



## 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<br>(INCLUDE CITY, STATE & ZIP CODE) | NO. OF YEARS<br>COMPLETED | DATE(S) ATTENDED | GRADUATE |    | AVERAGE<br>GRADE |
|--|---------------------------|------------------|----------|----|------------------|
|  |                           |                  | YES      | NO |                  |
| GRAMMAR SCHOOLS  |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
| HIGH SCHOOLS   |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
| COLLEGE OR UNIVERSITY  |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
| BUSINESS COLLEGES  |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |
| EXTENSION OR CORRESPONDENCE COURSES                          |                           |                  |          |    |                  |
|  |                           |                  |          |    |                  |

| 28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES | FULL<br>TIME | PART<br>TIME | SUBJECTS TAKEN |       | DEGREE(S) ATTAINED |
|---|--------------|--------------|----------------|-------|--------------------|
|   |              |              | MAJOR          | MINOR |                    |
|   |              |              |                |       |                    |
|   |              |              |                |       |                    |
|   |              |              |                |       |                    |
|   |              |              |                |       |                    |

|   |                  |
|---|------------------|
| 29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO  | 33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" DATE OF EXPIRATION | DRIVER'S LICENSE NO.  |
| 34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" EXPLAIN   |                             | HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO                                   | IF "YES" EXPLAIN   |                             |   |
| 36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | 39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" GIVE LOCATION |
|--|--|------------------------|

### MILITARY SERVICE

|   |                                      |                       |  |
|---|--------------------------------------|-----------------------|--|
| 40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> 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 |                       |  |
| GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)  | 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 I.E., 1-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           | IF "YES" EXPLAIN |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |

|   |                              |  |        |      |      |
|---|------------------------------|--|--------|------|------|
| 52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? | <input type="checkbox"/> YES | IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE | BRANCH | UNIT | RANK |
|   | <input type="checkbox"/> NO  | ADDRESS  |        | FROM | TO   |

|   |                              |                     |                   |      |    |
|---|------------------------------|---------------------|-------------------|------|----|
| 53. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? | <input type="checkbox"/> YES | IF "YES" WHAT STATE | REGIMENT          | UNIT |    |
|   | <input type="checkbox"/> 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?                        | DATE | BY WHOM (POLICE AGENCY) | CRIME CHARGED | DISPOSITION OF CASE |
|--|------|-------------------------|---------------|---------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO |      |                         |               |                     |
| IF "YES" EXPLAIN   |      |                         |               |                     |

|   |  |                  |
|---|--|------------------|
| 56. HAVE YOU EVER BEEN PLACED ON PROBATION? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" EXPLAIN |
|---|--|------------------|

|   |  |                  |
|---|--|------------------|
| 57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" EXPLAIN |
|---|--|------------------|

|  |  |  |
|--|--|--|
| 58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME |
|--|--|--|

|  |  |                                |
|--|--|--------------------------------|
| 59. (OPTIONAL) HAVE YOU EVER BEEN THE VICTIM OF A CRIME? | WAS THIS CRIME REPORTED TO THE POLICE?                   | IF YOU WERE A "VICTIM" EXPLAIN |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                |

|   |                  |      |         |
|---|------------------|------|---------|
| 60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? | AGENCY           | DATE | PURPOSE |
|   |                  |      |         |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                          | IF "YES" EXPLAIN |      |         |

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? IF "YES" EXPLAIN

YES       NO

**EMPLOYMENT HISTORY**

| 64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>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? <input type="checkbox"/> YES <input type="checkbox"/> 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 EN-GAGED 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 | EMPLOYER'S NAME               | ADDRESS     |           |                        | TYPE OF BUSINESS        |
|   | NAME & TITLE OF SUPERVISOR    | FROM (DATE) | TO (DATE) | SALARY PER MONTH<br>\$ | 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<br>\$ | EXACT TITLE OR POSITION |
|   | EXPLAIN WHAT YOUR DUTIES WERE |             |           | REASON FOR LEAVING     |                         |
| 3 | EMPLOYER'S NAME               | ADDRESS     |           |                        | TYPE OF BUSINESS        |
|   | NAME & TITLE OF SUPERVISOR    | FROM (DATE) | TO (DATE) | SALARY PER MONTH<br>\$ | EXACT TITLE OR POSITION |
|   | EXPLAIN WHAT YOUR DUTIES WERE |             |           | REASON FOR LEAVING     |                         |
| 4 | EMPLOYER'S NAME               | ADDRESS     |           |                        | TYPE OF BUSINESS        |
|   | NAME & TITLE OF SUPERVISOR    | FROM (DATE) | TO (DATE) | SALARY PER MONTH<br>\$ | 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<br>\$ | EXACT TITLE OR POSITION |
|   | EXPLAIN WHAT YOUR DUTIES WERE |             |           | REASON FOR LEAVING     |                         |
| 6 | EMPLOYER'S NAME               | ADDRESS     |           |                        | TYPE OF BUSINESS        |
|   | NAME & TITLE OF SUPERVISOR    | FROM (DATE) | TO (DATE) | SALARY PER MONTH<br>\$ | EXACT TITLE OR POSITION |
|   | EXPLAIN WHAT YOUR DUTIES WERE |             |           | REASON FOR LEAVING     |                         |

**EMPLOYMENT (CONTINUED)**

|          |                               |             |           |                        |
|----------|-------------------------------|-------------|-----------|------------------------|
|          | EMPLOYER'S NAME               | ADDRESS     |           | TYPE OF BUSINESS       |
| <b>7</b> | NAME & TITLE OF SUPERVISOR    | FROM (DATE) | TO (DATE) | SALARY PER MONTH<br>\$ |
|          | EXPLAIN WHAT YOUR DUTIES WERE |             |           | REASON FOR LEAVING     |

|          |                               |             |           |                        |
|----------|-------------------------------|-------------|-----------|------------------------|
|          | EMPLOYER'S NAME               | ADDRESS     |           | TYPE OF BUSINESS       |
| <b>8</b> | NAME & TITLE OF SUPERVISOR    | FROM (DATE) | TO (DATE) | SALARY PER MONTH<br>\$ |
|          | 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 OR 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" GIVE DETAILS |
|---|-----------------------|

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

| AMT. OF ORIGINAL DEBT | AMT. NOW OWED | IN ARREARS |    | AMOUNT OWED TO |         |
|-----------------------|---------------|------------|----|----------------|---------|
|                       |               | YES        | NO | NAME           | ADDRESS |
| \$                    | \$            |            |    |                |         |
| \$                    | \$            |            |    |                |         |
| \$                    | \$            |            |    |                |         |

|  |                  |
|--|------------------|
| 78. HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> 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.

|          |                  |                                    |  |
|----------|------------------|------------------------------------|--|
| <b>1</b> | NAME             | ADDRESS                            | HOME PHONE   |
|          | BUSINESS ADDRESS | BUSINESS, OCCUPATION OR PROFESSION | BUSINESS PHONE    WHAT CAPACITY DO YOU KNOW THIS PERSON? |

|          |                  |                                    |  |
|----------|------------------|------------------------------------|--|
| <b>2</b> | NAME             | ADDRESS                            | HOME PHONE   |
|          | BUSINESS ADDRESS | BUSINESS, OCCUPATION OR PROFESSION | BUSINESS PHONE    WHAT CAPACITY DO YOU KNOW THIS PERSON? |

|          |                  |                                    |  |
|----------|------------------|------------------------------------|--|
| <b>3</b> | 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.

|          |                  |                                   |                |             |
|----------|------------------|-----------------------------------|----------------|-------------|
| <b>1</b> | NAME             | ADDRESS                           | HOME PHONE     |             |
|          | BUSINESS ADDRESS | BUSINESS OCCUPATION OR PROFESSION | BUSINESS PHONE | YEARS KNOWN |
| <b>2</b> | NAME             | ADDRESS                           | HOME PHONE     |             |
|          | BUSINESS ADDRESS | BUSINESS OCCUPATION OR PROFESSION | BUSINESS PHONE | YEARS KNOWN |
| <b>3</b> | NAME             | ADDRESS                           | HOME PHONE     |             |
|          | BUSINESS ADDRESS | BUSINESS OCCUPATION OR PROFESSION | BUSINESS PHONE | YEARS KNOWN |
| <b>4</b> | NAME             | ADDRESS                           | HOME PHONE     |             |
|          | BUSINESS ADDRESS | BUSINESS OCCUPATION OR PROFESSION | BUSINESS PHONE | YEARS KNOWN |
| <b>5</b> | NAME             | ADDRESS                           | HOME PHONE     |             |
|          | BUSINESS ADDRESS | BUSINESS OCCUPATION OR PROFESSION | BUSINESS PHONE | YEARS KNOWN |

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

|      |         |            |              |
|------|---------|------------|--------------|
| NAME | ADDRESS | HOME PHONE | RELATIONSHIP |
|      |         |            |              |
| NAME | ADDRESS | HOME PHONE | RELATIONSHIP |
|      |         |            |              |

I hereby certify that there are no willful misrepresentatoin, 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 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.

**THUMBPRINT**



