

# The Mundelein Police Department is seeking Experienced Police Officers for Lateral Entry

Application pack	cets are	availat	ole	at:
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- <a href="https://www.mundelein.org/government/police/department/careers-and-opportunities">https://www.mundelein.org/government/police/department/careers-and-opportunities</a>
- Mundelein Police Department 221 North Lake Street Mundelein, IL 60060

#### **REQUIRED DOCUMENTS & APPLICATION CHECKLIST**

The following is a checklist for your use to ensure you complete the Application Packet as required and attach and return all required certificates and other documentation. Check when attached.

Fact Sheet Attachment 1, 2 and 3	
Application for Employment	
Resume	
Photocopy of Driver's License	
Authorization for release of all personal information	
Acknowledgement and General release of all claims	
Credit Investigation Authorization	

Applicants submitting incorrect or insufficient proof or incomplete applications will be automatically disqualified from employment consideration.

**APPLICATION DEADLINE – JUNE 28, 2021** 

RETURN COMPLETED Application Packet and required materials in person or by mail to:

Mundelein Police Department

221 North Lake Street

Mundelein, IL 60060

## VILLAGE OF MUNDELEIN BOARD OF FIRE AND POLICE COMMISSION



POLICE APPLICANT LATERAL HIRE FACT SHEET

#### POLICE APPLICANT LATERAL HIRE FACT SHEET

The following information is supplied in an effort to inform you about the Village of Mundelein and its Police Department. The information contained herein is not intended to constitute an offer of employment nor is it a guarantee of benefits. Some items contained herein are subject to change without notice. If you have specific questions on any of these items, or about Mundelein in general, please feel free to contact the Fire and Police Commission at (847) 968-3775.

All appointments to the Police Department (except the Police Chief, Deputy Chiefs, Commanders, and civilian personnel) are made by a three-member Board of Fire and Police Commissioners who are appointed by the Mayor and Board of Trustees.

#### **Minimum Requirements and Qualifications**

Applicants for lateral appointment to the position of Police Officer must meet the following minimum qualifications and requirements at the time of application:

- State of Illinois certification or waiver by the Illinois Law Enforcement Training and Standards Board with no more than forty (40) hours of training required by that Board for recertification, if necessary. (Part-time certification as a law enforcement officer does not meet this requirement.)
- Must be a legal resident of the United States
- Individuals must be at least 21 years old.
- Education High school education or equivalent thereof.
- Experience Must have previously been a full-time sworn Police Officer in any municipal, county, university, or state law enforcement agency, provided they are certified or have the ability to be certified by the Illinois Law Enforcement Training and Standards Board and have been previously employed as a law enforcement officer within the last two (2) years.
- Valid Driver's License.
- Must agree to comply with all requirements of the position and have the ability to pass all examinations and training requirements.
- Ability to furnish upon request, a copy of the following: a resume; professional licenses; training certificates; documents confirming work experience; birth certificate; high school diploma or GED certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214); employee evaluations; and any other employment related material as requested or required.

#### **Selection Process**

Each phase of the process is pass / fail and required to proceed to the next.

- Completion of an employment application to the Mundelein Police and Fire Commission
- A pre-screening of applicant
- Character and background investigation
- Polygraph examination
- Oral interview with Mundelein Police and Fire Commission
- Physical agility examination [POWER test]
- Post-offer examinations including but not limited to: psychological evaluation; medical

- examination; vision screening; and drug screening
- All appointments are subject to an eighteen (18) month probationary period

#### **Lateral entry eligibility list**

- An initial lateral entry eligibility list will be created from qualified applicants that submit the required application materials by the application deadline.
- Placement on any lateral entry eligibility list shall be based upon the relative excellence of the applicants.
- In the event that prescreening identifies applicants who have certain knowledge, skills and abilities that make those applicants more desirable for the position sought to be filled, the Mundelein Board of Fire and Police Commission may interview those applicants only for consideration.

Applicants are eligible to re-apply at any time.

#### **GENERAL APPLICANT INFORMATION**

#### **Training**

Once hired, candidates will be subject to a field training process to be determined.

#### **Work Schedule**

Normally, police officers work an average of eighty hours per two-week period, which amounts to 2,080 hours annually. In the patrol section there are three permanent shifts.

#### **Direct Deposit**

All employees hired after January 1, 1997, must participate in Village's direct deposit program.

#### **Benefits**

The Village of Mundelein offers a comprehensive benefit package for the employee and their dependents including sick leave, hospitalization, Section 125 - Flexible Spending Account, life insurance, dental insurance, and health club membership. Vacation and holiday benefits are also provided.

