VILLAGE OF MORTON ILLINOIS BOARD OF FIRE AND POLICE COMMISSIONERS

Orientation Packet for Police Officer Written and Physical Agility Exams

Orientation: Saturday, February 10, 2024 @ 8:30 AM

Written Exam: Saturday, February 10, 2024

Physical Agility Exam: Saturday, February 10, 2024

Examination Location: Peoria River Plex

600 Northeast Water Street

Peoria, IL 61603

BACKGROUND DATA SHEET INSTRUCTIONS

The Village of Morton Board of Fire and Police Commissioners thanks you for your interest in testing for a law enforcement officer position. It will be necessary for you to complete the enclosed Background Data Sheet (the last sheet of this packet) and return it to the Morton Police Department, 375 W. Birchwood St, Morton, IL 61550 no later than February 08, 2024 at 4:00 p.m. Applications received after that date will not be accepted, and individuals whose applications are received after that date will not be allowed to participate in the testing process.

For you to be eligible to participate in the examination process, you must fully complete and return the enclosed Background Data Sheet. Please complete each question with the appropriate information. If a question or request for information does not apply to you, please print Not Applicable, or N/A, in the appropriate space. You must attach a copy of your driver's license to your Background Data Sheet at, or prior to, the time you return it to the Morton Police Department.

SECTION 1 ORIENTATION

Immediately prior to the Written Examination, an orientation session will be held by the Board of Fire and Police Commissioners. Your attendance at the orientation session is required for you to participate in the testing process. You should plan on arriving at the testing location no later than 8:30 a.m. in order to participate in the orientation session.

SECTION 2 PHYSICAL AGILITY TEST

Immediately following the Orientation, the Board of Fire and Police Commissioners will administer the Physical Agility Test. The Physical Agility Test of applicants is the first formal phase of the testing process. The Physical Agility Test is designed to measure a candidate's ability to perform those tasks required by police officers daily. The attached description of the Physical Agility Test is designed to familiarize you with the physical agility events and provide you with some training to help you prepare for the test. The suggestions provided are not exhaustive. You are encouraged to engage in whatever additional preparation strategies you believe will enhance your chances of performing effectively on the test and on the job.

Because of the very nature of the Physical Agility Test, you will be required to bring with you to the Test a Doctor's Certification that you can participate. A form of a Doctor's Certification is attached for your use. Prior to participating in the Physical Agility Test, you will also be required to read and sign a Release of Liability. If you do not sign the Release, you will not be allowed to participate in the Physical Ability Test.

SECTION 3 WRITTEN EXAMINATION

Immediately following the Physical Agility Test, the Board of Fire and Police Commissioners will administer the Written Examination. The Written Examination of applicants is the second formal phase of the testing process. You will be required to present a valid driver's license, or other acceptable photo identification, to the testing representative.

Failure to bring your valid driver's license will result in you being ineligible to participate in the testing process.

The Police Officer Series Exam will be administered during this phase of the testing process. This Exam covers abilities and skills, it must be completed within the applicable time limit.

SECTION 4 SPECIAL NOTICE TO CANDIDATES

Due to the legal requirements within which the Board of Fire and Police Commissioners must operate, no exceptions to any rules will be granted. You must attend each test cycle phase (orientation, physical agility test, and written examination) at the date, time and place specified.

If you fail to successfully complete any of the test cycle phases, you will be eliminated from further participation in this testing cycle.

SECTION 5 AMERICANS WITH DISABILITIES ACT

Under the Americans with Disabilities Act (ADA), reasonable accommodation

must be provided in the job application process to provide a qualified applicant with an equal opportunity to be considered for a job. The Board of Fire and Police Commissioners is obligated to make a reasonable accommodation only for known limitations of an otherwise qualified individual with a disability.

It is the responsibility of the applicant with a disability to inform the Board of Fire and Police Commissioners that an accommodation is needed to participate in the testing process. The Board is not required to provide an accommodation if unaware of the need. An applicant seeking an accommodation for any phase of the initial testing process must file a written request at least 5 working days prior to the date the testing phase is to be held and for which an accommodation is being sought.

If a representative of the Board is approached during any phase of the testing process (orientation, written examination, or physical agility test) by a candidate requesting an accommodation in order to participate in that phase of the testing process, the representative will not authorize or approve an accommodation or suggest such approval, and will not allow the candidate to continue in the process with the benefit of the accommodation.

The Village of Morton and their elected officials, agents, servants, employees, and members of the Village of Morton Board of Fire and Police Commissioners hereby deny and therefore disclaim any and all responsibility or liability to any person or party for any injury, damage, loss, and/or death resulting in any way from use of information contained in the physical agility test and information contained in these instructions.

PHYSICAL AGILITY TEST INFORMATION SHEET

It has been well documented that law enforcement personnel (as an occupational class) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity. Law enforcement agencies have the responsibility of minimizing known risks. Physical fitness is a health domain which can minimize the "known" health risk for law enforcement officers. Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analyses that account for physical fitness have demonstrated that the fitness areas are underlying factors determining the physiological readiness to perform a variety of critical physical tasks.

SECTION 1 SIT AND REACH TEST

Description:

This test measures the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. You will be required to sit on the ground or floor with your knees straight and feet flat against a sit and reach box. Your forward movement must be steady and even, not a lurching motion. The sit and reach box is marked in inches. The score is in the inches reached on a yard stick with 15 inches being at the toes.

Preparation:

Prepare for this test by performing sitting type of stretching exercises daily. There are two primarily recommended exercises:

Sit and Reach: Do 5 repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for 10 seconds.

Towel Stretch: Sit on the ground with the legs straight. Wrap a towel around the feet holding each end with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.

SECTION 2 1 MINUTE SIT UP TEST

Description:

This test measures the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The correct sit up for the test will consist of hands clasped behind the head with the fingers interlocked. Your shoulder blades must touch the mat or floor in the down position. The score is the number of bent leg-sit ups performed in 1 minute.

Preparation:

Prepare for this test by using a progressive routine. Do as many bent leg-sit ups (hands behind the head) as possible in 1 minute. At least 3 times a week, do 3 sets (3 groups of the number of repetitions you did in one minute).

SECTION 3 ONE REPETITION MAXIMUM BENCH PRESS

Description:

This test measures the maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. You will be required to lie on your back with your feet on the floor or bench. You will lower the weight to touch your chest, and then return the weight to starting position. The score is a ratio of weight pushed divided by body weight.

Preparation:

Preparation for this test will depend upon whether you have access to weights.

If you have access to weights: determine the maximum weight you can bench press one time. Take 60% of that poundage. This will be the training weight. You should be able to do 8-10 repetitions of that weight. Do 3 sets of 8-10 repetitions adding $2\frac{1}{2}$ to 5 pounds every week.

If you do not have access to weights: exercise using pushups. Determine how many pushups you can do in one minute. At least 3 times a week, do 3 sets of the amount you can do in one minute.

SECTION 4 1.5 MILE RUN

Description:

This is a timed run that measures heart and vascular system capabilities to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and will help to minimize the risk of cardiovascular problems. The score for this test is the time in minutes and seconds.

Preparation:

Prepare for the 1.5 mile run on a gradual basis. Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then that should be encouraged.

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SECTION 5 PERFORMANCE STANDARDS

The following chart shows the Minimum performance standards for each of the tests that make up the physical agility test:

		I	MALE			F	EMALE	
TEST			AGE				AGE	
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit &								
Reach	<u>14.4</u>	13.0	12.0	10.5	17.0	16.5	15.0	14.8
1 Minute								
Sit Up	<u>33</u>	30	24	19	24	20	14	10
Maximum								
Bench								
Press								
Ratio	.88	.78	.72	.63	.51	.47	.43	.39
1.5 Mile						·		
Run	14:00	14:34	15:24	16:58	16:46	17:38	18:37	20:44

VILLAGE OF MORTON ILLINOIS BOARD OF FIRE AND POLICE COMMISSIONERS

PHYSICAL AGILITY TEST RELEASE OF ALL LIABILITIES FORM February 2024 Test Cycle

The undersigned, recognizing that the Physical Agility Test is an integral part of the examination for patrol officer, hereby releases, remises and discharges the Village of Morton Board of Fire and Police Commissioners, Peoria River Plex, the Village of Morton, and any their officers, servants, 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 shall have been caused, or may at any time arise as the result of certain police examination conducted by the Village of Morton Board of Fire and Police Commissioners. The intention hereof being to completely, absolutely, and finally release said Board, Peoria River Plex, the Village of Morton, and any their officers, servants, agents and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Date:	, 2024.
Signature:	
Drintad Nama:	
Witness:	

VILLAGE OF MORTON ILLINOIS BOARD OF FIRE AND POLICE COMMISSIONERS

DOCTOR'S RELEASE

A strenuous physical qualifications test (agility test) established by the Illinois Local Government Law Enforcement Officers Training Board will be conducted by a certified physical fitness instructor. The physical fitness of each applicant will be measured by:

	1.	Threshold Weight	
	2.	Sit and Reach Test	
	3.	1-minute Sit Up Test	
	4.	1 Repetition Maximum Bench Press	
	5.	1.5 Mile Run	
part		rtify thatstrenuous Physical Qualifications Test (Physical Ag	_ is physically capable of ility Test)."
		Signed:	
		Address:	
		-	
		Date:	

TO BE TURNED IN AT THE PHYSICAL AGILITY TESTING FACILITY

This form is <u>NOT</u> to be turned in with the completed application. Candidates are required to bring this form with them to the physical agility test. If you do not present this form at the physical agility test, you will not be allowed to participate in the test and will be eliminated from the testing process.

BACKGROUND DATA SHEET February 2024 Test Cycle

VILLAGE OF MORTON ILLINOIS BOARD OF FIRE AND POLICE COMMISSIONERS

(This Data Sheet must be returned by February 08, 24 at 4:00 P.M.)

	Full Name (please print)	Social Security Number
	Address	Telephone
	City State and Zip Code	Email address
	Drivers License number and state of issue	Date of Birth
ι.	Are you currently a police officer? () Yes → What Municipality? () No → Have you been an officer within the pase () Yes	st 3 years?
2.	What is the highest level of education you have com () High School () Associate's Degree () 14-16 years of education, no degree () 16+ years, Bachelor's Degree () 17+ years, Graduate School	npleted?
3.	If you have taken college courses, indicate the num completed as of February 2024. Do not answer this degree.	
1.	Have you completed basic law enforcement training Enforcement Training and Standards Board?	g as required by the by the Illinois Lav
	 () Yes → What Academy?	or Illinois certificate to this form)
	Signature (Attach a copy of your driver's lice	Date

BOARD OF FIRE & POLICE COMMISSIONERS

FIRE FIGHTER APPLICATION	POLICE OFFICER APPLICATION
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INSTRUCTIONS: Fill of application is made out p statements in your applica bar or remove you from en continuation sheet at the en by question number. Use apply.	roperly it may inc tion are subject to nployment. If writi nd of this applicati	rease your chances of overification. Incorrecting space provided is into and indentify addition	employment. All statement(s) will adequate, use the onal information	POSITIO	N APP	LIED	FOR	
1. NAME (LAST)	(FIRST)	(MIDDLE)	2. LIST ANY OTHEF KNOWN BY (INC	NAMES, ALI LUDE MAIDE	ASES Y	OU F	IAVE USED, OR BE APPLICABLE.)	EN
3. HOME ADDRESS (NO. S	TREET CITY STAT	E. ZIP CODE & COUNTY	<u>L</u>	4. HOME PH	IONE	5. SC	CIAL SECURITY N	0
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6. WITH WHOM DO YOU LI	VE AT THE ABOVE	ADDRESS HET EILL N	JAMES & DELATION	Chibe		,		
6. WITH WHOM DO TOOL	VE AT THE ABOVE	ADDRESS! LIST FULL I	NAMES & RELATION	oniro.				
7. DATE OF BIRTH	A DI ACE CE BIDT	TH (CITY, STATE & ZIP C	ODE)		10	SEX	10. HEIGHT	
MONTH DAY YEAR	6. FLACE OF BINT	ITT (OTTT, STATE & ZIF C	ODE		9.	3EA	FT.	iN.
11. WEIGHT	12. AGE		13. COLOR OF EYE		14	001.0	R OF HAIR	IIN.
II. WEIGHT	12. AGE		18. COLOR OF ET		14.	COLC	IN OF HAIR	
15. ARE YOU A U.S. CITIZE	N IE "VES"		IF "NATURALIZED",	CIVE DARTIC	III ADS			
)		NATURALIZED	II NATONALIZED,	GIVE FARTIO	ULANG			
<u> </u>					·			
16. LIST EVERY MEMBER C	OF YOUR IMMEDIAT	E FAMILY WHO IS STILL	. LIVING, INCLUDE F	ATHER, MOT	HER, S	ISTE	RS & BROTHERS.	
NAME		RELATIONSHIP	AD	DRESS			OCCUPATION	
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SOCIAL STATUS

17. ARE YOU SINGLE? MAR	RIED 🗆	SEPARATE	ED 🗆 WIDOWED 🗅	DIVOR	DED 🗆
18. ARE YOU LIVING WITH YOUR SPOUSE? □YES	□NC	IF "NO" EXPL	AIN		
19. GIVE FOLLOWING INFORMATION	REGARD	ING MARRIAGE	E, OR MARRIAGES		
DATE		WHER	E		WIFE'S MAIDEN NAME
	· ·				
20. IF A MARRIAGE TO WHICH YOU V	VERE A PA	ARTY WAS EVER	R DISSOLVED, FILL OUT THE	FOLLOWIN	IG
		(EXPLA	IN)	-	TO WHOM WAS ACTION GRANTED
SEPARATED					
DIVORCED					
ANNULLED					
21. ARE YOU PAYING DYES DINC ALIMONY?		'ES" EXPLAIN			
22. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE.	·				
23. LIST BELOW EVERY CHILD BORN	то уои,	ADOPTED BY Y	YOU & STEPCHILDREN		
NAME	DAT	E OF BIRTH	PLACE OF BIRTH	-	WHERE DOES CHILD LIVE & WITH WHOM
24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU	□ YES	IF "NO" EXPL	AIN FULLY	٠	
AND STEPCHILDREN?	□ NO				
25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY	□ YES	IF "YES" EXPL	AIN		
PROCEEDING?	□ NO				
26. ARE YOU PAYING CHILD SUPPORT?	S □ NO	IF "YES" EXPL	_AIN		

EDUCATION

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

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)		NC C	O. OF YEARS OMPLETED	DATE	(S) ATTENDED	GRAD	UATE	AVERAGE GRADE
GRAMMAR SCHOOLS						YES	NO	
					<u> </u>			
HIGH SCHOOLS								
COLLEGE OR UNIVERSITY								
BUSINESS COLLEGES					 			
							·	
EXTENSION OR CORRESPONDENCE COURSES								
·				<u> </u>				
	. IFULL	IPART		OUR ISC	TO TAKEN		DECR	E(C) ATTAINE
28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	TIME	PART		SOBJEC	TS TAKEN		DEGNE	EE(S) ATTAINEI
			MAJOR		MINOR			
		<u> </u>					i	
				······································				
29. WERE YOU EVER EXPELLED IF "YES OR SUSPENDED FROM ANY SCHOOL? IYES INO	L " EXPLA	I IN				 _		
30. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	r							
31. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD								

DRIVING HISTORY 32. CAN YOU OPERATE 33. DO YOU POSSESS A □ YES IF "YES" DATE OF DRIVER'S LICENSE NO. AN AUTOMOBILE? □ YES VALID OPERATOR'S **EXPIRATION** OR CHAUFFEUR'S LICENSE □ NO FROM ILLINOIS? □ NO 34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE IF "YES" EXPLAIN HAVE YOU EVER HAD AN OPERATOR'S OR ☐ YES ☐ YES CHAUFFER'S LICENSE BY ANY STATE? IN ANY OTHER STATE? I NO 35. WAS YOUR LICENSE EVER IF "YES" EXPLAIN SUSPENDED OR REVOKED? □ YES □ NO 36. HAS YOUR LICENSE EVER IF "YES" EXPLAIN BEEN PLACED ON PROBATION? ☐ YES ☐ NO **RESIDENCES** 37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS FROM (MO. & YR) (MO. & YR) ADDRESS OF RESIDENCE CITY, STATE & ZIP CODE 38. DO YOU OWN OR ARE YOU BUYING 39. DO YOU OWN OR IF "YES" GIVE LOCATION ☐YES ☐ NO ARE YOU BUYING □ YES □ NO YOUR OWN HOME? OTHER REAL ESTATE **MILITARY SERVICE** 40. HAVE YOU EVER SERVED IN ANY IF "YES"BRANCH MILITARY ORGAN-□ YES IZATION OF THE U.S.? □ NO 41. WHAT IS YOUR SERVICE SERIAL NO.? 42. HIGHEST RANK HELD 43. RANK AT DISCHARGE 44. GIVE DATE & LOCATION OF 45. LIST PERIOD(S) OF ACTIVE SERVICE **ENTRANCE TO** FROM (DATE) TO (DATE) **ACTIVITY DUTY** (CITY) & (STATE) GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE) 47. WHAT TYPE OF DISCHARGE BE EXACT DID YOU RECEIVE (HON-

ORABLE, DISHONORABLE, HONORABLE CONDITIONS,

ETC.)?

48. IF YOU HAD NO MILITARY S	SERVICE I	XPLAIN	<u>-</u>						 :		
49. LIST ALL DRAFT CLASSIFIC TIONS YOU HAVE HAD I.E., 1-A ETC.	D. IF YOU ARE A NON-VET LIST THE FOLLOWING). A	ADDRESS, CITY, STATE & ZIP CODE				DDE		
51. WERE YOU EVER CONVICTI AT A COURT-MARTIAL	AIN				· · · · · · · · · · · · · · · · · · ·						
□ YES □ NO											
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF	□ YES				E	BRANCH			UNIT		RANK
THE U.S. RESERVE FORCES?	□ NO	ADDRES	55						FROM		ТО
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER	□ YES	IF "YES"	'WHAT	STATE	B	EGIN	MENT		UNIT		
OF THE NATIONAL GUARD?	□ NO	RANK			TY	PE O	F DISCH	IARGE	FROM		ТО
54. LIST ANY DISCIPLINARY AC	TION TAI	(EN AGAI	NST YO	U IN THE	NATIONA	AL GI	JARD OI	R RESE	RVE UNIT	Ī	
			(RIMIN	AL HIST	ORY	<u> </u>				
55. HAVE YOU EVER BEEN CONVICTED?	DATE		BY WHOM (POLICE AGENCY) CRIME CHARC			GED		DISPOSITION OF CASE			
□ YES □ NO											
IF "YES" EXPLAIN											
56. HAVE YOU EVER BEEN PLACED ON PROBA- TION?	□ YES	IF "YES	S" EXPL	AIN						······································	
57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF	□ YES	IF "YES	S" EXPL/	AIN							
\$25.00?	□ NO										
58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A	□ YES	IF "YES	S" EXPL	AIN DETA	AILS, INCL	UDIN	IG JURIS	SDICTIO	ON DATES	S & OUT	COME
RUNAWAY?	□ NO										
BEEN THE VICTIM OF REI	S THIS CE PORTED T E POLICE	RIME O	IF YOU \	WERE A "	VICTIM" E	XPLA	AIN				
□ YES □ NO □ Y	′ES □ N	0									<u> </u>
60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?	AGEN	CY			D	ATE		PURP	OSE		
□ YES □ NO	<u> </u>								i		<u> </u>
IF "YES" EXPLAIN								<u></u>			

61. (DOES NOT APPLY)

62. LIST ALL TRAFFIC CI	rations '	YOU HAVE F	RECEIVED					
LOCATION (CITY)	APPR	OXIMATE DAT	TE	NATUR	E OF VIOLATION	ON	DISPOSITION OF CASE
				-				· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·					
						· · · · · · · · · · · · · · · · · · ·		
63. ARE THERE ANY WAR TRAFFIC OR OTHERW NOW PENDING AGAIN	ISE		EXPLAIN					
□ YES □ NO) .							
		<u> </u>	EMPL	OYMEN	IT HISTOR	Y	· · · · · · · · · · · · · · · · · · ·	
64.	AGEN	CY				XAM. DATE	POS. ON L	IST STATUS
HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM?				· · · · · · · · · · · · · · · · · · ·				
□ YES □ NO								
IF "YES" EXPLAIN IN DETAIL.			· · · · · · · · · · · · · · · · · · ·					
• •								
65. ARE YOU NOW ON ANY ELIGIBILITY? LIST?	□ YE	ES 🗆 NO	IF "YES" EXP	LAIN				
66. WERE YOU EVER PLAC ON A CIVIL SERVICE L & NOT HIRED?		S 🗆 NO	IF "YES" EXP	LAIN	· · · · · · · · · · · · · · · · · · ·			
67. WERE YOU EVER REJE FOR ANY CIVIL SERVICE POSITION?	CTED PE	S 🗆 NO	IF "YES" EXP	LAIN	· · · · · · · · · · · · · · · · · · ·			
68. HAVE YOU EVER SUBN APPOINTMENT TO AN	NITTED AN	N APPLICAT OLICE DEPA	TION FOR ARTMENT?	□ YES	S □ NO	DATE		
ENFORCEMENT	□ YES	IF "YES" P	OSITION	DATI	E (FROM)	(ТО)	LOCA	TION

70	D. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION?					
	INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS					
	IF "YES" EXPLAIN				·	
71	ARE YOU NOW OR HAVE YOU EVER BEEN EN-	IF "YES" E	XPLAIN			
72.	LIST ALL JOBS YOU HAVE HELD FOR T RECENT JOB FIRST. INCLUDE MILITAR	HE LAST T RY SERVICI	EN YEARS, INCLI E. IN PROPER TIM	JDING PERIO	DS OF UNEMPLOYMENT. & TEMPORARY OR PART	PUT YOUR PRESENT OR MOST -TIME JOBS.
	EMPLOYER'S NAME	•	ADDRESS	· .		TYPE OF BUSINESS
1	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			:	REASON FOR LEAVING	
	EMPLOYER'S NAME	***********	ADDRESS		· · · · · · · · · · · · · · · · · · ·	TYPE OF BUSINESS
2	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING	
-:	EMPLOYER'S NAME	•	ADDRESS			TYPE OF BUSINESS
3	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			L	REASON FOR LEAVING	<u> </u>
	EMPLOYER'S NAME	* .	ADDRESS			TYPE OF BUSINESS
4	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			· .	REASON FOR LEAVING	
-	EMPLOYER'S NAME		ADDRESS		<u> </u>	TYPE OF BUSINESS
5	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE	· · · · · · · · · · · · · · · · · · ·			REASON FOR LEAVING	
1	EMPLOYER'S NAME		ADDRESS	<u></u>	<u> </u>	TYPE OF BUSINESS
6	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		, <u></u>		REASON FOR LEAVING	
	•				l	

				=	MPLOYMEN	(CONTINU	ED)					
	EMPLOYER'S NAME				ADDRESS					TYPE OF BUSINESS		
7	NAME & TITLE OF SUPERVISOR				FROM (DATE)	TO (DATE)	SAL.	ALARY PER MONTH		EXACT TITLE OR POSITIO		POSITION
	EXPLAIN WHA	AT YOUR DUTIE	S WERE				REA	SON FOR L	EAVING	J		
	EMPLOYER'S	NAME	-		ADDRESS		<u> </u>			TYPE	OF BUSINES	S
8	NAME & TITLI	AME & TITLE OF SUPERVISOR		· · · · · · · · · · · · · · · · · · ·	FROM (DATE)	TO (DATE) SALARY PER MONTH			MONTH	EXACT TITLE OR POSITION		
	EXPLAIN WHA	AT YOUR DUTIE	S WERE		<u> </u>			SON FOR L	EAVING	l		
73.	INDICATE BY ANY OF THE EMPLOYERS DO NOT WISH CONTACT.	ABOVE WHOM YOU		REASO APPLY	AIN YOUR ON FOR YING FOR POSITION.							
				<u></u>	CDEDIT	LICTORY						
75	LIST THREE C	OMMERCIAL O	R BUSINE	SS CREDIT	REFERENCES (HISTORY	Charg	e Account o	r Firms V	u Hava	Borrowed Mo	nev for An
	Purpose.)	•			THE ENERGEO(
NAME & ADDRESS OF			FIRM		TYPE OF BUS		USINESS AMO		UNT	APPROX OPENED		
						·			\$		OFENED	CLUSED
						ļ.,			\$	·		
70	HAVE YOU EV	/ED	LIEWE	S" GIVE DE	TALLO	<u> </u>			\$		<u> </u>	·
	BEEN SUED?	□ YES □ NO)									
					(S) & WHETHER	IN ARREARS.						
OF	NT. OF RIGINAL	AMT. NOW OWED	YES	ARREARS		AMOUNT OWED TO			· · · · · · · · · · · · · · · · · · ·			
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79.	FILL IN BELO FRIENDS, FEL DURING THE	LOWSTUDENT	OF THRE S, OR FELL	E ADULTS OW WORK	NOT RELATED ERS. NAMES LIS	TO YOU & NO	OT FO	RMER EMP	LOYERS NS WHO H	OR RE	FERENCES, ' EEN YOU FRE	WHO ARE QUENTLY
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	NAME			ADDRESS	ADDRESS				HOME PHONE			
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	BUSINESS ADDRESS			BUSINESS, OCCUPATION OR PRO		OR PROFESSI	ION BUSINESS PHONE		WHAT CAPACITY DO YOU KNOW THIS PERSON?			
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REFERENCES 80. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD,

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	ADDRESS		HOME PHONE	RELATION	ONSHIP
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CONTINUATION SHEET

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CONTINUATION SHEET

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

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