

Written Exam:	DATE TO BE DETERMINED Carbondale Civic Center, 200 S. Illinois Ave. LATE ATTENDEES WILL NOT BE ADMITTED
Physical Fitness Assessment:	DATE TO BE DETERMINED Lower level of the Civic Center
Oral Interview Examination:	DATE TO BE DETERMINED

Note: The Patrol Officer Examination Process requires approximately one month to complete.

Applications may be obtained at City Hall, 200 South Illinois Avenue or printed from the City's website at www.ExploreCarbondale.com.

Completed applications may be submitted to the City Clerk's office located in City Hall, or Mailed to: City Clerk's Office – City of Carbondale, PO Box 2047, Carbondale, IL 62902, or Emailed to: chayes@explorecarbondale.com.

A Candidate Preparation Manual will be mailed approximately 2 weeks before the examination date.

Qualifications to Apply:

1. Applicants for examination must be citizens of the United States.
2. Residents of applications shall be as prescribed by Carbondale Revised Code, Section 1-4-16.
3. According to Police Department policy, tattoos and body art are permitted but cannot be visible when wearing a uniform.
4. Applicants must comply with the City nepotism ordinance and all other City ordinances
5. Applicants who are 20 years of age and who possess the educational requirements set forth herein below may be candidates for examination and may be considered for appointment to active duty with the Police Department. Any such applicant who is appointed to active duty shall not have the power to arrest, nor shall he/she be permitted to carry firearms until reaching the age of 21.
6. Applicants for a position in the Police Department shall possess an Associate's Degree or the equivalent number of hours (60) in education from an accredited college or university, except that applicants who have a minimum of two years' experience as a regular, full-time police officer (at least 37+ hours per week) AND who have graduated from a law enforcement training academy accredited or approved by the Illinois Low Enforcement Training and Standards Board (hereinafter referred to as "Academy") may apply under Lateral Entry Eligibility requirements.

Written Examination:

Candidates must present a photo I.D. to the written exam. The written exam is ordered from an independent testing service; it is not a civil service exam. Candidates are given 2 hours to complete the test comprised of 100 multiple-choice questions. The exam is a valid, job-related test designed specifically for law enforcement use which measures these basic skills:

- Observation and Memory
- Written Communication and Report Writing (*consists of English grammar, spelling, punctuation and writing skills*)
- Reading and Understanding Written Information
- Reasoning and Analytical Ability

Candidates must answer at least 70% of the questions correctly in order to pass the exam.

Official results of the written exam will be posted outside of the City Clerk's office at City Hall prior to the physical fitness assessment. If you do not pass the written exam, you will not be able to participate in the physical fitness assessment.

Writing Proficiency Examination:

The writing proficiency examination is ordered from and scored by an independent testing service; it is not a civil service exam. Candidates are presented with a question and given 40 minutes to write an essay in response to the question. The test is designed to assess a candidate's ability to write a coherent and relevant response that is clearly understood by the reader. This ability is essential for writing reports on the job. Candidates are scored on a scale of 1 to 10. Official results of the writing proficiency are received approximately three weeks following the date of the exam.

Physical Fitness Assessment:

All candidates who have passed the written exam will take the physical fitness assessment. Candidates are required to bring a photo I.D.

The Assessment consists of the following:

1. Sit and Reach

- A. The candidate sits on the floor or mat with legs extended at right angles to a taped line on a box.
- B. The heels touch the near edge of the box and are eight (8) inches apart.
- C. A yardstick is placed between the legs of the candidate and rests on the box with the fifteen inch mark on the edge of the box.
- D. The candidate slowly reaches forward with both hands as far as possible and holds the position momentarily.
- E. The distance reached on the yardstick by the fingertips in inches is recorded.
- F. The best of three trials is used as the flexibility score.

REST PERIODS AND WARM-UP: Five minute rest after sit and reach.

2. One Minute Sit-Up Test

- A. The candidate begins by lying on his/her back, knees bent, and heels flat on the floor.
- B. A partner holds the feet down.
- C. The candidate performs as many correct sit-ups as possible in one minute.
- D. In the "up" position, the candidate should touch his/her elbows to his/her knees and then return to a full lying position before starting the next sit-up.
- E. The score is the total number of correct sit-ups.

REST PERIODS AND WARM-UP: Five minute rest after one minute sit-up test.

3. One Repetition Maximum Bench Press (Universal Weights)

- A. The candidate will begin with a warm-up lift, male 2/3 body weight, female 1/2 body weight.
- B. The weight will be increased by 10 pound increments for the first three or four lifts and then by five pound increments.
- C. The first three to four repetitions serve as warm-up lifts in order to prevent muscle injury and to prepare the candidate for a maximum lift on the fifth or sixth effort.
- D. The score for this test is the maximum number of pounds lifted in one repetition within 2 & 1/2 pounds of maximum.