#### **Deferred Compensation Plan**

Full-time Village employees may participate in a Deferred Compensation Plan made available through the Village by Nationwide Retirement Solutions.

#### **Police Pension**

All sworn police officers are eligible to apply for participation in the Mundelein Police Pension Fund. Within three (3) months after being appointed to the sworn position, the police officer must make written application to the Pension Board if they wish to participate.

As a participant of the Mundelein Police Pension Fund, you are eligible for the following:

#### **Police Pension**

All sworn police officers are eligible to apply for participation in the Mundelein Police Pension Fund. Within three (3) months after being appointed to the sworn position, the police officer must make written application to the Pension Board if they wish to participate.

- 1. As a participant of the Mundelein Police Pension Fund, you are eligible for one of the following, if you have previous service in an Article 3 Fund before January 1, 2011:
  - A. Voluntary Retirement

Police Department eligibility is age fifty (50) with twenty (20) years of service. Annual benefits equal to the product of final pay times the sum of 1) 50%; plus 2) 2.5% for each year of service in excess of 20 years, but less than 30 years. Maximum benefit is 75% of final pay after 30 years of service.

B. Mandatory Retirement

Mandatory retirement age is 65. Employee will be vested in retirement plan with a minimum of eight (8) years of service.

- Final Pay
   Final pay is defined as the salary attached to the rank held upon separation from active service.
- 2. If you do not have previous Article 3 service (before 1/1/11) the following pension provisions apply:
  - A. Voluntary Retirement
    - Minimum Retirement Age 55 with a minimum of 10 years of service.
    - Early Retirement Option at age 50 with a minimum of 10 years of service, but a reduction in annuity of 1/2 of 1% for each month under age 55 (6% per year).
    - "Final Average Salary" (used to determine pension annuity) is based on an average salary based on the best 8 out of the last 10 years of service.
    - Final Average Salary is capped at \$106,800, increased annually by the lesser of 3% (of the salary amount) or 1/2 of the annual increase in the CPI-U. [2]
    - Survivor benefits reduced to 66 2/3% of deceased employee's salary at time of death (subject to cost-of-living adjustments).
    - Cost of living adjustments beginning the year after the retiree or survivor turns age 60 with annual increases of the lesser of 3% or ½ of the annual increase in the CPI-U.
    - Retirement pension calculated by multiplying 2.5% for each year of service by the "Final Average Salary," capped at 75%.
  - B. Mandatory Retirement
    - Same as above

#### Uniforms

The Village will issue uniforms to personnel assigned to the Police Department who are required to wear them. If an officer separates from the Police Department and does not complete his/her initial three-year period, the individual will be required to reimburse the Village for the cost of uniforms. Signing the Uniform Reimbursement Agreement is a condition of employment.

#### Wage/Salary Rates Effective May 1, 2020

<u>Step</u>		Annual Salary
1.	Entrance	\$ 72,047.29
2.	After 1 full year of service	\$ 75,347.05
3.	After 2 full years of service	\$ 78,797.95
4.	After 3 full years of service	\$ 82,406.90
5.	After 4 full years of service	\$ 86,181.13
6.	After 5 full years of service	\$ 90,128.23
7.	After 6 full years of service	\$ 94,256.10
8.	After 7 full years of service	\$ 97,573.03
9.	After 8 full years of service	\$103,087.67

Employees are paid biweekly on Fridays with twenty-six (26) pay periods per year.

#### Vacation Eligibility (for employees working 40 hours per week or 80 hours bi-weekly)

- 1. After completing one (1) full year of continuous service, an employee is eligible for 10 days of vacation.
- 2. After completing four (4) full years of continuous service, an employee is eligible for 15 days of vacation.
- 3. After completing nine (9) full years of continuous service, an employee is eligible for 20 days of vacation.
- 4. After completing fourteen (14) full years of continuous service, an employee is eligible for 22 days of vacation.
- 5. After completing nineteen (19) full years of continuous service, an employee is eligible for 25 days of vacation.

Vacation is awarded on January 1<sup>st</sup> in the year you reach your 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, and 20<sup>th</sup> anniversaries.

#### **Holidays**

Each full-time police officer will be given four floating holidays and seven ½ regular holidays.

#### VILLAGE OF MUNDELEIN

#### **BOARD OF FIRE & POLICE COMMISSION**

#### POLICE OFFICER LATERAL HIRE INFORMATION PACKET

Instructions: Fill out application completely and accurately. Address shall be the address where you can be contacted by the Commission. It is the candidate's responsibility to notify the Commission of any changes in any of the requested information. Failure to make proper notification could result in you not proceeding further in the testing process.

