

BOARD OF FIRE & POLICE COMMISSIONERS

FIREFIGHTER APPLICATION

POLICE OFFICER APPLICATION

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term 'DNA' ('does not apply') if the question does not apply.

POSITION APPLIED FOR

1. NAME (LAST) (FIRST) (MIDDLE)	2. LIST ANY OTHER NAMES, ALIASES you HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE)
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3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)	4. PHONE	5. SOCIAL SECURITY NO
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6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS.

7. DATE OF BIRTH	8. PLACE OF BIRTH (CITY, STATE & ZIP CODE)	9. SEX	10. HEIGHT FT. IN.
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11. WEIGHT	12. AGE	13. COLOR OF EYES	14. COLOR OF HAIR
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15. ARE YOU A U.S. CITIZEN YES NO	IF "YES" NATIVE BORN NATURALIZED	IF "NATURALIZED", GIVE PARTICULARS
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16. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS & BROTHERS

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

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	

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)					
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	IF "YES" ACTIVE INACTIVE		BRANCH	UNIT	RANK
	NO	ADDRESS			FROM	TO
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?	YES	IF "YES" WHAT STATE		REGIMENT	UNIT	
	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? 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

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

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 \$	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 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	APPROX. DATE	
			\$	OPENED	CLOSED
			\$		
			\$		

76. HAVE YOU EVER BEEN SUED

YES NO	IF "YES" GIVE DETAILS
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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
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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.

STATE OF _____)
) 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:
