



BOARD OF FIRE & POLICE COMMISSIONERS

FIRE FIGHTER 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 BEING 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 _____
STREET

CITY STATE ZIP COUNTY

4. HOME PHONE (_____) _____ - _____ 5. SOCIAL SECURITY NO _____ - _____ - _____

6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS.
FULL NAME RELATIONSHIP

7. DATE OF BIRTH _____ - _____ - _____ 8. GENDER _____ 9. HEIGHT _____
MONTH DAY YEAR FEET INCHES

10. PLACE OF BIRTH _____
CITY STATE ZIP

11. WEIGHT _____ 12. AGE _____ 13. EYE COLOR _____ 14. HAIR COLOR _____

15. ARE YOU A U.S. CITIZEN YES NO IF YES* NATIVE BORN NATURALIZED

IF NATURALIZED, GIVE PARTICULARS _____

SOCIAL STATUS

17. ARE YOU: SINGLE MARRIED SEPARATED WIDOWED DIVORCED

18. ARE YOU LIVING WITH YOUR SPOUSE? YES NO

IF "NO" EXPLAIN _____

19. GIVE THE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES.

DATE WHERE WIFE'S MAIDEN NAME

DATE WHERE WIFE'S MAIDEN NAME

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) & PLACE OF RESIDENCE.

NAME PLACE OF RESIDENCE

NAME PLACE OF RESIDENCE

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

FIRST LAST DATE OF BIRTH PLACE OF BIRTH

WHERE & WITH WHOM DOES THE CHILD LIVE _____

FIRST LAST DATE OF BIRTH PLACE OF BIRTH

WHERE & WITH WHOM DOES THE CHILD LIVE _____

FIRST LAST DATE OF BIRTH PLACE OF BIRTH

WHERE & WITH WHOM DOES THE CHILD LIVE _____

FIRST LAST DATE OF BIRTH PLACE OF BIRTH

WHERE & WITH WHOM DOES THE CHILD LIVE _____

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 FULLY _____

26. ARE YOU PAYING CHILD SUPPORT? YES NO

IF "YES" EXPLAIN FULLY _____

EDUCATION

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

GRAMMAR SCHOOLS

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED TO GRADUATE: YES NO AVG _____

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED TO GRADUATE: YES NO AVG _____

HIGH SCHOOLS

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED TO GRADUATE: YES NO AVG _____

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

COLLEGE OR UNIVERSITY

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

BUSINESS COLLEGES

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

EXTENSION OR CORRESPONDENCE COURSES

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

NAME: _____

STREET CITY STATE ZIP
NO OF YEARS DATE(S) GRADE
COMPLETED ATTENDED ____ - ____ - ____ TO ____ - ____ - ____ GRADUATE: YES NO AVG _____

28. JUNIOR COLLEGES, COLLEGES, OR UNIVERSITIES

NAME _____

MAJOR _____ MINOR _____

FULL TIME PART TIME DEGREE(S) ATTAINED _____

NAME _____

MAJOR _____ MINOR _____

FULL TIME PART TIME DEGREE(S) ATTAINED _____

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 DRIVERS LICENSE FROM ILLINOIS OR ANY OTHER STATE? YES NO STATE _____

IF "YES" DATE OF EXPIRATION ____ - ____ - ____ DRIVER'S LICENSE NO. _____

34. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE? YES NO STATE _____

IF "YES" EXPLAIN _____

HAVE YOU EVER HAD A DRIVERS LICENSE IN ANY OTHER STATE? YES NO STATE _____

35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? YES NO IF "YES" EXPLAIN _____

RESIDENCES

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

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

FROM - TO - ADDRESS _____
MO YR MO YR STREET

CITY STATE ZIP

38. DO YOU OWN OR ARE YOU BUYING YOUR 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 U.S.? YES NO

IF "YES" WHAT BRANCH _____

41. WHAT IS YOUR SERVICE SERIAL NO.? _____

42. HIGHEST RANK HELD? _____

43. RANK AT DISCHARGE? _____

44. GIVE DATE _____ AND LOCATION OF ENTRANCE TO ACTIVE DUTY.

_____ CITY STATE

45. GIVE DATE _____ AND LOCATION OF DISCHARGE.

_____ CITY STATE

46. LIST PERIOD(S) (DATES) OF ACTIVE SERVICE:

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

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 (i.e. 1-A ETC.) _____

50. IF YOU ARE A NON-VET LIST THE FOLLOWING: LOCAL BOARD NUMBER _____

_____ ADDRESS CITY STATE ZIP

51. WERE YOU EVER CONVICTED OF A COURT MARSHAL? YES NO IF "YES" EXPLAIN

52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? YES NO

IF "YES" ACTIVE INACTIVE BRANCH _____ UNIT _____

RANK _____ FROM _____ TO _____

ADDRESS _____
STREET CITY STATE ZIP

53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? YES NO

IF "YES" ACTIVE INACTIVE REGIMENT _____ UNIT _____

RANK _____ FROM _____ TO _____

TYPE OF DISCHARGE _____

54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT. _____

CRIMINAL HISTORY

55. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF "YES" EXPLAIN

DATE _____ BY WHOM (POLICE AGENCY) _____

CRIME CHARGED _____ DISPOSITION OF CASE _____

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

59. HAVE YOU BEEN A VICTIM OF A CRIME? YES NO

WAS THIS 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
--------	------	---------

AGENCY	DATE	PURPOSE
--------	------	---------

62. LIST ALL OF THE TRAFFIC CITATIONS YOU HAVE RECEIVED:

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

63. ARE THERE ANY WARRENTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? YES NO

IF "YES" EXPLAIN _____

EMPLOYMENT HISTORY

64. HAVE YOU EVER TESTED FOR ANOTHER POLICE DEPARTMENT? YES NO IF "YES" EXPLAIN IN DETAIL

AGENCY	APPROX. EXAM DATE	POSITION ON LIST	STATUS

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

66. WERE YOU EVER PLACED ON A ELIGIBILITY LIST & NOT HIRED? YES NO IF "YES" EXPLAIN _____

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

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT?