Name:			
Last		First	Middle
Address:			
Home phone numbe	r:		
	(area code)		
Work phone number	:		
	(area code)		
Cell phone number:			
	(area code)		
E-mail Address:			
Social Security Numb	er:		

#### **VILLAGE OF MUNDELEIN**

#### **BOARD OF FIRE & POLICE COMMISSION**

To all Mundelein Police Lateral Hire Applicants:

Instructions: This data is being gathered in compliance with Federal Equal Employment Opportunity Commission Regulations. The law requires that your response is voluntary and any response will not affect employment action.

The information you supply is not for personnel records.

Thank you for your cooperation.

1.	Sex:	Female	Male
2.	Race o	or Natural O	rigin: Check one
		a	_ American Indian/Alaskan Native
		b	_ Black
		C	_ White
		d	_ Asian-American/Pacific Islander
		e	_ Hispanic
3.	Your S	Social Securi	ty Number:
4.	Your N	Name:	

#### **VILLAGE OF MUNDELEIN**

#### **BOARD OF FIRE & POLICE COMMISSION**

I, Print Name	, have received an info	ormation packet for	the position of
police officer for the Village of Muno	delein.		
Signed	<del></del>	Date	
Address:			





#### **ACKNOWLEDGMENT AND GENERAL RELEASE OF ALL CLAIMS**

#### Read the following carefully before signing.

I, the undersigned, certify that I have read and fully comprehend this application for employment in its entirety. I acknowledge that the information provided on this application for employment and other submitted application materials is true, complete, and correct to the best of my knowledge. I understand and agree that any incorrect statement, falsification, misrepresentation or omission of any information in connection with this application for employment / other submitted application materials, whenever or however discovered, may result in the rejection of my application for employment or termination of employment without notice or benefits.

In consideration of my participation in the employment process, I authorize an investigation by the Mundelein Board of Fire and Police Commission, Mundelein Police Department, the Village of Mundelein or its officials, employees, appointees, contractors, agents or representatives - jointly termed "the Employer" - of my employment history, background and criminal history, credit history, education, military service, and activities. I authorize the Employer to request and receive such information. I authorize my current / former employers to furnish their records of my service, my reasons for leaving their employ, and all other information they may have concerning me, to the Employer. I understand that the Employer is not responsible for the accuracy or completeness of the information contained in any reports. I agree to cooperate in such an investigation. I hereby fully release and discharge the Employer, its successors, heirs, executors, administrators and assigns, from all rights, claims, and damages, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever, which I may have against the Employer arising out of my participation in the employment process. This release is intended to release all claims for injuries, damages, or loss of any kind whatsoever to me, my persons or property, real or personal, whether known, unknown, foreseen, or unforeseen which I may have against the Employer. I understand and acknowledge the significance and consequences of such specific intention to release all claims and do hereby assume full responsibility for any and all expenses, liabilities, injuries, damages, and/or losses that may incur from participating in the employment process.

I understand that submission of an application for employment does not obligate the Employer to engage in further review of my application for employment. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the Employer to employ me.

In signing this document, I understand that I am releasing or giving up certain potential legal rights. I further acknowledge that I have fully read this document and am fully aware of the consequences thereof. Being so informed, I knowingly and voluntarily execute this release.

Printed Name			
Signature		Date	
	Courage. Pride. Commitment	nt.	





#### **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I,, do hereby authorize a review of and full disclosure of all
records concerning myself to any duly authorized agent of the Mundelein Police Department, whether the said 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 statement and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the record and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil; any police contacts with your department, including arrests and /oconvictions, in which I presently have, or have had an interest.
I understand that any information obtained by a personal history background investigation that developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Mundelein Police Department. 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 said person(s) from any and all liability that may be incurred as a result of furnishing such information. I further release the Mundelein Police Department from any and all liability, which may be incurred as a result of collecting such information.
A photocopy of this release form will be valid as an original thereof, even though the said photocop 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)  Address
Date of Birth
 Date
Courage. Pride. Commitment.





#### **CREDIT INVESTIGATION AUTHORIZATION**

#### TO WHOM IT MAY CONCERN:

I hereby authorize the Mundelein Police Department to conduct an investigation into my credit rating, through whatever sources are available to them, with the understanding that acquiring this information is a necessary portion of my application to become a Police Officer with the Mundelein Police Department.

