

SOCIAL STATUS

17. ARE YOU SINGLE? MARRIED SEPARATED WIDOWED DIVORCED

18. ARE YOU LIVING WITH YOUR SPOUSE? YES NO IF "NO" EXPLAIN

19. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

20. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	(EXPLAIN)	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

21. ARE YOU PAYING ALIMONY? YES NO IF "YES" EXPLAIN

22. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE.

23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU & STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM

24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN? YES NO IF "NO" EXPLAIN FULLY

25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? YES NO IF "YES" EXPLAIN

26. ARE YOU PAYING CHILD SUPPORT? YES NO IF "YES" EXPLAIN

EDUCATION

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

<p>29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF "YES" EXPLAIN</p>
<p>30. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES</p>	
<p>31. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD</p>	

DRIVING HISTORY

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		34. HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

RESIDENCES

37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO. & YR)	TO (MO. & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

38. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION
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MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" BRANCH		
41. WHAT IS YOUR SERVICE SERIAL NO.??	42. HIGHEST RANK HELD	43. RANK AT DISCHARGE	
44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)	45. LIST PERIOD(S) OF ACTIVE SERVICE		
	FROM (DATE)	TO (DATE)	
GIVE DATE & LOCATION OF DISCHARGE (CITY) & (STATE)			

47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?

~~48. IF YOU HAD NO MILITARY SERVICE EXPLAIN~~

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E. 1-A ETC.	50. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO	ADDRESS, CITY, STATE & ZIP CODE		
51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL	IF "YES" EXPLAIN				
<input type="checkbox"/> YES <input type="checkbox"/> NO					
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES?	<input type="checkbox"/> YES	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
	<input type="checkbox"/> NO	ADDRESS		FROM	TO
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> YES	IF "YES" WHAT STATE	REGIMENT	UNIT	
	<input type="checkbox"/> NO	RANK	TYPE OF DISCHARGE	FROM	TO
54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT					

CRIMINAL HISTORY

55. HAVE YOU EVER BEEN CONVICTED?	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
IF "YES" EXPLAIN					
56. HAVE YOU EVER BEEN PLACED ON PROBATION?	IF "YES" EXPLAIN				
<input type="checkbox"/> YES <input type="checkbox"/> NO					
57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00?	IF "YES" EXPLAIN				
<input type="checkbox"/> YES <input type="checkbox"/> NO					
58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME				
<input type="checkbox"/> YES <input type="checkbox"/> NO					
59. (OPTIONAL) HAVE YOU EVER BEEN THE VICTIM OF A CRIME?	WAS THIS CRIME REPORTED TO THE POLICE?	IF YOU WERE A "VICTIM" EXPLAIN			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?	AGENCY	DATE	PURPOSE		
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES" EXPLAIN					

61. (DOES NOT APPLY)

62. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

63. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? IF "YES" EXPLAIN _____
 YES NO

EMPLOYMENT HISTORY

64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL.	AGENCY	APPROX. EXAM. DATE	POS. ON LIST	STATUS

65. ARE YOU NOW ON ANY ELIGIBILITY LIST? YES NO IF "YES" EXPLAIN _____

66. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED? YES IF "YES" EXPLAIN _____

67. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES NO IF "YES" EXPLAIN _____

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? YES NO DATE _____

69. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

70. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS IF "YES" EXPLAIN	

71. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

72. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE & TEMPORARY OR PART-TIME JOBS.

1	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
2	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
3	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
4	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
5	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
6	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

EMPLOYMENT (CONTINUED)

7	EMPLOYER'S NAME		ADDRESS			TYPE OF BUSINESS	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
	EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
8	EMPLOYER'S NAME		ADDRESS			TYPE OF BUSINESS	
	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
	EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
73. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.			74. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.				

CREDIT HISTORY

75. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank or Charge Account, or Firms You Have Borrowed Money for Any Purpose.)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE	
			OPENED	CLOSED
		\$		
		\$		
		\$		

76. HAVE YOU EVER BEEN SUED? YES NO IF "YES" GIVE DETAILS

77. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) & WHETHER IN ARREARS.

AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS		NAME	AMOUNT OWED TO	ADDRESS
		YES	NO			
\$	\$					
\$	\$					
\$	\$					

78. HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" EXPLAIN

ACQUAINTANCES

79. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON
2	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON
3	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS, OCCUPATION OR PROFESSION		BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON

REFERENCES

80. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLE MORE THAN FIVE YEARS. ALL PERSONS WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY, & OTHER QUALITIES.

1	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION		BUSINESS PHONE	
2	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION		BUSINESS PHONE	
3	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION		BUSINESS PHONE	
4	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION		BUSINESS PHONE	
5	NAME		ADDRESS		HOME PHONE	
	BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION		BUSINESS PHONE	

81. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

NAME		ADDRESS		HOME PHONE	RELATIONSHIP
NAME		ADDRESS		HOME PHONE	RELATIONSHIP

I hereby certify that there are no willfull misrepresentations, or falisifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

TYPE NAME TO REPRESENT SIGNATURE

DATE

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a through medical evaluation prior to appointment. That medical evaluation may include testing for drugs/narcotics, sommunicalbe diseases and alcohol abuse. You will be required to give a through medical history and may be required to meet vision standars established by the municipality to which you are applying.

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

Question	Continuation of answer
Type name to represent signature:	Date:

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