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| Confidential Application for the ILACPVoluntary 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 $360 for ILACP members or $445 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.Please fill out this ELECTRONIC application completely and accurately. All statements in your application are subject to verification. After a review or 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 Carmen Elliott at carmen@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: Carmen Elliott, 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 Address: | (Street) |       |
|  | (City, State, Zip) |       |
| Home phone (include area code) |       |
| Work phone (include area code) |       |
| E-mail address |       |

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| **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 |       |  |       |  |       |  |       |
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| **Department** |       | **City** |       |  | **State** |       |
|  |  |  | From |  | To |  | Total Years in Rank |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
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| **Department** |       | **City** |       |  | **State** |       |
|  |  |  | From |  | To |  | Total Years in Rank |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
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| Rank |       |  |       |  |       |  |       |
| **Department** |       | **City** |       |  | **State** |       |
|  |  | From |  | To |  | Total Years in Rank |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
| Rank |       |  |       |  |       |  |       |
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| **Department** |       | **City** |       |  | **State** |       |
|  |  |  | From |  | To |  | Total Years in Rank |
| 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 |       | Or GED |       |
| College or University\* |
| List the total number of semester or quarter hours you have received from accredited institutions.  |
| College Credits |       | Semester Hours |       | 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 Carmen Elliott 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 separate summary page using the same format, if needed.)** |
| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
|  |  |
| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |
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| **Program** |       |
| Program Sponsor |       |
| Date |       |
| Number of Hours |       |

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| **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 |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
|  |  |  |  |  |  |  |
| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |      | To |       | Total Years |       |
|  |  |  |  |  |  |  |
| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
|  |  |  |  |  |  |  |
| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
|  |  |  |  |  |  |  |
| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
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| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
|  |  |  |  |  |  |  |
| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
|  |  |  |  |  |  |  |
| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
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| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
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| **Organization** |  |
| Dates | From |       | To |       | Total Years |       |
| Membership Status |       |
| Leadership Position |       |
| Dates | From |       | To |       | Total Years |       |
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| **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 |       | 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 |       |  |       |  |       |
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| **Community Activity** |  |
| Dates | From |       | To |       |
|  |  |  | From |  | To |  | Total Years |
| Committee Member |       |  |       |  |       |
| Committee Chair |       |  |       |  |       |
| Executive Leadership Position |       |  |       |  |       |
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| **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 |       |  |       |  |       |
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| **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 Carmen Elliott at** **carmen@ilchiefs.org** **or mailed to our office. A Criminal Histroy 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**](http://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 **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**](http://www.intellicorp.net).

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date

(for searches conducted on minors under

the age of 18)