SIGNED: _					
DATE:					



# VILLAGE OF MUNDELEIN BOARD OF FIRE AND POLICE COMMISSION APPLICATION



F	Firefighter Application Police Officer Application Police Officer Lateral Hire Application															
Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentional makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statement on this application will be considered sufficient cause for dismissal. Any misrepresentation of this application whether actual or by omission may disqualify you for consideration of employment by the Mundelein Police Department.  NOTE: Applicants are not required to disclose expunged juvenile records.																
SECTION	N A – BA	ASIC	INORI	MATI	ON											
FIRST NAME						MIDDLE NAME					LAST NAN					
ALLIAS / NI	ICKNAME															
PREIOUS N	IAMES US	ED														
AGE			DOB					SSN								
DRIVER'S LI	ICENSE N	0.										STATE C	of Issuan	ICE		
CITY OF` BI	IRTH				cou	JNTY			STA	TE		COUNT	RY			
HEIGHT			WEIG	НТ			EY	'E COLOR				HAIR CO	DLOR			
SEX	MALE FEMALE		US CIT	ΓIZEN		YES NO		ER PREVIOL ZENSHIPS	JS							
DO YOU HA		VISIBL	E TATTO	os? [	YES	□ <sub>NO</sub>										
VISIBLE TATTOOS ARE PERMITTED PROVIDED THEY ARE NEITHER OBJECTIONABLE NOR OFFENSIVE. THE CHIEF OF POLICE WILL BE THE FINAL ARBITER OF WHAT IS OBJECTIONABLE OR OFFENSIVE. TATTOOS WILL NOT BE PERMITTED ON THE NECK, FACE, HAIR/SCALP AREA AS THIS WOULD NOT BE CONSISTENT WITH THE IMAGE OF A MUNDELEIN POLICE EMPLOYEE. THE CHIEF OF POLICE MAY REQUIRE ANY EMPLOYEE TO COVER TATTOOS WITH CLOTHING/BANDAGE IF NOT COMPLIANT WITH THE POLICY.																
SECTION	N B – PE	RSC	NAL A	DDR	ESS F	HISTOR	Υ									
		STREET ADDRESS							CITY		STATE	:	ZIP CODE			
CURRENT RESIDENCE	≣															
PHONE NU (Home)	IMBER							EDON4					то			
PHONE NU (Cell)	IMBER					FROM MONTH / YEAR					_	H / YEAR				



PREVIOUS RESIDENCE							į.		
PHONE NUMBER				FROM MONTH /	YEAR		TO MONT	H / YEAR	
PREVIOUS RESIDENCE									
PHONE NUMBER				FROM MONTH /	YEAR		TO MONT	H / YEAR	
SECTION C – E	EDUC/	ATIONAL HIS	TORY						
		NAM	ME OF SCHOOL			FROM	M MONTH / YE	AR	TO MONTH / YEAR
HIGH SCHOOL									
ADDRESS									
TOTAL SEMESTERS YEARS COMPLETE					DEGREES E	ARNED			
		NAM	ME OF SCHOOL			FROM	M MONTH / YE	AR	TO MONTH / YEAR
COLLEGE / UNIVERSITY									
ADDRESS									
TOTAL SEMESTERS YEARS COMPLETE					DEGREES E	ARNED			
COLLEGE / UNIVERSITY									
ADDRESS									
TOTAL SEMESTERS YEARS COMPLETE					DEGREES E	ARNED			
TECHNICAL / TRADE / OTHER SCHOOL									
ADDRESS									
TOTAL SEMESTERS YEARS COMPLETE					DEGREES E	ARNED			
SECTION D - I									
TOLD YOU WERE F		ED FROM ANY PL		MENT OR HAV	E YOU EVER	QUIT FRON	/I ANY PLACE OI	F EMPLOYN	MENT AFTER BEING
DETAILS:									



PLEASE LIST YOUR EMPLOYMENT, BEGINNING WITH THE PRESENT AND WORKING BACK 10 YEARS (Include seasonal or part-time jobs).						
EMPLOYER / COMPA	ANY N	AME				
POSITION (S) HELD						
EMPLOYER'S ADDRE	SS					
SUPERVISOR		PHONE NUMBER				
FROM MONTH/ YEAR	R	TO MONTH / YEAR				
REASON FOR LEAVIN	IG					
EMPLOYER / COMPA	ANY N	AME				
POSITION (S) HELD						
EMPLOYER'S ADDRE	SS					
SUPERVISOR		PHONE NUMBER				
FROM MONTH/ YEAR	R	TO MONTH / YEAR				
REASON FOR LEAVIN	IG					
EMPLOYER / COMPA	ANY N	AME				
POSITION (S) HELD						
EMPLOYER'S ADDRE	SS					
SUPERVISOR		PHONE NUMBER				
FROM MONTH/ YEAR	R	TO MONTH / YEAR				
REASON FOR LEAVIN	IG					