REST PERIODS AND WARM-UP: 15 minute rest/warm-up period before 1.5 mile run.

4. One and a Half (1.5) Mile Test

- A. The candidate will run 1.5 miles. Time will be recorded with a stopwatch.
- B. The score will be recorded, based on sex and age group.
- C. A 1.5 mile run is six laps on a 440 yard track.
- D. During the administration of the test, the participants can be informed of their lap times.
- E. Candidates should practice before the test in order to pace themselves. (Often, individuals will start too fast and become fatigued too early.)

REST PERIODS AND WARM-UP: A 12 minute cool down after 1.5 mile run.

Candidates should walk at least five minutes to enhance blood circulation and aid in recovery.

Minimum Physical Fitness Assessment Performance Requirements

<u>MALES</u>		AGES			
		<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
1.	Sit and Reach Test	16.0"	15.0"	13.8"	12.8"
2.	1-Minute Sit-ups	37	34	28	23
3.	Maximum Bench Press	.98	.87	.79	.70
	Ratio = # x Body Weight				
4.	1.5 Mile Run	13:46	14:31	15:24	16:21
<u>FEMALES</u>		AGES			
		<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>
1.	Sit and Reach Test	18.8"	17.8"	16.8"	16.3"
2.	1-Minute Sit-ups	31	24	19	13
3.	Maximum Bench Press	.58	.52	.49	.43
	Ratio = # x Body Weight				
4.	1.5 Mile Run	16:21	16:52	17:53	18:44

Official results of the Physical Fitness Assessment will be given upon completion of the assessment. Candidates must pass **ALL** segments of the physical fitness assessment.

Oral Interview Examination:

Candidates who pass the written exam, writing proficiency, and physical fitness assessment will be scheduled for oral interviews with the Board of Fire and Police Commissioners (BFPC). The BFPC is comprised of five residents of Carbondale, none of whom are employed by the City of Carbondale. Also in attendance will be the Police Chief and/or a representative of the Police Department, and the Human Resources Manager.

Please note that this ***is not*** a job interview, but should be treated as one with appropriate attire. The oral interview exam is the final phase in the examination process. You will be notified of your oral interview date and time when you receive your examination results, which takes approximately 2 to 3 weeks from the exam date.

Eligibility List

Upon successful completion of the entire police examination you will need to complete a background investigation questionnaire. It will include a listing of required documents that you will need to submit with the completed questionnaire. Additional information regarding the questionnaire and required documents will be included in your results packet.

The eligibility list is comprised of candidates who have passed the written exam, writing proficiency, physical fitness assessment, and oral interview. Candidates' names are placed on the eligibility list in alphabetical order for a two year period.

Appointments for open positions are made from the Eligibility List. Candidates must have all of the required documents on file when there is an open position in order to be considered for an interview.

Process Subsequent to Certification to the Eligibility List:

All probationary police officers are hired from the eligibility list established by the Board of Fire and Police Commissioners. Candidates to be interviewed for Police Officer positions are selected from the Eligibility List and interviewed by the Police Chief, Police Department Personnel, and the Human Resources Manager. The purpose of the administrative oral interview is to permit an appraisal of personal qualifications and suitability for the position. Questions utilized during the interview are uniformly administered with follow-up questions varying among candidates. Not all candidates will be invited to interview. Placement on the Eligibility List ***does not*** necessarily mean that a candidate will be interviewed each time there is a job opening. The Human Resources Manager and the Police Chief will recommend candidates to the City Manager who is responsible for all hiring in the City of Carbondale.

Process for Candidates That May Be Recommended for Appointment:***Background Investigation:***

A background investigation shall be conducted on candidates who are recommended for appointment to the position of Police Officer. The purpose of the investigation is to verify information included on the Background Investigation Questionnaire submitted by the candidate. As part of the background check, a complete set of fingerprints may be forwarded to the Illinois Department of State Police and to the Federal Bureau of Investigation for the purpose of conducting a criminal history check.

Psychological:

Candidates recommended for appointment to the position of Police Officer must participate in psychological testing conducted by qualified and recognized examiners. The tests are given solely to determine a candidate's suitability for the position of Police Officer. All reports are confidential and will not be surrendered by any agency or individual. The test shall be without expense to the applicant. An applicant who fails to take the test, cooperate with examiners, or is found to be psychologically incapable of performing the duties of a police officer, shall be disqualified.

