

VILLAGE OF HANOVER PARK

SECONDARY EMPLOYMENT APPLICATION FOR SWORN POLICE OFFICERS

Employee's Name:	I.D. #
Secondary Employer:	
Secondary Employment Supervisor:	

New Request ☐ or Annual Request ☐

If new, anticipated starting date _____ Maximum hours per week _____

Is the purpose of your prospective off-duty employment to utilize your police skills and expertise?

Yes ☐

No ☐

- A. **If yes**, I fully understand that pursuant to the municipality Policy, I will not be granted injury leave with pay if I become injured while on this off-duty employment. I must advise my prospective employer of this policy and his/her potential responsibility if I receive an incapacitating injury; however, I do understand that I may use any accumulated sick leave I have if I become physically incapable of reporting for duty due to an off-duty injury.
- B. **If no**, and in my prospective off-duty employment I find it necessary to exercise police action which results in an injury, I fully understand that I would then be eligible for injury leave. I realize this only applies as long as the police action I exercise occurs within the jurisdictional boundaries of the municipality.
- C. I am also aware that, if my off-duty employment is situated outside the corporate limits of the municipality, I will not represent myself as a police officer during the performance of my duties. Furthermore, I understand that any liability created through my off-duty secondary employment, while engaged in such duties or function, shall be my responsibility and that I shall fully indemnify the department for all costs associated with any legal action stemming from such off-duty secondary employment. In addition, I accept the condition that I am not to use any municipal equipment or utilize the facilities of our Records Division in connection with my prospective off-duty employment.
- D. I am aware that if I am on any leave of absence here at the Village, I am not able to engage in any secondary/outside employment while on such leave. Any leave can be defined as paid or unpaid. Should I be found to be working during leave, I will be subject to discipline up to and including termination of employment.

Employee

Police Chief

Date

Date

SECONDARY EMPLOYMENT INFORMATION

Employee:	Date:	
Employer:	Address:	
	Telephone No:	
Days Per Week (Maximum):	Hours Per Week (Maximum):	
Supervisor's Name:	Address:	
	Telephone No:	
Brief Description of Type of Work To Be Performed:		
Approval Police Chief:	Date Signed:	Date Expires:
Approval Director of Human Resources:	Date Signed:	
Approval Village Manager	Date Signed:	

This form must be completed and submitted to the Police Chief and the Human Resources Department on an annual basis. The form is subject for review and approval by the Police Chief, Director of Human Resources and the Village Manager.