

ATTACHMENT NO. 1

Please answer the following additional questions, which are included as an integral part of your Firefighter/EMT Firefighter/Paramedic application.

1. DRUGS. Are you currently using any controlled substance or marijuana contrary to law?

() Yes

() No

If yes, explain:

2. Have you ever possessed or used any controlled substance or marijuana contrary to law?

() Yes

() No

If yes, explain:

AUTHENTICATION SECTION

STATE OF _____

SS:

COUNTY OF _____, being first duly sworn, upon his/her oath, states that he/she has signed the foregoing POLICE OFFICER APPLICATION; that there are no willful misrepresentations, or falsifications contained therein; and that all of my answers contained therein are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

SUBSCRIBED and SWORN to before me this ____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires:

VILLAGE OF SAUK VILLAGE

PROBATIONARY FIREFIGHTER/EMT FIREFIGHTER/PARAMEDIC

EXAMINATION INSTRUCTIONS

In order to establish an Eligibility List for the position of Probationary Firefighter/EMT Firefighter/Paramedic, the Village of Sauk Village, Illinois, County of Cook, is providing to all interested parties a packet containing: (1) examination instructions, (2) application form (3) Release of Liabilities Certificate (4) application attachment (5) information on the elements of the selection process, and (6) a checklist for returning the application form/supporting documentation.

COMPLETED APPLICATION FORMS/SUPPORTING DOCUMENTATION

All completed applications with accompanying documentation must be returned in a sealed envelope by 4:00p.m. on Friday, December 4th, 2026, to Resource Management Associates, Inc., 17730-A Oak Park Avenue, Tinley Park, IL 60477. Applicants must comply with the requirements in every respect. The following must be submitted:

- Completed application
- Copy of birth certificate
- Copy of current driver's license (if driving on a citation, please provide a copy of the citation with another form of photo identification)
- Copy of Social Security Card
- Copy of high school diploma or equivalent or college degree
- Official transcripts from registrar's office for college degrees must be in a sealed envelope
- Release of Liability Certificate. This form must be completed and signed by yourself and one witness.
- If claiming an exemption from the statutory maximum age limitation based on qualifying prior service as a full-time, regularly enrolled volunteer, paid-on-call, or part-time firefighter, the applicant must provide documentation establishing eligibility under Section 10-2.1-6.3 of the Illinois Municipal Code (65 ILCS 5/10-2.1-6.3).

ORIENTATION

Mandatory orientation will take place on Saturday, December 12th, 2026, at the Sauk Village Senior Center, 21801 S. Torrence Avenue, Sauk Village, IL 60411. This process will begin at 12:30 p.m. Applicants who arrive after 12:30 p.m. WILL NOT be processed and will not be permitted to participate in this examination process.

WRITTEN EXAMINATION

The written examination will be administered to all applicants who have attended the mandatory orientation (see above). The examination will be administered at 1:00 p.m. on Saturday, December 12th, 2026, at the Sauk Village Senior Center, 21801 S. Torrence Avenue, Sauk Village, IL 60411. A valid photo ID will be required. Applicants who fail to appear will not be allowed to participate in any other testing for this examination process; however, they may apply for a future examination.

Applicants will be given their score on-site on the day of the exam. A score of 70.00% or above is required to pass the written exam.

ORAL EXAMINATION

Those applicants who pass the written exam will be given a date and time of their oral examination.

Applicants who receive a passing grade on the written examination (score of 70.00% or above) will proceed through the remaining components of the selection process as established by the Board. Any medical and psychological examinations required for appointment will be conducted only after a conditional offer of employment, consistent with applicable Illinois law. Other components may include an oral examination, polygraph examination, functional capacity/physical ability evaluation, and background investigation.

The written and oral examinations are scored as established by the Board. Other qualifying examinations or evaluations may be administered on a pass/fail basis in accordance with the Board's Rules and Regulations and applicable law.

MANDATORY STUDY GUIDE FOR WRITTEN EXAMINATION

A mandatory Study Guide is available at

<https://acrobat.adobe.com/id/urn:aaid:sc:US:57e287d8-ae44-45c5-906b-fe866b00be23>. The Study Guide will be available through December 12th, 2026.

