

CALUMET PARK POLICE DEPARTMENT

Application Receipt



- ❖ **APPLICATIONS WILL ONLY BE CONSIDERED IF ALL FIELDS ARE COMPLETED AND CORRECTLY FILLED OUT. PLEASE INCLUDE A COPY OF DRIVERS LICENSE, FOID CARD AND LAW ENFORCEMENT CERTIFICATIONS.**

- ❖ **Applicants must be of good moral character, sound health, and have NO felony convictions nor are under current court supervision or probation for any criminal offenses.
Must be able to read and write the English language, must possess a valid driver's license in any state.
Current state certification required.**

- ❖ **Must be available to work minimum of 20 hrs. a week, nights, weekends and holidays.**

- ❖ **A \$25.00 Non-Refundable application fee to be paid at time of potential candidate's receipt of application.**

X Sign _____

Date _____

Print _____

Date _____

| | | |
|--|---|--|
| PERSONAL HISTORY QUESTIONNAIRE BACKGROUND INVESTIGATION CALUMET PARK POLICE DEPT. | 1. POSITION APPLIED FOR <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> OTHER _____ | 2. DATE (DAY-MONTH-YEAR) |
| 3. (LAST-FIRST-MIDDLE INITIAL) | 4. MAIDEN NAME (IF APPL) | 5. HOME PHONE () 6. BUSINESS PHONE () |
| 7. HOME ADDRESS (STREET NUMBER & NAME, APT. NUMBER, CITY, STATE, ZIP, COUNTY) | | 8. SOCIAL SECURITY # |

**INSTRUCTIONS
PRINT OR TYPE ALL INFORMATION**

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED ON THE BACK COVER OF THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. **You are not required to disclose your HIV status in response to any question herein.**

In this questionnaire, a number of items ask for simple “yes” and “no” answers and do not require any explanation. However, if you wish to explain your answers, use the CONTINUATION SECTION of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write “NA” (Abbreviation for “Not Applicable”). Your answers must be legible. **Do not disclose any medical or psychological conditions in response to any question herein.**

DISCLAIMER

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to the Personal History Questionnaire and the contents of the above disclaimer.

Signature of applicant

day-month-year

| | | | | | | |
|--|---------|---------|------------|------------|---------------------------------|----------------|
| 9. LIST ANY OTHER NAMES/ALIASES YOU HAVE USED OR BEEN KNOWN BY | | | | | 10. PLACE OF BIRTH (CITY/STATE) | |
| 11. BIRTHDATE (DAY-MONTH-YR) | 12. SEX | 13. AGE | 14. HEIGHT | 15. WEIGHT | 16. COLOR EYES | 17. COLOR HAIR |
| | | | | | | |

18. MILITARY SERVICE – HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION IN THE U.S.?
 YES NO IF YES, WHICH BRANCH _____

19. HAVE YOU EVER BEEN BARRED FROM ENLISTMENT OR REENLISTMENT IN ANY BRANCH OF THE MILITARY? YES NO IF YES, EXPLAIN:

20. HAVE YOU EVER BEEN CONVICTED BY A COURT MARTIAL? YES NO
 IF YES, EXPLAIN

21. HAVE YOU EVER RECEIVED ANY DISCIPLINARY ACTION WHILE IN THE MILITARY? YES NO
 IF YES, EXPLAIN

| 22. FINANCIAL - LIST ANY OUTSTANDING DEBTS, NAME AND ADDRESS OF CREDITOR. DO NOT INCLUDE HOME MORTGAGE OR AUTO LOAN | BALANCE OWED | MONTHLY PAYMENT | IN ARREARS |
|---|--------------|-----------------|---|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

23. ARE YOU NOW SUPPORTING ALL CHILDREN THAT YOU ARE REQUIRED BY LAW TO SUPPORT?
 YES NO

24. HAVE YOU EVER BEEN SUED FOR ALIMONY/SPOUSAL MAINTENANCE PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS OR FRAUD? IF YES, EXPLAIN AND LIST THE DATE, COUNTY, STATE AND COURT DOCKET NUMBER, IF KNOWN.
 YES NO

26. REFERENCES: FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU AND NOT FORMERS EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLY MORE THAN FIVE (5) YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO EVALUATE YOUR CHARACTER, ABILITY, EXPERIENCE AND OTHER QUALITIES.

| | | | |
|------------|--------------------------------|---------------------------------|---------------------------|
| 1. NAME | | HOME ADDRESS (CITY, STATE, ZIP) | HOME PHONE () |
| YRS. KNOWN | BUSINESS/OCCUPATION/PROFESSION | BUSINESS ADDRESS | BUSINESS PHONE () |
| 2. NAME | | HOME ADDRESS (CITY, STATE, ZIP) | HOME PHONE () |
| YRS. KNOWN | BUSINESS/OCCUPATION/PROFESSION | BUSINESS ADDRESS | BUSINESS PHONE () |
| 3. NAME | | HOME ADDRESS (CITY, STATE, ZIP) | HOME PHONE () |
| YRS. KNOWN | BUSINESS/OCCUPATION/PROFESSION | BUSINESS ADDRESS | BUSINESS PHONE () |

27. EMPLOYMENT: LIST IN PROPER TIME SEQUENCES ALL FULL TIME, PART TIME AND TEMPORARY JOBS YOU HAVE HELD. LIST YOUR PRESENT OR MOST RECENT JOB FIRST. EXPLAIN ALL GAPS IN EMPLOYMENT IN THE CONTINUATION SECTION.

| | | | |
|----------------------------------|----------------------|---------------------|---------------------|
| 1. EMPLOYER'S NAME (MOST RECENT) | | PHONE NUMBER () | MO/YEAR TO MO/YEAR |
| ADDRESS CITY, STATE & ZIP CODE | | TYPE OF BUSINESS | YOUR TITLE/POSITION |
| EXPLAIN YOUR DUTIES | IMMEDIATE SUPERVISOR | REASON FOR LEAVING | |
| 2. EMPLOYER'S NAME | | PHONE NUMBER | MO/YEAR TO MO/YEAR |
| ADDRESS CITY, STATE & ZIP | | TYPE OF BUSINESS | YOUR TITLE/POSITION |
| EXPLAIN YOUR DUTIES | IMMEDIATE SUPERVISOR | REASON FOR LEAVING | |
| 3. EMPLOYER'S NAME | | PHONE NUMBER () | MO/YEAR TO MO/YEAR |
| ADDRESS CITY, STATE & ZIP | | TYPE OF BUSINESS | YOUR TITLE/POSITION |
| EXPLAIN YOUR DUTIES | IMMEDIATE SUPERVISOR | REASON FOR LEAVING | |
| 4. EMPLOYER'S NAME | | PHONE NUMBER () | MO/YEAR TO MO/YEAR |
| ADDRESS CITY, STATE & ZIP | | TYPE OF BUSINESS | YOUR TITLE/POSITION |
| EXPLAIN YOUR DUTIES | IMMEDIATE SUPERVISOR | REASON FOR LEAVING | |
| 5. EMPLOYER'S NAME | | PHONE NUMBER () | MO/YEAR TO MO/YEAR |
| ADDRESS CITY, STATE & ZIP | | TYPE OF BUSINESS | YOUR TITLE/POSITION |
| EXPLAIN YOUR DUTIES | IMMEDIATE SUPERVISOR | REASON FOR LEAVING | |
| 6. EMPLOYER'S NAME | | PHONE NUMBER () | MO/YEAR TO MO/YEAR |
| ADDRESS CITY, STATE & ZIP | | TYPE OF BUSINESS | YOUR TITLE/POSITION |
| EXPLAIN YOUR DUTIES | IMMEDIATE SUPERVISOR | REASON FOR LEAVING | |

28. HAVE YOU EVER BEEN ACCEPTED OR REJECTED FOR A CIVIL OR CAREER SERVICE POSITION?
 YES **NO** IF YES, EXPLAIN:

29. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A CIVIL OR CAREER SERVICE POSITION OR ANY OTHER EMPLOYMENT? **YES** **NO** IF YES, EXPLAIN:

30. HAVE YOU EVEN BEEN DISCHARGED FROM ANY EMPLOYMENT SEPCIFICALLY FOR INSUBORDINATION, ABESENTEEISM OR TARDINESS? **YES** **NO** IF YES, EXPLAIN:

31. HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT FOR THEFT, INCLUDING AN OVER-RING OR UNDER-RING WHILE EMPLOYED AS A CASHIER? **YES** **NO** IF YES, EXPLAIN:

32. HAVE YOU EVER FAILED TO COMPLETE THE PROBATIONARY PERIOD FOR A JOB? **YES** **NO** IF YES, EXPLAIN:

33. HAVE YOU EVER RECEIVED ANY REPRIMANDS, WARNINGS OR BEEN SUSPENDED FROM A JOB?
 YES **NO** IF YES, EXPLAIN:

34. HAVE YOU EVER RECEIVED UNSATISFACTORY OR BELOW AVERAGE PERFORMANCE EVALUATIONS? **YES** **NO** IF YES, EXPLAIN:

35. HAVE YOU EVER BEEN INELIGIBLE FOR RE-EMPLOYMENT AT ANY JOB? **YES** **NO** IF YES, EXPLAIN:

36. HAS AN UNDERWRITER EVER REFUSED TO BOND YOU FOR ANY REASON? YES NO IF YES, EXPLAIN:

37. HAVE YOU EVER PREVIOUSLY SUBMITTED AN APPLICATION TO ANY LAW ENFORCEMENT AGENCY INCLUDING ANY OTHER POLICE DEPARTMENT? YES NO IF YES, EXPLAIN:

| POSITION | NAME & ADDRESS OF AGENCY | DATE |
|----------|--------------------------|------|
| | | |
| | | |
| | | |

38. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSTION? IF YES, COMPLETE THE INFORMATION BELOW. YES NO

| POSITION | NAME & ADDRESS OF AGENCY | MONTH/YEAR TO MONTH/YEAR |
|----------|--------------------------|--------------------------|
| | | |
| | | |
| | | |