YES NO IF "YES" DATE _____

69. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? YES NO IF "YES"

POSITION	DATE (FROM)	DATE (TO)	LOCATION

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

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.

A.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS	NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION	
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

B.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS	NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION	
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

C.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS	NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION	
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

D.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS		NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

E.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS		NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

F.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS		NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

G.

EMPLOYERS NAME	ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS		NAME AND TITLE OF SUPERVISOR		EXACT TITLE OR POSITION
DATE (FROM)	DATE (TO)	REASON FOR LEAVING		

EXPLAIN WHAT YOUR DUTIES WERE _____

73. INDICATE BY LETTER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO **NOT** WISH US TO CONTACT. _____

74. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION. _____

CREDIT HISTORY

75. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES
(INCLUDING BANK OR CHARGE ACCOUNT OR FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE)

NAME OF FIRM _____ TYPE OF BUSINESS _____

ADDRESS OF FIRM _____

AMOUNT _____ OPENED DATE _____ CLOSED DATE _____

NAME OF FIRM _____ TYPE OF BUSINESS _____

ADDRESS OF FIRM _____

AMOUNT _____ OPENED DATE _____ CLOSED DATE _____

NAME OF FIRM _____ TYPE OF BUSINESS _____

ADDRESS OF FIRM _____

AMOUNT _____ OPENED DATE _____ CLOSED DATE _____

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

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

ORIGINAL AMOUNT OF DEBT _____ AMOUNT NOW OWED _____ IN ARREARS? YES NO
AMOUNT OWED TO:

NAME ADDRESS STATE ZIP

ORIGINAL AMOUNT OF DEBT _____ AMOUNT NOW OWED _____ IN ARREARS? YES NO
AMOUNT OWED TO:

NAME ADDRESS STATE ZIP

ORIGINAL AMOUNT OF DEBT _____ AMOUNT NOW OWED _____ IN ARREARS? YES NO
AMOUNT OWED TO:

NAME ADDRESS STATE ZIP

78. HAVE YOU 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.

A. _____

NAME	BUSINESS, OCCUPATON, OR PROFESSION				
- -					
HOME PHONE	ADDRESS	CITY	STATE	ZIP	
- -					
BUSINESS PHONE	ADDRESS	CITY	STATE	ZIP	

IN WHAT CAPACITY DO YOU KNOW THIS PERSON?

B. _____

NAME	BUSINESS, OCCUPATON, OR PROFESSION				
- -					
HOME PHONE	ADDRESS	CITY	STATE	ZIP	
- -					
BUSINESS PHONE	ADDRESS	CITY	STATE	ZIP	

IN WHAT CAPACITY DO YOU KNOW THIS PERSON?

C. _____

NAME	BUSINESS, OCCUPATON, OR PROFESSION				
- -					
HOME PHONE	ADDRESS	CITY	STATE	ZIP	
- -					
BUSINESS PHONE	ADDRESS	CITY	STATE	ZIP	

IN WHAT CAPACITY DO YOU KNOW THIS PERSON?

80. FILL IN BELOW THE NAMES OF 5 ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLY MORE THAN 5 YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

A. _____

NAME	BUSINESS, OCCUPATON, OR PROFESSION	YEARS KNOWN
- -		
HOME PHONE	ADDRESS	CITY
- -		
BUSINESS PHONE	ADDRESS	CITY
- -		
BUSINESS PHONE	ADDRESS	CITY
- -		
BUSINESS PHONE	ADDRESS	CITY

B.

NAME	BUSINESS, OCCUPATON, OR PROFESSION	YEARS KNOWN
-	-	-
HOME PHONE	ADDRESS	CITY STATE ZIP
-	-	-
BUSINESS PHONE	ADDRESS	CITY STATE ZIP

C.

NAME	BUSINESS, OCCUPATON, OR PROFESSION	YEARS KNOWN
-	-	-
HOME PHONE	ADDRESS	CITY STATE ZIP
-	-	-
BUSINESS PHONE	ADDRESS	CITY STATE ZIP

D.

NAME	BUSINESS, OCCUPATON, OR PROFESSION	YEARS KNOWN
-	-	-
HOME PHONE	ADDRESS	CITY STATE ZIP
-	-	-
BUSINESS PHONE	ADDRESS	CITY STATE ZIP

E.

NAME	BUSINESS, OCCUPATON, OR PROFESSION	YEARS KNOWN
-	-	-
HOME PHONE	ADDRESS	CITY STATE ZIP
-	-	-
BUSINESS PHONE	ADDRESS	CITY STATE ZIP

81. PERSON(S) TO NOTIFY IN CASE OF EMERGENCY.

A.

NAME	RELATIONSHIP	PHONE
-	-	-
ADDRESS	CITY	STATE ZIP

B.

NAME	RELATIONSHIP	PHONE
-	-	-
ADDRESS	CITY	STATE ZIP

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.

SIGNATURE

DATE

PLEASE USE THE FOLLOWING PAGES FOR ANSWERS THAT ARE TOO LENGTHY TO LEDGIBLY FIT IN THE QUESTION'S ANSWER AREA OF THE APPLICATION. SIGN AND DATE THE BOTTOM OF EACH PAGE THAT IS USED.