QUALIFICATIONS

1. Must be a United States citizen, as required for firefighter applicants under applicable Illinois law.
2. Must have a valid Driver's License with the ability to obtain a class B non CDL within 3 months of employment and have a good driving record
3. Must have high school diploma or equivalent or college degree (official transcripts from registrar's office for college degrees must be in a sealed envelope)
4. Must have, at the time required by the Board or conditional offer, a valid Candidate Physical Ability Test (CPAT) certification with ladder climb that is not older than six (6) months, or otherwise satisfy the physical ability requirements established by the Board consistent with 65 ILCS 5/10-2.1-6.3.
5. Must be at least 21 years of age at the time of employment. An applicant who is 35 years of age or older is not eligible to take the firefighter examination unless the applicant qualifies for an age exception under 65 ILCS 5/10-2.1-6.3, including qualifying prior full-time firefighter service, service as a regularly enrolled volunteer, paid-on-call, or part-time firefighter, or the qualifying military-service exception provided by statute. Applicants claiming an exception must provide satisfactory proof.
6. Must possess, at the time of hire, a current Illinois or nationally recognized EMT credential acceptable for Illinois licensure/authorization and the firefighter certification required by the Village and applicable law. A paramedic appointed to the position must satisfy applicable Illinois EMS System and Region 7 requirements.
7. Paramedic licensure is preferred. Any requirement to obtain paramedic licensure after appointment, including the time allowed to complete such licensure, shall be governed by the conditions of employment, the Board's Rules and Regulations, applicable collective bargaining provisions, and Illinois law.

DISQUALIFICATIONS

The Board may refuse to examine, certify, or appoint an applicant when authorized by the Board's Rules and Regulations or applicable law, including 65 ILCS 5/10-2.1-6 and 65 ILCS 5/10-2.1-6.3. Grounds may include:

1. Failure to satisfy the established qualifications or preliminary requirements for the position.
2. Failure to demonstrate the physical ability to perform the essential functions of the firefighter position, subject to applicable State and federal law.
3. Failure to satisfy the statutory requirements concerning health, habits, and moral character.
4. A disqualifying criminal conviction as provided by applicable Illinois law. An arrest without a conviction, or a misdemeanor conviction that Illinois law does not permit to be used as a disqualification, shall not by itself disqualify an applicant.
5. Dismissal from public service for good cause when lawfully considered by the Board.
6. Fraud, material misrepresentation, deception, or falsification in the application or examination process.
7. Failure to satisfy lawful medical, psychological, or other job-related qualification standards applicable to appointment.
8. Unsatisfactory character or employment information when lawfully relevant to the position and considered in accordance with applicable law.
9. Failure to possess a high school diploma or equivalent education as required for placement on the firefighter eligibility register.
10. Any other lawful basis for disqualification established by the Board's Rules and Regulations or applicable State or federal law.

Any applicant deemed disqualified shall be notified by the Board in accordance with applicable law and the Board's Rules and Regulations.

LEGAL COMPLIANCE NOTE: This examination process is intended to comply with the Illinois Municipal Code, including 65 ILCS 5/10-2.1-6 and 65 ILCS 5/10-2.1-6.3, and other applicable State and federal employment laws. If this overview conflicts with controlling law or the Rules and Regulations of the Village of Sauk Village Board of Fire and Police Commissioners, the controlling law and Board Rules govern.

**BY ORDER OF THE BOARD OF FIRE AND POLICE COMMISSIONERS
DR. SHARON DAVENPORT, CHAIR**

CHECKLIST

This is a checklist to use to ensure you have provided the **Village of Sauk Village** all necessary documents. To help expedite the application review process, please have all documentation in the order listed on this checklist.

YOUR APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING IS MISSING OR INCOMPLETE. THERE WILL BE NO EXCEPTIONS.

- ☐ Completed application (with notarized affidavit)
- ☐ Completed Release of Liability Certificate. (This form must be completed and signed by yourself and one witness.)
- ☐ Certificate for EMT Basic State of Illinois
- ☐ Copy of birth certificate
- ☐ Copy of current driver's license (if driving on a citation, please provide a copy of the citation with another form of photo identification)
- ☐ Copy of high school diploma or equivalent or college degree(s)
- ☐ A copy of your Social Security Card

VILLAGE OF SAUK VILLAGE

FIREFIGHTER/EMT FIREFIGHTER/PARAMEDIC APPLICATION

ELEMENTS OF THE SELECTION PROCESS

1. **Written Examination** - The written exam is scored on-site. A minimum score of 70.00% is required to continue in this testing process.
2. **Oral Examination** - Applicants who have successfully passed the written examination will be scheduled to take the oral examination. If you pass the written exam, you will be given a date and time.
3. **Eligibility List** - The Board of Fire and Police Commissioners will post an eligibility list with an expiration date as a result of the selection process. Only those persons named on this list will be considered for appointment as Probationary Firefighter/EMT Firefighter/Paramedic.

