

# 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 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 ZIP CODE NO., CITY STATE & COUNTY)	4. HOME 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 MONTH DAY YEAR	8. PLACE OF BIRTH (CITY & STATE)	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. LIST ANY SCARS, BIRTHMARKS, BLEMISHES, DEFORMITIES, AMPUTATIONS, TATOOS, ETC., THAT YOU MAY HAVE.

16. ARE YOU A U.S. CITIZEN	IF "YES"	IF "NATURALIZED," GIVE PARTICULARS
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED	

17. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS & BROTHERS.

NAME	REALTIONSHIP	ADDRESS	OCCUPATION

**MEDICAL HISTORY**

18. DO YOU USE OR HAVE YOU EVER USED ANY NARCOTICS OR BARBITUATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE FULL DETAILS
19. DO YOU USE OR HAVE YOU EVER USED ALCOHOL HABITUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE FULL DETAILS.

20. (DOES NOT APPLY)

21. HAVE YOU EVER BEEN IN CONSULTATION WITH A DOCTOR OR PSYCHIATRIST OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER?

YES  NO

IF "YES" GIVE DOCTOR'S NAME, ADDRESS & DATE

22. DO YOU WEAR EYEGLASSES

YES  NO

23. HAVE YOU EVER HAD ANY TYPE OF EPILEPTIC SEIZURE, BLACKOUT OR FAINTING SPELL?

YES  NO

IF "YES" EXPLAIN

24. DO YOU WEAR CONTACT LENSES?

YES  NO

25. LIST ALL ILLNESSES, OPERATIONS & MEDICAL TREATMENT YOU HAVE HAD (INCLUDING CHILDHOOD ILLNESSES)

AILMENT	APPROXIMATE DATE(S)	TREATMENT

SOCIAL STATUS

26. ARE YOU SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED

27. ARE YOU LIVING WITH YOUR SPOUSE?  YES  NO IF "NO" EXPLAIN

28. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	SPOUSE'S SURNAME

29. IF MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

(EXPLAIN)

TO WHOM WAS ACTION GRANTED

SEPARATED		
DIVORCED		
ANNULLED		

30. ARE YOU PAYING ALIMONY?

IF "YES" EXPLAIN

YES  NO

31. IF DIVORCED, LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE.

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

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM

33. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN?  YES  NO

IF "NO" EXPLAIN FULLY

34. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING  YES  NO

IF "YES" EXPLAIN

35. ARE YOU PAYING CHILD SUPPORT?  YES  NO

IF "YES" EXPLAIN

**EDUCATION**

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

NAME & ADDRESS OF SCHOOL (INCLUDE CITY & STATE)	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					

**EDUCATION (Continued)**

37. JUNIOR COLLEGE, COLLEGES OR UNIVERSITIES	FULL PART TIME TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
		MAJOR	MINOR	

38. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? IF "YES" EXPLAIN

YES  NO

39. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES

40. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD.

**DRIVING HISTORY**

41. CAN YOU OPERATE AN AUTOMOBILE	42. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

43. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE	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		<input type="checkbox"/> YES <input type="checkbox"/> NO

44. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED IF "YES" EXPLAIN

YES  NO

45. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? IF "YES" EXPLAIN

YES  NO

**RESIDENCES**

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

FROM (MO & YR)	TO (MO & YR)	ADDRESS OF RESIDENCE	CITY & STATE

47. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME	48. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE	IF "YES" GIVE LOCATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**MILITARY SERVICE**

49. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S. IF "YES" BRANCH

YES  NO

50. WHAT IS YOUR SERVICE SERIAL NO.	51. HIGHEST RANK HELD	52. RANK AT DISCHARGE
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53. GIVE DATE AND LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)	54. LIST PERIOD(S) OF ACTIVE SERVICE FROM (DATE) TO (DATE)
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55. GIVE DATE AND LOCATION OF DISCHARGE (CITY & STATE)
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56. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, MEDICAL, DISHONORABLE, HONORABLE CONDITIONS, ETC.)	57. DO YOU OR HAVE YOU EVER RECEIVED A GOV'T DISABILITY PENSION <input type="checkbox"/> YES <input type="checkbox"/> NO
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58. IF YOU HAD NO MILITARY SERVICE EXPLAIN

59. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E., 1-A, 4-F, ETC.	60. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS	CITY & STATE
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61. WERE YOU EVER CONVICTED AT A COURT-MARTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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62. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. AIR/ARMY RESERVE FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
ADDRESS		FROM TO		

63. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE AIR/ARMY NATIONAL GUARD <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT/SQUADRON	UNIT
RANK		TYPE OF DISCHARGE	FROM TO

64. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE AIR/ARMY NATIONAL GUARD OR RESERVE UNIT

**CRIMINAL HISTORY**

65. HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
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66. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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67. 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
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68. 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
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69. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THIS CRIME REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN
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70. 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			

7L. (DOES NOT APPLY)

72. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

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

73. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU

YES  NO

IF "YES" EXPLAIN

74. HAVE YOU EVER TAKEN AN EXAM FOR FIRE OR POLICE SERVICE?

YES  NO

IF "YES" EXPLAIN IN DETAIL

EMPLOYMENT HISTORY				
AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS	

75. ARE YOU NOW ON ANY ELIGIBILITY LIST?

YES  NO

IF "YES" EXPLAIN

76. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED?

YES  NO

IF "YES" EXPLAIN

77. WERE YOU EVER REJECTED FOR ANY FIRE OR POLICE POSITION?

YES  NO

IF "YES" EXPLAIN

78. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER FIRE OR POLICE DEPARTMENT?

YES  NO

DATE

79. HAVE YOU EVER BEEN A FIREFIGHTER OR LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION?

YES  NO

IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION

80. HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE OR OTHER FEDERAL STATE, LOCAL BENEFITS OR ASSISTANCE?

YES  NO

IF "YES" EXPLAIN

KIND	LOCAL OFFICE	ADDRESS	FOR HOW LONG

81. (DOES NOT APPLY)

82. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION?

YES  NO

INCLUDE NAME(S) AND ADDRESSES OF EMPLOYERS. IF "YES" EXPLAIN

83. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER IF "YES" EXPLAIN

YES  NO

84. 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.

	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	REASON FOR LEAVING			
	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		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			
	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS	
6	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	
7	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	

		EMPLOYMENT (Continued)			
EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS		
8	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING
85. INDICATE ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		86. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION			

**CREDIT HISTORY**

87. LIST COMMERCIAL OR BUSINESS CREDIT REFERENCES (include Bank or Charge Accounts, or Firms You Have Borrowed Money for Any Purpose.

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE	
			OPENED	CLOSED

88. HAVE YOU EVER BEEN SUED? IF "YES" GIVE DETAILS

YES       NO

89. 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

90. HAVE YOU EVER FILED FOR BANKRUPTCY? IF "YES" EXPLAIN

YES       NO

**ACQUAINTANCES**

91. 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
	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?		
2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE
	IN WHAT CAPACITY DO YOU KNOW THIS PERSON?		



**ACQUAINTANCES (Continued)**

<b>3</b>	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE
			WHAT CAPACITY DO YOU KNOW THIS PERSON

**REFERENCES**

92. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLY 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

**93. 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, omissions, 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 \_\_\_\_\_

THUMBPRINT \_\_\_\_\_