EMPLOYER / COMPA	NY NAME					
POSITION (S) HELD						
EMPLOYER'S ADDRESS						
SUPERVISOR		PHONE NUMBER				
FROM MONTH/ YEAR		TO MONTH / YEAR	TO MONTH / YEAR			
REASON FOR LEAVING						
EMPLOYER / COMPANY NAME						
POSITION (S) HELD						
EMPLOYER'S ADDRES	S					
SUPERVISOR		PHONE NUMBER				
FROM MONTH/ YEAR		TO MONTH / YEAR				
REASON FOR LEAVING	Ĵ					
EMPLOYER / COMPA	NY NAME					
POSITION (S) HELD						
EMPLOYER'S ADDRES	S					
SUPERVISOR		PHONE NUMBER				
FROM MONTH/ YEAR		TO MONTH / YEAR				
REASON FOR LEAVING	ŝ					



EMPLOYER / COMPANY	NAME			
POSITION (S) HELD				
EMPLOYER'S ADDRESS				
SUPERVISOR		PHONE NUM	BER	
FROM MONTH/ YEAR		TO MONTH / YEAR		
REASON FOR LEAVING				
EMPLOYER / COMPANY N	NAME			
POSITION (S) HELD				
EMPLOYER'S ADDRESS				
SUPERVISOR		PHONE NUM	BER	
FROM MONTH/ YEAR		TO MONTH / YEAR		
REASON FOR LEAVING				
EMPLOYER / COMPANY N	NAME			
POSITION (S) HELD				
EMPLOYER'S ADDRESS				
SUPERVISOR		PHONE NUM	BER	
FROM MONTH/ YEAR		TO MONTH / YEAR		
REASON FOR LEAVING				
SECTION E - MILIT	ARY HISTORY			
IF YOU ARE A MALE BORN	N AFTER DECEMBER 31, 1959, DID YOU REGISTER	WITH THE SELECTIVE SE	RVICE SYSTEM?	□ <sub>YES</sub> □ <sub>NO</sub>
HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR UNITED STATES MERCHANT MARINE?				



HAVE YOU EVER SERVED IN ANY FOREIGN MILITARY OUTSIDE OF THE UNITED STATES?					
BRANCH OF SERVICE					
AIR FORCE ARMY NAVY	MARINE CORPS COAST GUARD	NATIONAL GUA	ARD MERCHANT	MARINE	
OTHER SERVICE – DETAILS					
FROM MONTH / YEAR	TO MONTH / YEAR	RANK			
CURRENT STATUS:					
□ <sub>ACTIVE</sub> □ <sub>ACTIVE</sub> RESERVE □ <sub>IN</sub>	ACTIVE RESERVE NATIONAL GUA	RD OTHER			
DISCHARGE TYPE:					
HONORABLE DISCHARGE GENE	ERAL DISCHARGE OTHER	THAN HONORABLE D	DISCHARGE		
	ONORABLE DISCHARGE MEDICA				
HARDSHIP					
DETAILS:					
HAVE YOU EVER RECEIVED ANY OF THE FOLL	OWING WHILE IN THE MILITARY?	-	-		
ARTICLE 15 COURT MARTIAL OFFICE HOURS CAPTAIN'S MAST REDUCED IN RANK EMI					
DETAILS:					
SECTION F - FINANCIAL					
HAVE YOU EVER DECLARED BANKRUPTCY?	O <sub>YES</sub> O <sub>NO</sub>				
		MONTH /VEAD			
LOCATION – CITY / COUNTY / STATE MONTH / YEAR					



