BOARD OF FIRE & POLICE COMMISSIONERS An Equal Opportunity Employer

8

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 indentify 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)		I NAMES, ALIASES LUDE MAIDEN NAM			
3. HOME ADDRESS (NO. STR	EET, CITY, STATE, 2	ZIP CODE & COUNTY)	4. HOME PHONE	5. SOCIAL	SECURI	TY NO.

6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS.

7. DATE OF BIRTH MONTH DAY YEAR	. PLACE OF BI	RTH (CITY, STATE & ZIP (CODE)		9. SEX	10. HEIGHT FT.	IN.
11. WEIGHT	12. AGE		13. COLOR OF E	YES	14. COLC	DR OF HAIR	
15. ARE YOU A U.S. CITIZEN	IF "YES"		IF "NATURALIZED	, GIVE PARTICU	LARS		
	TIVE BORN						
16. LIST EVERY MEMBER OF	YOUR IMMEDI	ATE FAMILY WHO IS STIL	LIVING, INCLUDE	FATHER, MOTH	ER, SISTE	RS & BROTHERS.	
NAME		RELATIONSHIP	A	DDRESS		OCCUPATION	

17. ARE YOU SINGLE?	MARRIED		SEPARATED	WIDOWED		DIVORCED			
18. ARE YOU LIVING WITH YOUR SPOUSE?	DYES	⊡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?	O YES	I NO	IF "YES" EXPLAIN		
22. IF DIVORCED L OF YOUR PREV & WHERE THE	/IOUS SPO				

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

NAME	DATE	E OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM
24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU	O YES	IF "NO" EXPL	AIN FULLY	
AND STEPCHILDREN?	I NO			
25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY	D YES	IF "YES" EXPL	LAIN	· · · · · · · · · · · · · · · · · · ·
PROCEEDING?	I NO			
26. ARE YOU PAYING CHILD SUPPORT?	S 🗆 NO	IF "YES" EXP	LAIN	

SOCIAL STATUS

EDUCATION

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

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUAT	E AVERAGE GRADE
GRAMMAR SCHOOLS			YES N	D
HIGH SCHOOLS				
COLLEGE OR UNIVERSITY		·	,	
		· · · · · · · · · · · · · · · · · · ·		
BUSINESS COLLEGES				
EXTENSION OR CORRESPONDENCE COURSES				
EXTENSION ON CORRESPONDENCE COURSES				

28. JUNIOR COLLEGE, COLLEGES, OR UNIVE		PART TIME		UBJEC.	TS TAKEN	DEGREE(S) ATTAINED	
				MAJOR		MINOR	
· · · · · · · · · · · · · · · · · · ·							
29. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL?	IF "YES" E	EXPLA	IN				
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?	YES		POSSESS A ERATOR'S IFFEUR'S LICENSE		IF "YES" DATE EXPIRATION	OF	DRIVER'S LICENSE NO.			
		FROM ILL								
34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S	D YES	IF "YES" EX	PLAIN				OU EVER HAD RATOR'S OR D YES			
OR CHAUFFEUR'S LICENSE BY ANY STATE?							FER'S LICENSE OTHER STATE?			
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED	?	YES I NO	IF "YES" EXPLAIN							
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBAT	ION?	YES 🗆 NO	IF "YES" EXPLAIN							

RESIDENCES

37. LIST YOU	JR ADDRESS	ES FOR THE LAS	T TEN YEARS, STARTING WIT	H PRESENT ADDRE	SS
FROM (MO. & YR)	TO (MO. & YR)		ADDRESS OF RESIDENCE		CITY, STATE & ZIP CODE
					· · ·
<u></u>			·		
					_ · · · · · · · · · · · · · · · · · · ·
	OWN OR U BUYING WN HOME?	□YES □ NO	39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE	□ YES □ NO	IF "YES" GIVE LOCATION
			MILITARY	SERVICE	
MILITAF	OU EVER SEF RY ORGAN- N OF THE U.S	YES	IF "YES"BRANCH		
41. WHAT IS	S YOUR SERV	/ICE SERIAL NO.7	42. HIGHEST RANK HEL	D	43. RANK AT DISCHARGE

