please Explain: _____

Preliminary Criminal Background Section

Are you now using, or have you ever used, tried, or experimented with?

<input type="checkbox"/> Yes <input type="checkbox"/> No Marijuana in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No Heroin or opiates in any form?
<input type="checkbox"/> Yes <input type="checkbox"/> No LSD (acid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No PCP (green, flake, angel dust)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Any designer drug or hallucinogenic?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any controlled dangerous substance or narcotic drug in any form?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Illegal steroids or illegally obtained steroids?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any drug prescribed for someone else and used by you with the intention of getting high?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any substance that was inhaled, injected, or ingested with the intention of getting high?	

List drug(s) used, date of last use, age at last use and number of times used.

Drug or substance used	Date of last use	Age at last use	Times used
	____ / ____ Month Year		
	____ / ____ Month Year		
	____ / ____ Month Year		

If you answer yes to any of the questions below, please explain and reference the question number using the last page of this application.

1. Have you ever been discharged or terminated from employment (fired) for any reason? _____
2. Have you ever resigned (quit) after being told that your employer intended to take disciplinary action against you, discharge or terminate (fire) you? _____
3. Have you ever been investigated by your employer's internal affairs, loss prevention or any other disciplinary investigation unit? _____
4. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? _____
5. Have you ever resigned while under investigation by your employer's internal affairs, loss prevention or any other disciplinary investigation unit? _____
6. Have you ever left an employer and been told you were not eligible for rehire? _____

7. Have you ever received a written reprimand from any employer? _____
8. Have you ever received counseling or otherwise been put on notice by any employer? _____
9. Has any employer ever suspended you for misconduct or as a disciplinary action? _____
10. Have you ever been arrested or charged with a criminal offense by any law enforcement agency for any reason? _____
11. Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member or any other person? _____
12. Have you ever been the subject of an emergency protective order, restraining order, or stay-away order? _____
13. Have you or your spouse/partner ever been referred to, questioned by, or investigated by Dept of Children and Family Services or any similar state and/or local government agency? _____
14. Have you ever committed a sexual act or had sexual contact with a person less than 16 years old since your 18th birthday? _____
15. Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer? _____

APPLICANT CERTIFICATION

I understand that in the event my application is disapproved, non-selected, or otherwise does not result in my employment or appointment with the City of O’Fallon, sources of confidential information and/or the reason(s) for non-selection cannot be released or revealed to me.

I hereby certify that all answers and statements made in this Application are true and complete to the best of my knowledge. I understand that any discrepancies, misstatements, omissions, and/or falsifications may be cause for permanent disqualification or immediate termination if an appointment has been offered or accepted.

I understand this document is a permanent record and the exclusive property of the City of O’Fallon.

Under penalty of perjury, I hereby attest that the information provided in this application is true and correct to the best of my knowledge.

Print

_____/_____/_____
 First Middle Last

Signature: _____

Date: _____