HAVE YOU EVER HAD YOUR WAGES ASSIGNE	ED OR GARNISHED? YES NO	1				
DETAILS:						
DO YOU CURRENTLY HAVE TO PAY CHILD SU	PPORT? YES NO	AMOUNT				
ARE YOU CURRENTLY DELINQUENT ON ANY	DEBT? YES NO					
DETAILS:						
PLEASE LIST YOUR CURRENT FINANCIAL DEBTS (ASIDE FROM UTILITIES)						
COMPANY / BANK / INSTITUTION						
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)			TOTAL BALANCE			
COMPANY / BANK / INSTITUTION						
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)			TOTAL BALANCE			
COMPANY / BANK / INSTITUTION						
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)			TOTAL BALANCE			
COMPANY / BANK / INSTITUTION						
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)			TOTAL BALANCE			
COMPANY / BANK / INSTITUTION						
LOAN TYPE (AUTO, EDUCATIONAL, MORTGAGE, CREDIT CARD, ETC.)			TOTAL BALANCE			
<b>SECTION G – POLICE RECORD</b> NOTE: Applicants are not require	ed to disclose expunged juveni	ile records.				
HAVE YOU EVER BEEN CONVICTED OF A MIS	DEMEANOR ANYWHERE? YES	NO				
DETAILS:						



HAVE YOU EVER BE	EN CONVICTED OF A FELO	NY ANYWHERE?	O <sub>YES</sub> O <sub>NO</sub>	
DETAILS:				
SECTION H – D	RIVING RECORD			
HAVE YOU EVER BE	EN ARRESTED OR CONVIC	TED OF A DUI?	YES NO	
DETAILS:				
HAVE YOU EVER HA	D YOUR DRIVER'S LICENSI	E SUSPENEDED OF	R REVOKED? YES	□ <sub>NO</sub>
DETAILS:				
PLEASE LIST ALL OF	THE TRAFFIC CITATIONS	YOU WERE ISSUE	D (REGARDLESS OF C	OURT RULING) IN THE PAST 5 YEARS:
VIOLATION (SPEEDI	NG, STOP SIGN, ETC)			
MONTH / YEAR		CITY / STATE		
LOCATION				
ISSUING AGENCY				
COURT RULING			FINE PAID / TRAFFIC SCHOOL	
VIOLATION (SPEEDI	NG, STOP SIGN, ETC)			
MONTH / YEAR		CITY / STATE		
LOCATION	_			
ISSUING AGENCY				
COURT RULING			FINE PAID / TRAFFIC SCHOOL	



VIOLATION (S	PEEDING, STOP SIGN, ETC)						
MONTH / YEA	AR	CITY / STATE					
LOCATION							
ISSUING AGEI	NCY						
COURT RULIN	TRAFFIC SCHOOL						
SECTION I	- DRUG USE AND NA	RCOTICS HISTO	DRY				
	HE LAST TIME YOU TRIED OR IANA? MONTH / YEAR			□ <sub>I HAV</sub>	E NEVER	TRIED OR USED MARIJUANA IN	I MY ENTIRE LIFE.
_	HE FIRST TIME YOU TRIED RIJUANA? MONTH / YEAR						
HOW MANY TIMES TOTAL HAVE YOU TRIED OR USED MARIJUANA IN YOUR LIFETIME?							
HAVE YOU EV	ER TAKEN PRESCRIPTION ME	DICATION THAT WA	S NOT P	RESCRIBED T	o you?	YES NO	
DETAILS:							
HAVE YOU EV	ER TAKEN ANY ANIMAL MEDI	CATIONS? YES		IO			
DETAILS:	DETAILS:						
HAVE YOU EV	ER SOLD OR TRANSFERRED M	IARIJUANA OR ANY	OTHER T	TYPE OF DRU	G OR NAR	RCOTIC TO SOMEONE ELSE FOR	R PROFIT OR NOT-FOR
PROFIT?	YES NO						
QUANTITY			N	IUMBER OF T	IMES		
DETAILS:							
	CATE THE TOTAL NUMBER DRUGS OR NARCOTICS:	OF TIMES AS WEL	L AS TH	HE LAST TIM	IE (MON	TH AND YEAR) YOU TRIED (	DR USED ANY OF THE
NUMBER OF TIMES	DRUG	MONTH / YEA	.R		MBER TIMES	DRUG	MONTH / YEAR
	COCAINE					CRACK	
	ROCK					HEROIN	