44. GIVE DATE & LOCATION OF			45. LIST PERIOD(S) OF ACTIVE S	ERVICE
ENTRANCE TO ACTIVITY DUTY		· · · · · · · · · · · · · · · · · · ·	 FROM (DATE)	TO (DATE)
(CITY) & (STATE)				
GIVE DATE & LOCATION OF DISCHARGE				
(CITY & STATE)				
47. WHAT TYPE OF DI DID YOU RECEIVE ORABLE, DISHONO HONORABLE CON ETC.)?	(HON- DRABLE,	BE EXACT		

48. IF YOU HAD NO MILITARY SI	ERVICE E	XPLAIN						
49. LIST ALL DRAFT CLASSIFIC/ TIONS YOU HAVE HAD I.E., 1-A ETC.	A- 50	LIF YOU A A NON-V LIST TH FOLLOV	VET	NO. AI	DDRESS, CITY	, STATE & ZIP CO	DE	
51. WERE YOU EVER CONVICTE AT A COURT-MARTIAL	D IF "Y	ES" EXPLA	AIN					
I YES I NO								
52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF	D YES	'ES □ ACTIVE □ INACTIVE		BRAN	CH	UNIT	RANK	
THE U.S. RESERVE FORCES?		ADDRES	SS			FROM	то	
53. ARE YOU NOW, OR WERE YOU EVER A MEMBER	D YES	IF "YES"	WHAT STATE	REGIN	IENT	UNIT		
OF THE NATIONAL GUARD?		RANK		TYPE O	FDISCHARGE	FROM	то	
54. LIST ANY DISCIPLINARY AC	TION TAI	EN AGAI	NST YOU IN THE NATION	ONAL GU	JARD OR RES	ERVE UNIT		
			CRIMINAL HI	STORY	(
55. HAVE YOU EVER BEEN CONVICTED?	DATE	BY WHOM (POLICE AG		GENCY)	CRIME CHAP	RGED	DISPOSITION OF CASE	
I YES I NO								
IF "YES" EXPLAIN								
56. HAVE YOU EVER BEEN PLACED ON PROBA- TION?		IF "YE	S" EXPLAIN					
57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF			S" EXPLAIN					
\$25.00?								
58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?			S" EXPLAIN DETAILS, II	NCLUDIN	NG JURISDICT	ION DATES & OU	TCOME	
59. (OPTIONAL)			IF YOU WERE A "VICTI		A 151			
HAVE YOU EVER WA BEEN THE VICTIM OF RE	S THIS C PORTED E POLICE	RIME TO						
		1						
60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?	AGEN	CY		DATE	PUR	POSE		
I YES INO								
IF "YES" EXPLAIN								

61. (DOES NOT APPLY)

,

2. LIST ALL TRAFFIC CITAT	TIONS YO								
LOCATION (CITY)		APPRO	XIMATE DATE		NATURE	OF VIOLATIC	N	DISF	OSITION OF CASE
-									
······································									
ARE THERE ANY WARRA TRAFFIC OR OTHERWIS NOW PENDING AGAINS	E	IF "YES"	EXPLAIN	I					
	. 1001								
			EMPLO	YMEN	IT HISTOR	Y			
	AGENC	Y			APPROX. EX		POS	ON LIST	STATUS
HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM?									
U YES U NO									
IF "YES" EXPLAIN IN DETAIL.									
in Derrie.									
ARE YOU NOW ON ANY ELIGIBILITY? LIST?	D YE	S 🗆 NO	IF "YES" EXPLA	AIN	·		J		1
WERE YOU EVER PLACE ON A CIVIL SERVICE LIS & NOT HIRED?		SONO	IF "YES" EXPLA	AIN	-				
WERE YOU EVER REJECT FOR ANY CIVIL SERVICE POSITION?		S 🗆 NO	IF "YES" EXPL/	AIN					
HAVE YOU EVER SUBM APPOINTMENT TO AND					S 🗆 NO	ĐATE			
HAVE YOU EVER BEEN A LAW	I YES	IF "YES" P	OSITION	DAT	E (FROM)	(TO)		LOCATION	I
	⊐ NO								