Medical (Includes Drug Testing):

- A. A candidate recommended for appointment shall, upon request, submit to a medical examination performed by licensed physicians designated by the Personnel Officer. The examination shall be without expense to the applicant. The examining physician shall determine whether the candidate is physically capable of performing the duties of a police officer. Any candidate who fails to take or cooperate with the examination or found to be physically incapable of performing the duties of a police officer shall be disqualified.

- B. As part of the medical examination, urine and/or blood samples shall be taken to screen each applicant for drug use. Preliminary tests shall be conducted at the designated medical facility using a portion of the urine or blood sample. In the event preliminary tests are negative, the sample shall be discarded if not needed for other medical purposes. In the event preliminary tests are positive, additional tests shall be conducted. A report of the tests shall be delivered to the Personnel Officer. The confirmed presence of any illegal drug shall be cause for the disqualification of a candidate from the Eligibility List. It shall be grounds for disqualification of a candidate to refuse to give blood or urine samples or to cooperate with the examination process. (For purposes of this section the phrase "illegal drug" shall include cannabis as defined in Chapter 56-1/2, Section 702 of the Illinois Revised Statutes and "controlled substances" as defined or hereafter amended, in Chapter 56-1/2, Section 1102(u) of the Illinois Revised Statutes.)

Training:

After a candidate has been appointed to the position of Probationary Police Officer, he/she must complete a one year probationary period. Initially, he/she will be provided with 400 hours of basic training, if applicable, followed by approximately sixteen weeks of in-house field training.

Job Summary:

The Patrol Officer is a uniformed position sworn to enforce all laws and ordinances for which the Department is responsible; protect the lives and property of all persons and maintain peace and order within the City of Carbondale. The Patrol Officer must frequently act without direct supervision and must exercise independent discretion in meeting emergencies. The Patrol Officer's work involves an element of personal danger and is subject to assignment to shifts and types of duty according to the needs of the Department. The Patrol Officer is routinely assigned to uniform patrol, but may be assigned to the Investigations Division or any other assignment authorized by the Chief of Police. The Patrol Officer is ordinarily under the direct supervision of the Shift Supervisor, however, may receive direction from any superior officer.

Knowledge, Abilities, and Skills:

Knowledge of approved methods and practices of police work and applicable Federal and State laws and local ordinances; knowledge of the geography of the area; knowledge of departmental procedures, rules, and regulations; knowledge of and ability to operate a computer; ability to deal firmly and courteously with the public; ability to communicate effectively orally and in writing; ability to analyze situations quickly and objectively and to determine proper courses of action; ability to react quickly and calmly in an emergency situation; ability to develop skills in the use and care of firearms and such other regular and special police equipment as may be assigned; ability to successfully complete Basic Law Enforcement Training and Departmental training programs.

Minimum Qualifications:

Candidates must comply with the City nepotism ordinance and all other City ordinances. Residence of eligible candidates shall be as prescribed by Carbondale Revised Code, Section 1-4-16. The residency boundary is based on an approximate 9 mile radius from central Carbondale and is actually defined by Township Sections. New hires have six (6) months to establish residency within the Boundary and maintain it as a condition of employment. Candidates must possess a valid driver's license and be eligible to apply for an Illinois driver's license. Candidates are required to satisfactorily complete a background investigation, medical exam, and psychological exam. Tattoos are permitted, but shall not be visible. Probationary officers must successfully complete the State Power Test, State Certification Test, Carbondale Police Department Field Training Program and probationary period prior to appointment on a permanent basis.

RE-TESTING:

The Board of Fire and Police Commissioners (BFPC) shall have sole authority for and over the elements involving the re-application, re-testing, and re-evaluation in the creation of the eligibility list. Re-application, re-testing and/or re-evaluation during an ongoing selection process (cycle) shall not be permitted any applicant. However, nothing prohibits unsuccessful applicants from reapplying for future testing cycles. Subsequent to BFPC certification of the eligibility list, authority is transferred to the City Manager for the remainder of the selection process.

Do You Have A Relative Who Works For The City of Carbondale? If so, please note the following:

Ordinance 92-23 - Employment of Family Members:

The following listed family members are disqualified from holding any appointive office or employment *within the same working department or division where a supervisor- subordinate relationship results:*

Father-Son; Father-Daughter; Mother-Son; Mother-Daughter; Brother-Brother; Sister-Sister; Brother- Sister; Stepbrother-Stepbrother; Stepsister-Stepsister; Grandfather-Grandson; Grandfather- Granddaughter; Grandmother-Grandson; Grandmother-Granddaughter; Great Grandfather-Great Grandson; Great Grandfather-Great Granddaughter; Great Grandmother-Great Grandson; Great Grandmother-Great Granddaughter; Uncle-Nephew; Aunt-Niece; Aunt-Nephew; Aunt-Niece.



