

BENSENVILLE POLICE DEPARTMENT

APPLICATION FOR POLICE OFFICER

AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION _____

INSTRUCTIONS: PRINT, USE INK. Applicant must complete application accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term "N/A" if the question does not apply. Be certain to list the area code for each telephone number requested.

PERSONAL DATA

NAME _____ S.S.# _____
 (LAST, FIRST, MIDDLE)

STREET _____ CITY: _____

STATE _____ ZIP: _____ E-MAIL: _____

HOME #: _____ CELL #: _____ COUNTY _____

DATE OF BIRTH MONTH DAY YEAR	PLACE OF BIRTH (CITY/STATE/ZIP)	SEX	HEIGHT FT. IN.
WEIGHT	AGE	COLOR OF EYES	COLOR OF HAIR
1. ARE YOU A U.S. CITIZEN-IF "YES", <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED		IF "NATURALIZED", GIVE PARTICULARS	

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE.)

3. WITH WHOM DO YOU LIVE WITH AT THE ABOVE ADDRESS? LIST FULL NAMES AND RELATIONSHIPS.

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

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

5. ARE YOU SINGLE? MARRIED SEPARATED WIDOWED DIVORCED

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

7. GIVE THE FOLLOWING INFORMATION REGARDING MARRIAGE OR MARRIAGES.

DATE	WHERE	WIFE'S MAIDEN NAME

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

DATE	EXPLAIN	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

9. ARE YOU PAYING ALIMONY? YES NO IF "YES", EXPLAIN

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

11. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU AND STEP CHILDREN.

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE NOW AND WITH WHOM

12. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO, ADOPTED BY YOU AND STEP CHILDREN? YES NO IF "NO", EXPLAIN FULLY

13. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? YES NO IF "YES" EXPLAIN

14. ARE YOU PAYING CHILD SUPPORT? YES NO IF "YES" EXPLAIN

RESIDENCES

15. 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

16. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? YES NO

17. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? YES NO

IF "YES", GIVE LOCATION

EDUCATION AND TRAINING

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.

NAME & ADDRESS OF SCHOOL CITY/STATE/ZIP CODE	# OF YEARS COMPLETED	DATE(S) ATTENDED	FULL TIME	PART TIME	GRADUATE	
					YES	NO
GRAMMAR SCHOOL(S)						
HIGH SCHOOL(S)						
COLLEGE OR UNIVERSITY						
EXTENSION OR CORRESPONDENCE COURSES						

19.	COLLEGE	COURSE OF STUDY		DEGREE(S) ATTAINED
		MAJOR	MINOR	

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN
21. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING.	
22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD.	
23. LIST ANY FOREIGN LANGUAGE(S) IN WHICH YOU ARE FLUENT.	

MILITARY

24. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", WHAT BRANCH	
25. WHAT IS YOUR SERVICE SERIAL #?	26. HIGHEST RANK HELD	27. RANK AT DISCHARGE
28. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY. (CITY & STATE)		29. LIST PERIOD(S) OF ACTIVE SERVICE FROM DATE TO DATE
29. GIVE DATE & LOCATION OF DISCHARGE. (CITY & STATE)		
30. WHAT TYPE OF DISCHARGE DID YOU RECEIVE? (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)	BE EXACT	IF OTHER THAN "HONORABLE", EXPLAIN
31. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	
32. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE ADDRESS	BRANCH UNIT RANK
33. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE RANK	REGIMENT TYPE OF DISCHARGE UNIT FROM TO
34. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT.		

DRIVING HISTORY

35. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	36. 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 NUMBER
37. LIST ALL OTHER STATES IN WHICH YOU HOLD OR HAVE HELD AN OPERATOR'S OR CHAUFFEUR'S LICENSE.	STATE	LICENSE NUMBER	EXPIRATION DATE
38. 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		
39. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN		
40. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN		
41. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED.			
LOCATION	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

SECURITY DATA

42. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
43. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN			
44. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN			
45. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN			
46. 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	
47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN	AGENCY	DATE	PURPOSE	
48. ARE THERE ANY WARRANTS, TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN			

EMPLOYMENT HISTORY

49. 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.

From	To	Most Recent or Current Employer	Telephone #
Immediate Supervisor and Title		Address City/State/Zip	
Job Title		Summarize the nature of work performed and job responsibilities	
Salary per Month		Reason for Leaving	
From	To	Most Recent or Current Employer	Telephone #
Immediate Supervisor and Title		Address City/State/Zip	
Job Title		Summarize the nature of work performed and job responsibilities	
Salary per Month		Reason for Leaving	
From	To	Most Recent or Current Employer	Telephone #
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Job Title		Summarize the nature of work performed and job responsibilities	
Salary per Month		Reason for Leaving	
50. INDICATE BY NUMBER, ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT. EXPLAIN.			

51. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY OR MUNICIPAL HIRING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS	
52. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN				
53. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN				
54. ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN				
55. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN	POSITION	FROM	DATE	TO	LOCATION
56. WERE YOU EVER DISCHARGED, OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS)	IF "YES", EXPLAIN				
57. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN				

CREDIT HISTORY

58. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES SUCH AS BANK, CHARGE ACCOUNT OR OTHER LENDER. (INCLUDE LOAN OPENED AND CLOSED DATES)

NAME & ADDRESS	TYPE OF BUSINESS	AMOUNT	APPROX. DATES

59. HAVE YOU EVER BEEN SUED?
 YES NO

IF "YES", GIVE DETAILS

60. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS.

AMT. OF ORIGINAL	AMT. NOW OWED	IN ARREARS		OWED TO	
		YES	NO	NAME	ADDRESS

61. HAVE YOU EVER FILED FOR BANKRUPTCY?
 YES NO

IF "YES", EXPLAIN

REFERENCE CONTACTS

62. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF 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		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
2	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
3	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
4	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
5	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

ACQUAINTANCES

63. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS.

1	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?

EMERGENCY CONTACTS

64. PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP

65. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

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.

It is understood and agreed upon that any misrepresentations or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date _____