•

70.	WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? D YES DNO INCLUDE NAME(S) &					
	ADDRESSES OF EMPLOYERS					
71.	ARE YOU NOW OR HAVE YOU EVER BEEN EN- I YES GAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? INO	IF "YES" EX	PLAIN			
72.	LIST ALL JOBS YOU HAVE HELD FOR RECENT JOB FIRST. INCLUDE MILITA	THE LAST T RY SERVICE	EN YEARS, INCLU . IN PROPER TIM	DING PERIOD	DS OF UNEMPLOYMENT. F & TEMPORARY OR PART-	PUT YOUR PRESENT OR MOST 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		_	- <u></u>	REASON FOR LEAVING	
	EMPLOYER'S NAME		ADDRESS		<u> </u>	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		J	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	7997-98	I	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		1	TYPE OF BUSINESS
5	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		- L	1	REASON FOR LEAVING	
	EMPLOYER'S NAME		ADDRESS		L	TYPE OF BUSINESS
6	NAME & TITLE OF SUPERVISOR		FROM (DATE)	TO (DATE)	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		1		REASON FOR LEAVING	

EMPLOYMENT (CONTINUED)

						(,						
	EMPLOYER'S N	IAME			ADDRESS				1	TYPE (OF BUSINESS		
7	NAME & TITLE	OF SUPERVISO	DR		FROM (DATE)	TO (DATE)	SALA \$	RY PER MC		EXACT	TITLE OR POSITION		
	EXPLAIN WHA	T YOUR DUTIES	SWERE				REAS	ON FOR LE	AVING				
	EMPLOYER'S N	IAME	·		ADDRESS		1			TYPE	OF BUSINESS		
8	NAME & TITLE	OF SUPERVISO	DR		FROM (DATE)	TO (DATE)	SAL \$	ARY PER M	ONTH	EXACT TITLE OR POSITIC			
	EXPLAIN WHA	T YOUR DUTIE	SWERE				REAS	ON FOR LE	AVING				
73.	INDICATE BY ANY OF THE A EMPLOYERS V DO NOT WISH CONTACT.	NBOVE WHOM YOU		REAS APPL	AIN YOUR ON FOR YING FOR POSITION.								
					CREDIT								
75							Charge	Account or	FirmeVou	Havo	Borrowed Money for Any		
15	Purpose.)		N BUSINES	SCHEDIT	NEPENENCES (II	ICIUGE DATIN OF	Charge	Account, or		11 Idve	Bottowed woney for Airy		
		NAME & ADD	RESS OF F	IRM		TYPE OF	FBUSIN	NESS	AMOL	JNT	APPROX. DATE		
									\$		OPENED CLOSED		
									\$				
	- <u>.</u>					\$			\$	-			
76	HAVE YOU EV	ER		" GIVE DE	TAILS				1		- -		
77					r(S) & WHETHER								
	MT. OF	AMT. NOW		REARS	1				OTO				
0	RIGINAL	OWED	YES	NO		NAME				ADI	DRESS		
\$		\$											
\$		\$											
\$		\$			EXPLAIN								
78	HAVE YOU EV FILED FOR BANKRUPTCY	ΠYE	S DNO	IF TES									
						NTANCES							
79	FILL IN BELO FRIENDS, FEL DURING THE	LOW STUDENT	S OF THRE S, OR FELI	E ADULT: OW WORI	S, NOT RELATED KERS. NAMES LIS	TO YOU & N TED SHOULD	NOT FO	DRMER EMP DSE PERSO	NS WHO H	OR RI IAVES	EFERENCES, WHO ARE EEN YOU FREQUENTLY		
	NAME				ADDRESS	5					HOME PHONE		
1	BUSINESS AD	DRESS		BUSINE	SS, OCCUPATION	OR PROFES	SION	BUSINESS	PHONE		AT CAPACITY DO YOU OW THIS PERSON?		
	NAME			1	ADDRESS	\$				-	HOME PHONE		
2	BUSINESS AD	DRESS		BUSINE	SS, OCCUPATION	NOR PROFES	SION	BUSINESS	PHONE		AT CAPACITY DO YOU OW THIS PERSON?		
	NAME	· · · · · · · · · · · · · · · · · · ·		1	ADDRESS	3		L			HOME PHONE		
3	BUSINESS AD	DDRESS		BUSINE	SS, OCCUPATION	N OR PROFES	SION	BUSINES	S PHONE		I IAT CAPACITY DO YOU OW 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.