**The City of Carbondale is an
Equal Opportunity Employer**

The City of Carbondale, at its option, may change, delete, suspend or discontinue parts or the procedure in its entirety, at any time without prior notice. In the event of a change in procedure, candidates will be notified.



City of Carbondale
 Human Resources
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3227
 Fax (618) 457-3288
 Explorecarbondale.com

POLICE OFFICER EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER					
If you require further accommodations to participate in the application or examination process, please inform the City Clerk’s Office by the closing date on the job announcement.					
Name (Last, First, Middle)					
Mailing Address					
Home Phone		Work Phone		Cell Phone	
Last four digits of your Social Security Number (Disclosure of your SSN is voluntary)		Email address (optional)			
		Position applying for: POLICE OFFICER			
Are you at least 20 years of age? (NOTE: You must meet the age requirement on or before the testing date)				Yes	No
I learned of this job opening through (check all that apply):					
City Employee	Friend or Relative	Channel 16	Website	Newspaper	Other
Type of work you will accept (check all that apply):					
Full-time	Yes	No	Part-time	Yes	No
Seasonal	Yes	No	Temporary	Yes	No
Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Provide a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else that will help us understand the nature of your work. We will evaluate the information that you provide to determine which applicants will be invited to the examination/interview for this position.					

GENERAL INFORMATION

Have you ever been employed by the City of Carbondale?	Yes	No	Dates: From	To
--	-----	----	----------------	----

Do you have relatives employed by the City? (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Yes	No	If yes, indicate name & department
-----	----	------------------------------------

Driver's License Number	State of Issue
-------------------------	----------------

Commercial driver's license number (if applicable)

List any other licenses and certifications you currently hold

--	--	--

Are you a citizen of the United States?	Yes	No
---	-----	----

If no, would you be able to provide proof of authorization to work in the United States?	Yes	No
--	-----	----

Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States.

EDUCATION AND TRAINING

	<i>Did you graduate?</i>	<i>Type of Degree</i>	<i>Course or Major</i>
--	--------------------------	-----------------------	------------------------

High School Name	Yes	No	If no, highest grade completed	GED
------------------	-----	----	--------------------------------	-----

City and State

Technical School Name	Yes	No	
-----------------------	-----	----	--

City and State

College or University Name	Yes	No	
----------------------------	-----	----	--

City and State

NOTE: All experience, training and education hours must be completed by the application deadline.

SPECIAL SKILLS AND QUALIFICATIONS

Office machines you can operate	
---------------------------------	--

--	--

--	--

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying			
List any special training or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means:			
List any foreign languages that you speak and/or comprehend			
Check the appropriate skill level			
Speak	Fluent	Good	Fair
Comprehend	Fluent	Good	Fair
EMPLOYMENT EXPERIENCE			
List below all the jobs you have held in the past 10 years beginning with your present or last employer. Account for periods of unemployment. Attach supplementary pages or use white paper.			
Dates of employment (month-year)		Exact Title or Position	
From	To		
Starting salary or earnings	Average hours per week	Kind of business or organization (manufacturing, accounting, etc.)	
Final salary or earnings	# Employees Supervised		
Name of employer (firm, organization, etc.)		Address of employer (including zip code)	
Name of immediate supervisor		Phone number	
Reason for leaving			
Description of duties and accomplishments in your work			
Dates of employment (month-year)		Exact Title or Position	
From	To		
Starting salary or earnings	Average hours per week	Kind of business or organization (manufacturing, accounting, etc.)	
Final salary or earnings	# Employees Supervised		
Name of employer (firm, organization, etc.)		Address of employer (including zip code)	

Name of immediate supervisor	Phone number
------------------------------	--------------

Reason for leaving

Description of duties and accomplishments in your work
--

--

--

Dates of employment (month-year) From	To	Exact Title or Position
--	----	-------------------------

Starting salary or earnings	Average hours per week	Kind of business or organization (manufacturing, accounting, etc.)
-----------------------------	------------------------	--

Final salary or earning	# Employees Supervised
-------------------------	------------------------

Name of employer (firm, organization, etc.)	Address of employer (including zip code)
---	--

Name of immediate supervisor	Phone number
------------------------------	--------------

Reason for leaving

Description of duties and accomplishments in your work
--

--

--

MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.?	Yes	No	Branch of service	Rank
--	-----	----	-------------------	------

Does your military experience have any relationship to the job for which you are applying?
--

--

REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

<i>Name</i>	<i>Address</i>	<i>Phone</i>
-------------	----------------	--------------

--	--	--

--	--	--

--	--	--

NOTICE TO ALL APPLICANTS

Residency Requirements: Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 1-7 must establish residency within the City Residency Boundary within a 6-month period following the date of hire and remain residents within the Residency Boundary as a condition of continued employment.