39. **DRUGS:** ARE YOU CURRENTLY USING ANY CONTROLLED SUBSTANCE OR MARIJUANA CONTRARY TO LAW? YES NO IF YES, EXPLAIN:

40. HAVE YOU EVER POSSESSED ANY CONTROLLED SUBSTANCE OR MARIJUANA CONTRARY TO LAW? YES NO IF YES, EXPLAIN:

41. **LEGAL REVIEW:** HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR ENTERED A PLEA OF GUILTY TO A CRIME IN ANY COURT OF LAW? IF YES, EXPLAIN AND LIST THE OFFENSE(S), DATE(S) OF CONVICTION(S) AND JURISDICTION(S). YES NO

42. HAVE YOU EVER HAD TO APPEAR IN JUVENILE OR FAMILY COURT FOR ANY REASON? IF YES, EXPLAIN: YES NO

43. HAVE YOU EVER BEEN THE SUBJECT OF AN ORDER OF PROTECTION? YES NO IF YES, EXPLAIN:

44. ARE YOU CURRENTLY UNDER INVESTIGATION BY ANY GOVERNMENTAL OR LAW ENFORCEMENT AGENCY FOR ANY REASON? IF YES, EXPLAIN. YES NO

45. HAVE YOU EVER BEEN INTERVIEWED BY THE POLICE IN A CRIMINAL MATTER? YES NO IF YES, EXPLAIN:

| | | |
|--|-------|-----------------|
| 46. DRIVER'S LICENSE – DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DRIVER'S LICENSE NUMBER | STATE | EXPIRATION DATE |

47. HAVE YOU EVER BEEN ISSUED A DRIVER'S LICENSE OR ANY TYPE OF DRIVING PERMIT BY ANY GOVERNMENTAL AGENCY OR ENTITY? IF YES, SPECIFY THE STATE AND JURISDICTION ISSUING THE LICENSE AND THE APPROXIMATE TIME PERIOD THAT YOU HELD THAT LICENSE. YES NO

48. HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS OR RECKLESS DRIVING? IF YES, EXPLAIN. YES NO

49. HAVING YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED OR CANCELLED IN ANY STATE? IF YES, EXPLAIN. YES NO

50. HAVE YOU EVER NEGLIGENTLY OR ACCIDENTALLY CAUSED THE DEATH OF ANOTHER PERSON? IF YES, EXPLAIN. YES NO

51. HAVE YOU EVER FAILED TO PAY ANY FINE (INCLUDING TRAFFIC) IMPOSED BY ANY COURT? IF YES, EXPLAIN. YES NO

52. HAVE YOU EVER GFAILED TO ACQUIRE AND MAINTAIN AUTOMOBILE INSURANCE WHEN REQUIRED TO DO SO BY LAW? IF YES, EXPLAIN. YES NO

53. FIREARMS OWNER IDENTIFICATION SECTION – DO YOU CURENTLY POSSESS AN ILLINOIS FIREARMS OWNER IDENTIFICATION CARD? YES NO

| | |
|--------|-----------------|
| I.D. # | EXPIRATION DATE |
|--------|-----------------|

54. HAVE YOU EVER BEEN DENIED AN ILLINOIS FIREARM OWNERS IDENTIFICATION CARD OR ANY TYPE OR WEAPON PERMIT IN ANY STATE OR JURISDICTION? IF YES, EXPLAIN. YES NO

55. DO YOU CURRENTLY OWN ANY WEAPONS? IF YES, COMPLETELY FILL THE INFORMATION BELOW? YES NO

| TYPE | MODEL | MANUFACTURER | SERIAL NUMBER |
|------|-------|--------------|---------------|
| | | | |
| | | | |
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I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OF FALSIFICATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE (DAY-MONTH-YEAR)

CONTINUE TO LAST PAGE AND SIGN RELEASE

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH AN INVESTIGATOR FROM THE CALUMET PARK POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and re-affirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

| | | |
|--------------------------------|---------------|-------------|
| PRINT NAME OF APPLICANT | DATE | |
| SIGNATURE OF APPLICANT | DATE | |
| SIGNATURE OF WITNESS | STAR # | DATE |

**CALUMET PARK POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize the release, review of and full disclosure of all records concerning myself to the Calumet Park Police Department, whether the said records are of a public, private or confidential nature, except that I do not authorize the release of any information regarding my HIV status.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Calumet Park Police Department. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information". I understand that all information and documents turned over to the Calumet Park Police Department become the property of the Calumet Park Police Department and will not be returned to me.

SIGNATURE _____

ADDRESS _____

PHONE NUMBER _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

WITNESS _____ DATE _____