	OPIUM					RUSH			
	CRYSTAL METH					ACID / LSD			
	HASHIS					TIC / THC			
	MUSHROOM					SPEED / AM	PHETAMII	NES	
	DOWNERS / BARBITURATES					MORPHINE			
	ANGEL DUST					РСР			
	STEROIDS					WHIP CREAI	M INHALII	NG /	
	GLUE INHALING / SNIFFING					FREE BASE			
	SPECIAL K					NITRIOUS O	XIDE		
	ECSTACY GHB / LIQUID "G"								
	NON-PRESCRIBED VICODIN  NON-PRESCRIBED VALIUM / LIBRIUM								
OTHER / DETAILS									
SECTION J	- ALCOHOL USE HISTO	RY	T		T		T	I	
HOW MANY T	TIMES PER WEEK, MONTH OR Y COHOL?	EAR DO YOU	WEEK		MONTH		YEAR		I NEVER CONSUME ANY ALCOHOL
HAVE YOU EV	ER CONSUMED ALCOHOL WHI	LE WORKING?	YES E	NO					
DETAILS:									
HOW MANY T	TIMES HAVE YOU BEEN INTOXIO	CATED IN THE				VAS THE VER		ME YOU	
	TIMES HAVE YOU DRIVEN A VEI	HCILE BEYOND THE	LEGAL LIN	/IIT, WHILE	1		•		
WHEN WAS T	HE VERY LAST TIME YOU DROV	E A VEHICLE BEYO	ND THE LE	GAL LIMIT,	WHILE IN	TOXICATED?	)		
SECTION H	C – DOMESTIC DISPUTE	HISTORY							
HAVE YOU EV	ER BEEN INVOLVED IN ANY TYI	PE OF DOMESTIC D	ISPUTE W	HERE THE F	POLICE WE	RE CALLED?	YES	□ <sub>NO</sub>	
DETAILS:									
HAVE YOU EV	ER PERPERTRATED PHYSICAL V	IOLENCE AGAINST	SOMEONE	YOU WER	RE IN A REL	ATIONSHIP '	with?	YES (	□ <sub>NO</sub>



DETAILS:
HAVE YOU EVER SHOPLIFTED ANYTHING IN YOUR ENTIRE LIFE? YES NO
DETAILS:
HAVE YOU EVER STOLEN ANY MONEY? YES NO
DETAILS:
HAVE YOU EVER STOLEN ANY MERCHANDICE OR PROPERTY? YES NO
DETAILS:
HAVE YOU EVER VANDALIZED ANY PROPERTY OR BUILDING? YES NO
DETAILS:
HAVE YOU EVER ENGAGED IN ANY TYPE OF IDENTITY THEFT? YES NO
DETAILS:
HAVE YOU EVER FORGED ANY GOVERNMENT, MILITARY, EDUCATIONAL INSTITUTION, OR ANY OTHER OFFICIAL DOCUMENT?  YES NO
DETAILS:
HAVE YOU EVER HAD ANY PAST OR PRESENT AFFILIATIONS WITH ANY GANG, MAFIA OR ORGANIZED CRIME GROUP? YES NO
DETAILS:



HAVE YOU EVER HAD ANY PAST OR PRESENT AFFILIATIONS WITH ANY TERRORIST ORGANIZATION? YES NO
DETAILS:
HAVE YOU EVER IMPERSONATED A POLICE OFFICER OR ANY LAW ENFORCEMENT AGENT? YES NO
DETAILS:
HAVE YOU EVER SMUGGLED ANY PROHIBITED ITEMS THROUGH U.S. CUSTOMS AT ANY PORT OF ENTRY OR BORDER CROSSING?  YES NO
DETAILS:
HAVE YOU EVER ENGAGED IN ANY CHILD PORNOGRAPHY OVER THE INTERNET INVOLVING MINORS BELOW THE AGE OF 18?  YES NO
DETAILS:
HAVE YOU EVER ENGAGED IN ANY TYPE OF PHYSICAL FIGHT WITH ANOTHER INDIVIDUAL IN THE PAST 5 YEARS? YEARS? NO
DETAILS:
HAVE YOU EVER CARRIED A WEAPON, KNIFE OR A GUN FOR PROTECTION? YES NO
DETAILS:
HAVE YOU EVER ENGAGED IN ANY TYPE OF CREDIT CARD OR CHECK FRAUD? YES NO
DETAILS:
HAVE YOU EVER MADE OR USED A FALSE ID? YES NO
DETAILS:



HAVE YOU EVER ENGAGED IN ANY TYPE OF CONTERFITING? YES NO
DETAILS:
HAVE YOU EVER PURCHASED OR RECEIVED ANY STOLEN PROPERTY? YES NO
DETAILS:
HAVE YOU EVER COMMITTED ANY SERIOUS UNDETECTED CRIME? YES NO
DETAILS:
HAVE YOU EVER ENGAGED IN ANY TYPE OF GAMBLING? YES NO
DETAILS:
SECTION L – PAST OR PRESENT LAW ENFORCEMENT PERSONNEL OR SECURITY GUARDS ONLY
HAVE YOU EVER SOLICITED OR ACCEPTED A BRIBE? YES NO
DETAILS:
HAVE YOU EVER USED EXCESSIVE FORCE WHILE PERFORMING YOUR DUTIES? YES NO
DETAILS:
HAVE YOU EVER BEEN SUSPENDED OR REPRIMANDED? YES NO
DETAILS:
HAVE YOU EVER BEEN SUED OR ARE YOU CURRENTLY INOLVED IN ANY LAWSUIT?



DETAILS:				
SECTION M - PA	AST OR PR	ESENT FIRE DEPARTMENT PER	SONNEL OR MED	PICAL ONLY
HAVE YOU EVER STAI	RTED AN ILLEG	GAL FIRE BESIDES A DEMO OR DRILL?	YES NO	
DETAILS:				
HAVE YOU EVER STO	LEN ANYTHIN	G FROM A FIRE OR ACCIDENT SCENE?	YES NO	
DETAILS:				
HAVE YOU EVER COL	LECTED ANY I	TEMS TAKEN FROM A FIRE OR ACCIDNT S	SCENE? YES	NO
DETAILS:				
SECTION N - AC	CQUAINTA	NCES		
				er employers or references, which are as who have seen you frequently during
NAME				
ADDRESS (CITY, STAT HOME	E & ZIP)			
ADDRESS (CITY, STAT WORK	E & ZIP)			
PHONE (HOME)			PHONE (CELL)	
BUSINESS OCCUPATION PROFESSION	ON OR			
IN WHAT CAPACITY DE KNOW THIS PERSON				
NAME				
ADDRESS (CITY, STAT HOME	E & ZIP)			
ADDRESS (CITY, STAT	E & ZIP)			



PHONE (HOME)				PHONE (CELL)	
BUSINESS OCCUPAT PROFESSION	ION OR				
IN WHAT CAPACITY KNOW THIS PERSON					
NAME					
ADDRESS (CITY, STA HOME	TE & ZIP)				
ADDRESS (CITY, STA WORK	TE & ZIP)				
PHONE (HOME)				PHONE (CELL)	
BUSINESS OCCUPAT PROFESSION	ION OR				
IN WHAT CAPACITY KNOW THIS PERSON					
SECTION O - P	ROFESSION	NAL REFERENCES			
period, preferab	ly more tha		persons to v		employers who have known you for a Il be asked to appraise your character,
NAME					
ADDRESS (CITY, STA HOME	TE & ZIP)				
ADDRESS (CITY, STA WORK	TE & ZIP)				
PHONE (HOME)				PHONE (CELL)	
BUSINESS OCCUPAT PROFESSION	ION OR				
YEARS KNOWN					
NAME					
NAME ADDRESS (CITY, STA	TE & ZIP)				
ADDRESS (CITY, STA					



BUSINESS OCCUPATION ( PROFESSION	OR					
YEARS KNOWN						
NAME						
ADDRESS (CITY, STATE & HOME	ZIP)					
ADDRESS (CITY, STATE & WORK	ZIP)					
PHONE (HOME)		PHONE (CELL)				
BUSINESS OCCUPATION ( PROFESSION	OR					
YEARS KNOWN						
NAME						
ADDRESS (CITY, STATE & HOME	ZIP)					
ADDRESS (CITY, STATE & WORK	ZIP)					
PHONE (HOME)		PHONE (CELL)				
BUSINESS OCCUPATION ( PROFESSION	OR					
YEARS KNOWN						
SECTION P – PERSON TO BE NOTIFIED IN CASE OF EMERGENCY						
NAME						
ADDRESS (CITY, STATE & HOME	ZIP)					
PHONE (HOME)		PHONE (CELL)				
RELATIONSHIP						
NAME						
ADDRESS (CITY, STATE & HOME	ZIP)					



	•				,		
PHONE (HOME)				PHONE (CELL)			
RELATIONSHIP							
ADDITIONAL APPLICANT COMMENTS AND INFORMATION							
			CERTIFYING S	IGNATURE			
material fact a am aware that that I may be should any inv	nd that information to the contract of the contract on the contract of the contract of the contract on the contract of the contract of the contract on the contract of the con	ormation given bestimation given bestimate by me in produce writted disclose any media and	oy me is true ar in this applicati en documentati isrepresentatio	nd complete to the on are subject to ion for verification on, falsification, o	ations, omissions or concealment of e best of my knowledge and belief. I later investigation. I am also aware n purposes. I am further aware that mission or concealment of material gibility list. If already appointed, my		
SIGNATURE					DATE		