



HICKORY HILLS POLICE DEPARTMENT

Civilian Application for Employment

An Equal Opportunity Employer

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 is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" if the question does not apply.

1. NAME (LAST) (FIRST) (MIDDLE)			2. POSITION APPLYING FOR:	
3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)			4. SOCIAL SECURITY NUMBER	
5. HOME PHONE NUMBER ()		6. CELL PHONE NUMBER ()		7. EMAIL ADDRESS
8. EMERGENCY CONTACT NAME: PHONE: RELATIONSHIP:				
9. DATE OF BIRTH MONTH DAY YEAR / /		10. PLACE OF BIRTH (CITY,STATE,ZIP)		11. SEX
12. HEIGHT FT. IN.		13. WEIGHT		
14. COLOR OF EYES		15. HAIR COLOR		16. TATTOOS & SCARS
17. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NATURALIZED			IF "NATURALIZED", PLEASE PROVIDE PARTICULARS	

FORMAL EDUCATION (NON-LAW ENFORCEMENT COURSES)

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED					
NAME AND ADDRESS OF SCHOOL (INCLUDE CITY, STATE AND ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
COMMUNITY COLLEGES, JUNIOR COLLEGES					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					
19. LIST OTHER FORMAL EDUCATION YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES					
20. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD					

DRIVING HISTORY

21. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	22. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT IS THE EXPIRATION DATE?	DRIVER'S LICENSE NUMBER
23. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		24. HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN A STATE OTHER THAN ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
25. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		
26. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		

TRAFFIC HISTORY

28. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED			
LOCATION (CITY/VILLAGE)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

RESIDENCES

27. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH YOUR PRESENT ADDRESS			
FROM (MO. & YR)	TO (MO. & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

MILITARY SERVICE

29. HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Skip to #36)	IF "YES" WHICH BRANCH?	30. HIGHEST RANK HELD	31. RANK AT DISCHARGE
32. WHAT WAS YOUR MILITARY OCCUPATION?	33. TYPE OF DISCHARGE (BE EXACT)		
34. GIVE DATE AND LOCATION OF DISCHARGE	DATE		LOCATION
35. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN ANY MILITARY ORGANIZATION			
36. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHICH COMPONENT? <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		RANK UNIT / LOCATION
37. IF YOU HAD NO MILITARY SERVICE, ARE YOU REGISTERED WITH YOUR DRAFT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT DRAFT CLASSIFICATION	DRAFT BOARD NO.	ADDRESS, CITY, STATE & ZIP CODE

CRIMINAL HISTORY

38. HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE DEPT.)	CRIME CHARGED	DISPOSITION OF CASE
39. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN		
40. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN		
41. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN DETAILS, INCLUDING JURISDICTION, DATES & OUTCOME		
42. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN		

43. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY	DATE	PURPOSE
44. HAVE YOU EVER BEEN A MEMBER OR ACTIVELY PARTICIPATED IN AN ORGANIZED STREET GANG? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		

45. IS THERE ANY CIVIL OR CRIMINAL COURT ACTION PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
46. HAVE YOU EVER PLEAD GUILTY OR BEEN FOUND GUILTY OF ANY CRIMINAL CHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE DEPT)	CRIME CHARGED	DISPOSITION OF CASE

EMPLOYMENT HISTORY

47. 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)	DATE (TO)	LOCATION	
48. 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 AND TEMPORARY OR PART-TIME JOBS.					
1	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
NAME & TITLE OF SUPERVISOR		FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE					
WHEN CONTACTED, WHAT REASON WILL THIS EMPLOYER GIVE ABOUT YOUR LEAVING?					WOULD YOUR ANSWER BE THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY (CONTINUED)

2	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
		PHONE NO.			
	NAME & TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE					
WHEN CONTACTED, WHAT REASON WILL THIS EMPLOYER GIVE ABOUT YOUR LEAVING?					WOULD YOUR ANSWER BE THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO

3	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
		PHONE NO.			
	NAME & TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE					
WHEN CONTACTED, WHAT REASON WILL THIS EMPLOYER GIVE ABOUT YOUR LEAVING?					WOULD YOUR ANSWER BE THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO

4	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
		PHONE NO.			
	NAME & TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE					
WHEN CONTACTED, WHAT REASON WILL THIS EMPLOYER GIVE ABOUT YOUR LEAVING?					WOULD YOUR ANSWER BE THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO

5	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
		PHONE NO.			
	NAME & TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
EXPLAIN WHAT YOUR DUTIES WERE					
WHEN CONTACTED, WHAT REASON WILL THIS EMPLOYER GIVE ABOUT YOUR LEAVING?					WOULD YOUR ANSWER BE THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO
49. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT			EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION		

EMPLOYMENT HISTORY (CONTINUED)

HAVE YOU EVER:

50. BEEN DISCHARGED OR FIRED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
51. QUIT A JOB TO AVOID BEING FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
52. BEEN SUBJECT TO ANY DISCIPLINARY ACTION BY AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
53. QUIT A JOB WITHOUT GIVING NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
54. BEEN CAUTIONED ABOUT LATENESS OR ABSENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY

CREDIT HISTORY

55. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank or Charge Accounts or any firms you have borrowed money from for any purpose.)					
NAME AND ADDRESS OF FIRM		TYPE OF BUSINESS		AMOUNT	APPROXIMATE DATE
				\$	
				\$	
				\$	
56. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS					
AMOUNT OF ORIGINAL DEBT	AMOUNT NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

PERSONAL HISTORY

57. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYEES, 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 AND OTHER QUALITIES.			
1	NAME	ADDRESS	PHONE
BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION	YEARS KNOWN
2	NAME	ADDRESS	PHONE
BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION	YEARS KNOWN
3	NAME	ADDRESS	PHONE
BUSINESS ADDRESS		BUSINESS OCCUPATION OR PROFESSION	YEARS KNOWN

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 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. The medical evaluation may include testing for drugs/narcotics, communicable diseases including the AIDS virus and alcohol abuse. You will be required to give a full medical history.

CONTINUATION SHEET

QUESTION NUMBER	CONTINUATION OF ANSWER