



Confidential Application for the ILACP Voluntary Police Chief Certification Program

Introduction

This application is designed to gather information to assess your eligibility to participate in the Illinois Association of Chiefs of Police (ILACP) Voluntary Police Chief Certification Process. The process is confidential. The ILACP will not publish candidate names or status throughout the process. Only the names of those who successfully complete the process will be published, and at no time will any information about a candidate be divulged to any party without the expressed written permission of the certification candidate.

Instructions to Applicants Including Payment

Applicant Name: _____
Card Number: _____
Expiration Date: _____
Security PIN: _____
Billing Zip Code: _____
Name on Card: _____

Payment Fee for the Certification Program to ILACP shall be in the amount of \$450 for ILACP members or \$550 for non-members. You may charge the appropriate fee to a **VISA MasterCard, Discover, or American Express** credit card account only by completing the fields above. Applicants who complete the process will get a plaque as part of the initial cost. If you need a new plaque for any reason at a later date, a fee of \$100 will be assessed for the new plaque.

Please fill out this application completely and accurately. All statements in your application are subject to verification. After a review of your application, if you do not have enough points for eligibility, your application fee will be refunded minus a \$50 administration fee.

Forward the application as an attachment file via Email to Christine Richards at ilacp@ilchiefs.org. You will receive a confirmation reply denoting receipt of the message once it is opened by the ILACP staff.

Although electronic submission and payment is preferred, you may instead print out the completed application form and MAIL IT WITH PAYMENT to:

ILACP, Attn: Christine Richards, 426 South Fifth Street, Springfield, Illinois 62701-1824

Personal Information

Legal Name (First, Last, & Middle) _____

Date of birth (MM/DD/YYYY) _____

For required Background check
purposes please select a Sex

☐ Male

☐ Female

For required Background check
purposes please enter your SSN

Current Home (Street)
Address: _____

(City, State, Zip) _____

Home phone (include area code) _____

Work phone (include area code) _____

E-mail address _____

I. Professional Law Enforcement Experience

Include chronological history of employment starting with current or most recent position.

Department	City	State	
	From	To	Total Years in Rank
Rank	_____	_____	_____
Rank	_____	_____	_____
Rank	_____	_____	_____
Rank	_____	_____	_____

Department	City	State	
	From	To	Total Years in Rank
Rank	_____	_____	_____
Rank	_____	_____	_____
Rank	_____	_____	_____
Rank	_____	_____	_____

Department _____	City _____	State _____
	From	To
Rank _____		Total Years in Rank _____
Rank _____		
Rank _____		
Rank _____		

Department _____	City _____	State _____
	From	To
Rank _____		Total Years in Rank _____
Rank _____		
Rank _____		
Rank _____		

Department _____	City _____	State _____
	From	To
Rank _____		Total Years in Rank _____
Rank _____		
Rank _____		
Rank _____		

II. Education and Professional Development

Name of **High School** from which you graduated _____

City, State, Zip _____

Date graduated _____

High School Degree _____

College Credits _____ Quarter Hours _____

Degrees Achieved _____

	Institution	Dates	Degree/Major	If no degree, number of semester hours of credit
1.				
2.				

3.				
4.				

*Copies of original transcripts should be mailed to Christine Richards at ILACP within 90 days of application submission. You may submit a copy of a diploma in lieu of providing transcripts.

Attendance at Law Enforcement Continuing Education Programs

**For example: FBI National Academy, Northwestern Traffic Institute Staff and Command, Illinois Executive Management Program, ILACP Training Conferences, etc.
(Attach a separate summary page using the same format, if needed.)**

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program

Program Sponsor

Date

Number of Hours

Program

Program Sponsor

Date

Number of Hours

Program

Program Sponsor

Date

Number of Hours

Program

Program Sponsor

Date

Number of Hours

Program

Program Sponsor

Date

Number of Hours

Program

Program Sponsor

Date

Number of Hours

Involvement in Professional Activities

Are you now, or have you ever been a member of any law enforcement association, society, or organization? If yes, please list below.

Organization

Dates From _____

Membership Status _____

Leadership Position _____

Dates From _____

Organization

Dates From _____

Membership Status _____

Leadership Position _____

Dates From _____

Organization

Dates From _____

Membership Status _____

Leadership Position _____

Dates From _____

Organization

Dates From _____

Membership Status _____

Leadership Position _____

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Leadership Position _____

Dates From _____

Organization

Dates From _____

Membership Status _____

Leadership Position _____

Dates From _____

Organization

Dates From _____

Membership Status _____

Leadership Position _____

Dates From _____

Organization

Dates From _____

Membership Status _____

Leadership Position _____

Dates From _____

II. Community and Professional Membership Activities

Community Activities

Are you now, or have you been involved in community activities (outside of your job) e.g., PTA, town zoning board, NAACP, Elks Club, Library Board, NOW, Boy/Girl Scouts, etc. Please list.

Community Activity _____			
Dates	From		
		From	To
			Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____			
Dates	From		
		From	To
			Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____			
Dates	From		
		From	To
			Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____			
Dates	From		
		From	To
			Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____			
Dates	From		
		From	To
			Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity

Dates	From		To	
		From	To	Total Years
Committee Member				
Committee Chair				
Executive Leadership Position				

Community Activity

Dates	From		To	
		From	To	Total Years
Committee Member				
Committee Chair				
Executive Leadership Position				

Community Activity

Dates	From		To	
		From	To	Total Years
Committee Member				
Committee Chair				
Executive Leadership Position				

Community Activity

Dates	From		To	
		From	To	Total Years
Committee Member				
Committee Chair				
Executive Leadership Position				

Community Activity

Dates	From		To	
		From	To	Total Years
Committee Member				
Committee Chair				
Executive Leadership Position				

NOTE: A signed Ethics Statement, Disclosure Regarding Background Check, & Acknowledgment and Authorization for Background Check must be submitted for completion of this application, which can be emailed to attention Christine Richards at ilacp@ilchiefs.org or mailed to our office. A Criminal History Background check will be conducted on all applicants per policy.



Ethics Statement

I understand that my completed application will be used to examine and assess my qualifications for the ILACP Voluntary Police Chief Certification program.

By signing below, I attest that my record or background does not include any substantial legal or ethics violations, acts of moral turpitude, sustained misconduct charges or any action that would raise concerns about my integrity, and that there are no criminal, moral, integrity related or ethics charges currently pending against me and that I will notify the ILACP immediately if this becomes untrue prior to or after my certification.

I understand that if at any time during my tenure as an ILACP Certified Police Chief this statement becomes inaccurate, I will notify the ILACP immediately in writing and the ILACP will reevaluate my certification and determine if I will remain certified. I understand that the ILACP reserves the right to alter without notice to applicants or certified individuals any part of the voluntary police chief certification criteria or process.

Signature _____ Date _____

Printed Name _____



DISCLOSURE REGARDING BACKGROUND CHECK

Illinois Association of Chiefs of Police ("the Company") may obtain information about you from a third-party consumer reporting agency for Voluntary Police Chief Certification purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

Signature: _____

Date: _____



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the **Illinois Association of Chiefs of Police** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

I also consent to have any legally required notices sent electronically.

Printed Name

Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date