The Residency Boundary includes all of Carbondale, Murphysboro, DeSoto and Makanda Townships and portions of Somerset and Pomona Townships in Jackson County, and portions of Grassy, Carterville and Blairsville Townships in Williamson County.

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 8 and 9 must establish residency within Carbondale’s corporate limits within a six-month period following the date of their hire and remain residents within Carbondale’s corporate limits as a condition of continued employment.

For further information, contact the Human Resource’s Office.

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Carbondale representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Carbondale. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability, which are written above, are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions that I have attended to release my scholastic ratings or records to the City of Carbondale.

I hereby authorize the Carbondale Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the Human Resources Division of the City of Carbondale. I agree to release all parties from liability for any damages that may result from furnishing the same to the Human Resources Division of the City of Carbondale. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Human Resources Division of the City of Carbondale.

I am willing and understand employment with the City of Carbondale is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Carbondale.

I understand that as a condition of employment and within three days of being employed, I must provide documentation to provide employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of applicant	Date of application
------------------------	---------------------

VOLUNTARY SURVEY

The City of Carbondale prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, ancestry, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completing of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your Application for employment or personal file.

Your cooperation is voluntary. Inclusion or exclusion of any date will not affect any employment decision.

Job applying for				Date	
Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is VOLUNTARY.					
Check one: (Ethnic Origin)			Age		
White	Black	Hispanic	Other	American Indian/ Alaskan Native	Asian/Pacific Islander
Check if any of the following are applicable					
Vietnam Era Veteran		Disabled Veteran		Handicapped Individual	



City of Carbondale
Human Resources
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-3227
Fax (618) 457-3288
Explorecarbondale.com

BACKGROUND CHECK POLICY

City of Carbondale requires applicants and employees to satisfactorily complete a background check. City of Carbondale will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained because of a background check will be used solely for employment purposes.

Authorization

When a background check is required, you must complete City of Carbondale's authorization form. Failure to timely complete an authorization may result in termination of City of Carbondale's consideration of your application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination.

Confidentiality

All background check information will be kept confidential. City of Carbondale complies with all applicable federal and Illinois state and local laws regarding background checks.

Administration of this Policy

The Administrative Services/Human Resources Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have any questions about background checks that are not addressed in this policy, please contact the Administrative Services/Human Resources Department.

Employees Covered Under a Collective Bargaining Agreement

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with City of Carbondale. (Employees should consult the terms of their collective bargaining agreement. Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement with City of Carbondale, employees should refer to the specific terms of the collective bargaining agreement, which will control)

ACKNOWLEDGMENT OF RECEIPT AND REVIEW

I, _____ (employee name), acknowledge that on _____ (date), I received and read a copy of the City of Carbondale's Background Disclosure Policy form dated _____, and understand that it is my responsibility to be familiar with and abide by its terms.

I understand that the information in this Policy is intended to help City of Carbondale's employees work together effectively on assigned job responsibilities.

NOTE: This policy is not promissory and does not set terms or conditions of employment or create an employment contract.

NOTE: This information is for background check purposes only.

Signature

Social Security Number

Printed Name

Driver's License Number and State of Issuance

Home Address

Former Address

Date of Birth

Date



City of Carbondale
Human Resources
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-3227
Fax (618) 457-3288
Explorecarbondale.com

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to the City of Carbondale, Illinois, whether the records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports and efficiency ratings.

I understand that any information provided to or obtained by the City of Carbondale pursuant to this Release will be considered in determining my suitability for employment with the City of Carbondale. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release and indemnify the entities, employee’s agents, or any other person(s) and the City of Carbondale from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, although the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this “Authorization for Release of Personal Information”.

Signature (Include maiden name)

Date

ACKNOWLEDGMENT

STATE OF _____)
)
COUNTY OF _____)

I, _____, a Notary Public in and for said County and State, do hereby certify that the same person whose name is subscribed to the forgoing instrument, appeared before me this day in person and acknowledged that he/she signed and delivered the foregoing instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal this _____ day of _____, 20_____

Notary Public



18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with _____, at _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name.
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
Drivers Lic. #:		State Issuing:
Former Name/Alias:		

X _____
Applicant Signature

Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy