ATTACHMENT NO. 1

Please answer the following additional questions, which are included as an integral part of your Police Officer 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:

_____

APPLICATION 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.)
- ☐ Completed Application Attachment (notorized)
- ☐ A copy of the P.O.W.E.R. Test card stating that you completed the test within a year of the application deadline of December 4th, 2026.
- ☐ 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

PROBATIONARY POLICE OFFICER EXAMINATION

INSTRUCTIONS

In order to establish an Eligibility List for the position of Probationary Police Officer, 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, hand-printed application
- Copy of birth certificate
- A copy of the P.O.W.E.R. Test card stating that you completed the test within a year of the application deadline of December 4th, 2026.
- 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 exempt from maximum age limitation, must provide proof per Section 5/10-2.1-6 of the Fire and Police Commissioners Act. In addition, as applicable, must provide proof of certification attesting to the successful completion of the Minimum Standards Basic Law Enforcement Training Course as provided in the Illinois Police Training Act; or DD Form 214 – Certificate of Release or Discharge from Active Duty.

ORIENTATION

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 8:30 a.m. followed by the written examination at 9:00 a.m. Applicants who fail to appear will not be allowed to participate in any other testing for this examination only. However, they may apply for any future examinations.

WRITTEN EXAMINATION

The written examination will be administered to all applicants at 9:00 a.m. on Saturday, December 12th, 2026, at the Sauk Village Senior Center, 21801 S. Torrence Avenue, Sauk Village, IL 60411. Candidate check-in will begin at 8:00 a.m. A valid photo ID will be required. **Applicants who arrive after 8:30 a.m. WILL NOT be processed and will be required to re-apply**. Those applicants who fail to appear will not be allowed to participate in any other testing for this examination only. However, they may apply for any future examinations.

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.

Those applicants who receive a passing grade on the written examination (score of 70.00% or above) will also be required to pass the oral examination, polygraph and psychological examination, medical/physical examination, functional capacity evaluation, and a background investigation prior to appointment.

Both the written and oral examinations are scored. All other examinations are strictly PASS or FAIL.

STUDY GUIDE AND PRACTICE TESTING

Applicants wishing to purchase a study guide or practice test to assist in the testing process can do so at https://crc.cpshr.us/default.aspx?ID=Law208617. For technical support doing so, please contact (916) 471-3538. This will only be available through December 12th, 2026.

QUALIFICATIONS

1. Must be a United States citizen

2. Must have valid driver's or chauffeur's license

3. Must have a copy of the P.O.W.E.R. Test card stating that you completed the test within a year of the application deadline of December 4th, 2026.

4. 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)

5. Must be 21 years old by December 12th, 2026 and under 35 years of age at time of application and posting of final eligibility list unless exempt from such age limitation as provided in Section 5/10-2.1-6 of the Fire and Police Commissioners Act

DISQUALIFICATIONS

The Board may refuse to examine an applicant or, after examination, to certify him as eligible:

1. Who is found lacking in any of the established preliminary requirements for the service for which he or she applies.

2. Who is physically unable to perform the duties of the position to which he or she seeks appointment.

3. Who is addicted to the use of intoxicating beverages or is found to have taken or used drugs and/or narcotics illegally.

4. Who has been convicted of a felony or any misdemeanor involving moral turpitude, as specified in Section 5/10-2.1-6 of the Board of Fire and Police Commissioners Act.

5. Who has been dismissed from any public service for good cause.

6. Who has attempted to practice any deception or fraud in his application.

7. Who may be found disqualified in personal qualifications or health.

8. Whose character and employment references are unsatisfactory.

9. Who does not possess a high school education or its equivalent and has not met the additional requirements as set forth above.

10. Who is or has been classified by his Local Selective Service Draft Board as a conscientious objector.

Any applicant deemed disqualified hereunder, shall be notified by the Board.

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

VILLAGE OF SAUK VILLAGE

POLICE OFFICER APPLICATIONS

ELEMENTS OF THE SELECTION PROCESS

1. **Mandatory Orientation –** This mandatory orientation will be held on Saturday, December 12th, 2026, at 8:30 a.m. prior to the written examination. No one will be allowed after 8:30 a.m. Candidate check-in will commence at 8:00 a.m.

2. **Written Examination –** The written exam is scored on-site. A minimum score of 70.00% is required to continue in this testing process.

3. **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.

4. **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 Police Officer.

   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 Police Officer. 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.

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 one through four 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 Police Officer due to the staffing needs of the Sauk Village Police Department.

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

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.

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)

3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)	4. PHONE	5. SOCIAL SECURITY NO

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.

11 . WEIGHT	12. AGE	13. COLOR OF EYES	14. COLOR OF HAIR

15. ARE YOU A U.S. CITIZEN ☐ YES ☐ NO	IF "YES" ☐ NATIVE BORN ☐ NATURALIZED	IF "NATURALIZED", GIVE PARTICULARS

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 YES	GRADUATE 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 CHAUFFER'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

		45. LIST PERIOD(S) OF ACTIVE SERVICE	
44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)		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 ☐ 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, PARTNEROR 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)	SAI.ARY 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

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	RELATIONSHP

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.

QUESTION NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

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 NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

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 NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

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 NUMBER	CONTINUATION OF ANSWER
SIGNATURE	DATE

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 NUMBER	CONTINUATION OF ANSWER

SIGNATURE	DATE

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 POLICE OFFICER 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: _____