Additional elements of the testing process are listed below and you are notified that sensitive or confidential aspects of your personal life may be explored prior to any appointment as a Probationary Firefighter/EMT Firefighter/Paramedic. Candidates will be notified of the date and time of these examinations. The results of all examinations are retained by the Commission and are stored in a secure area. Access is restricted to only those persons entitled to view these records.

4. **Preference Points** – After the Initial Eligibility List is established, applicants will have ten (10) days to apply for the allowable preference points (*see below*):
 - **Military Veterans**: Applicants who served in the United States military for at least 1 year and who were honorably discharged shall receive 5 points. Proof of such service must include a copy of Military Form DD-214 (long form) as proof of active service and evidence of honorable discharge at time of application to qualify;
 - **Education**: Applicants who have successfully obtained an Associate's Degree in the field of Fire Service or Emergency Medical Services 1 point -OR- a Bachelor's Degree in any field from an accredited college or university, shall be awarded 2 points. Official transcripts must be submitted at time of application to qualify;
 - **Paramedic/Firefighter Certification**: Applicants who have obtained Advanced Technician Firefighter / Firefighter III certification or a State of Illinois or nationally certified Paramedic (EMT-P) license shall be awarded 3 points for attaining any or all named statuses listed above. Proof of licensure must be submitted at time of application to qualify;
 - **Current Part-Time Firefighter Experience**: Applicants currently employed by the Village of Sauk Village Fire Department who have successfully served as paid-on-call or part-time personnel shall receive experience preference points as provided by 65 ILCS 5/10-2.1-6.3. Applicants who have served as a paid-on-call or part-time certified Basic Operations Firefighter/Firefighter II, State of Illinois or nationally licensed EMT, EMT-I, A-EMT, or any combination of those capacities shall be awarded 0.5 point for each year of successful service, up to a maximum of 5 points. Certified Advanced Technician Firefighter / Firefighter III and State of Illinois or nationally licensed paramedics shall be awarded 1 point for each year of successful service, up to a maximum of 5 points. The Village shall verify the applicant's qualifying service,

certification or licensure, and years of successful service upon request of the Board of Fire and Police Commissioners. Experience preference points are based upon a 100-point eligibility-list rating scale and shall be adjusted proportionately if a different rating scale is used. Experience preference points shall be applied subject to all limitations of applicable Illinois law, including the statutory restriction against awarding experience points in an amount that would place a candidate ahead of a veteran on the eligibility list;

5. **Polygraph Examination** - You will be required to submit to a polygraph examination for detection of deception with test questions from the following areas:

- Work History
- Honesty
- Criminal History
- Use of Force History
- Alcohol/Drug History
- Driving Record

A trained and licensed individual will conduct the polygraph examination. No fees will be charged to you. The polygraph examination is not used as a single determinant of employment status. Admissions made during the conduct of the polygraph examination may result in the rejection of an applicant.

6. **Psychological Examination** - You will be required to submit to a psychological examination by a trained and licensed individual for emotional stability and psychological fitness. No fees will be charged to you.

7. **Medical Examination** - You will be required to submit to a medical examination by a medical doctor licensed to practice medicine to certify general health. No fees will be charged to you.

8. **Background Investigation** - Criminal investigators of the Sauk Village Police Department trained in background investigations will conduct a background investigation. This background investigation routinely involves interviews with families and neighbors and will include but is not limited to:

- Verification of qualifying credentials
- Review of any criminal history
- Verification of personal references

9. **Duration of the Selection Process** - Any applicant that is determined to be ineligible for appointment will be notified in writing within 30 days of such decision.

The duration of the selection process in elements listed 1 through 4 is usually completed within 90 days. You will be notified when and where to appear to submit to a polygraph, psychological, and medical examination and when a background investigation is begun. These elements are performed when you are being considered for an appointment as a Probationary Firefighter/EMT Firefighter/Paramedic due to the staffing needs of the Sauk Village Fire Department.

10. **Re-Application** - There is no limit to the number of times you can apply for participation in the selection process of Probationary Firefighter/EMT Firefighter/Paramedic. You may re-apply for any subsequent selection process announced by the Board of Fire and Police Commissioners.

Important Disclaimer for Potential Applicants: As part of this application form, you will be required to submit various documents, records and/or additional forms. Be sure to allow sufficient time to gather this documentation and fully complete the application before the deadline. In other words, do not wait until one day before the deadline to collect and submit additional required documentation. In order for your application to be accepted, all materials must be submitted and received prior to the deadline.

NOTICE

This document provides a listing of the elements of the selection process and is meant only for use as a general overview to help explain the testing and selection process. The Rules and Regulations of the Village of Sauk Village Board of Fire and Police Commissioners solely apply to the selection process.

☐ FIREFIGHTER APPLICATION ☐ POLICE OFFICER APPLICATION

POSITION APPLIED FOR	

1

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 YES	NO	AVERAGE GRADE
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	

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

DRIVING HISTORY

32. CAN YOU OPERATE AN AUTOMOBILE? ☐ YES ☐ NO	33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? ☐ YES ☐ NO	IF "YES" DATE OF EXPIRATION	DRIVERS LICENSE NO
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? ☐ YES ☐ NO	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? ☐ YES ☐ NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? ☐ YES ☐ NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? ☐ YES ☐ 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? ☐ YES ☐ NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? ☐ YES ☐ NO	IF "YES" GIVE LOCATION	

MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE US ? ☐ YES ☐ 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)
46. GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)	FROM (DATE) TO (DATE)		FROM (DATE) TO (DATE)
47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?	BE EXACT		

48. IF YOU HAD NO MILITARY SERVICE EXPLAIN

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD E., I-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 ☐ YES ☐ NO	IF "YES" EXPLAIN				
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE US RESERVE FORCES ☐ YES ☐ NO	IF "YES" ☐ ACTIVE ☐ INACTIVE	BRANCH	UNIT	RANK	
	ADDRESS		FROM	TO	
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? ☐ YES ☐ NO	IF "YES" WHAT STATE	REGIMENT	UNIT		
	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? ☐ YES ☐ NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
56. HAVE YOU EVER BEEN PLACED ON PROBATION? ☐ YES ☐ NO	IF "YES" EXPLAIN			
57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? ☐ YES ☐ NO	IF "YES" EXPLAIN			
58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? ☐ YES ☐ NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME			
59. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? ☐ YES ☐ NO	WAS THE CRIME REPORTED TO THE POLICE? ☐ YES ☐ NO	IF YOU WERE A "VICTIM" EXPLAIN		
60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? ☐ YES ☐ NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE	
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? ☐ YES ☐ NO	IF "YES" EXPLAIN		

EMPLOYMENT HISTORY

64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? ☐ YES ☐ 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 ☐ NO	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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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	EMPLOYERS 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	EMPLOYERS 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	EMPLOYERS 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	EMPLOYERS 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 \$
	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 \$
	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 on 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	
				\$	
				\$	
				\$	
76. HAVE YOU EVER BEEN SUED ☐ YES ☐ NO		IF "YES" GIVE DETAILS			
77. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) & WHETHER IN ARREARS					
AMOUNT OF ORIGINAL DEBT	AMOUNT NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$	☐	☐		
\$	\$	☐	☐		
\$	\$	☐	☐		
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 TO 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	YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN

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 willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation may include testing for drugs/ narcotics, communicable diseases including the AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards 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.

[illegible]

CONTINUATION SHEET

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

[illegible]

CONTINUATION SHEET

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

[illegible]

CONTINUATION SHEET

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

[illegible]

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

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STATE OF ILLINOIS)
) SS.
COUNTY OF _____)

_____, being first duly sworn, upon his/her oath,
states that he/she has signed the foregoing BOARD OF FIRE & POLICE COMMISSIONERS
POLICE OFFICER APPLICATION; that there are no willful misrepresentations, or falsifications
contained therein; and that all of my answers contained therein are true and correct to the best of my
knowledge and belief.

Signature in full of Applicant

SUBSCRIBED and SWORN to before me this _____ day of
_____, 20____.

NOTARY PUBLIC

My Commission expires:

VILLAGE OF SAUK VILLAGE
PROBATIONARY FIREFIGHTER/EMT FIREFIGHTER/PARAMEDIC TESTING
RELEASE OF ALL LIABILITIES CERTIFICATE

The undersigned, for good and valuable considerations, hereby releases, remises and discharges the Village of Sauk Village, a municipal corporation, its officers, agents, and employees of and from any and all claims, demands, and liabilities to me and on account of any and all injuries, losses and damages, to my person that shall have been caused, or may, at any time, arise as a result of Village of Sauk Village Police Department tests conducted by the Board of Fire and Police Commissioners of said Village of Sauk Village, the intention hereof being to completely, absolutely, and finally release said Village of Sauk Village, and its officers, agents, and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Signature of Participant: _____

Witnessed by: _____

Date: _____