	NAME		ADDRESS		HOME	PHONE
1	BUSINESS ADDRESS	BU	I ISINESS OCCUPATION OR PROFESSIO	DN BUSINESS PH	ONE	YEARS KNOWN
	NAME _		ADDRESS		HOME	PHONE
2	BUSINESS ADDRESS	BU	ISINESS OCCUPATION OR PROFESSIO	DN BUSINESS PH	ONE	YEARS KNOWN
	NAME	L	ADDRESS		HOME	PHONE
3	BUSINESS ADDRESS	BL	J JSINESS OCCUPATION OR PROFESSIO	ON BUSINESS PH	ONE	YEARS KNOWN
	NAME		ADDRESS		HOME	PHONE
4	BUSINESS ADDRESS	BL	I JSINESS OCCUPATION OR PROFESSIO	ON BUSINESS PH	IONE	YEARS KNOWN
	NAME		ADDRESS		HOME	PHONE
5	BUSINESS ADDRESS	BU	JSINESS OCCUPATION OR PROFESSIO	ON BUSINESS PH	IONE	YEARS KNOWN
81	. PERSON(S) TO NOTIFIED IN CASE OF E	MERGENCY				
N	AME	ADDRESS		HOME PHONE	RELATI	ONSHIP
NAME ADDRESS				HOME PHONE	RELATI	ONSHIP

I hereby certify that there are no willful misrepresentatoins, 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

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.

----Q----

CONTINUATION SHEET

Indi	Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.						
QUESTION NUMBER	CONTINUATION OF ANSWER						
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		. 1					
SIGNATURE		DATE					
SIGNATORE		.					

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.							
QUESTION NUMBER	CONTINUATION OF ANSWER						
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	- · · · · ·						
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	· · · · · · · · · · · · · · · · · · ·	,					
F		·					
SIGNATURE	1	DATE					
SIGNATUR		DATE					

CONTINUATION SHEET

QUESTION NUMBER	cate in the left hand column the number of the question you are answering, then complete your answer in the space provided.									
· · · ·	· · · · · · · · · · · · · · · · · · ·									
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	·									
SIGNATURE	DATE									

AUTHORIZATION and RELEASE

To Whom It May Concern:

Having made application for the position of Police Officer with the City of Palos Hills Police Department and desiring it to be informed as to my past and current scholastic record, my current and former employment, character, general reputation, health and financial responsibility, I hereby authorize the Palos Hills Board of Fire and Police Commissioners or the Palos Hills Police Department, or any agents of either, to investigate, either through correspondence or personal interviews, my past and present records and to ascertain any and all information which may concern my scholastic records, employment, character, health and financial responsibility, whether same is of record or not.

I hereby release my present and past employers, references, scholastic institutions and all persons or institutions from any liability and damage of whatsoever nature on account of furnishing the information requested above.

APPLICANT SIGNATURE:	
PRINT NAME:	
DATE:	
WITNESS SIGNATURE:	
WITNESS PRINT NAME:	
WITNESS ADDRESS:	. ·
CITY, STATE, ZIP:	
WITNESS DATE:	

(anyone you know -- may be your witness)

RETURN THIS FORM WITH YOUR APPLICATION

I, the undersigned understand and specifically agree that all tests and the results thereof become the property of the Board of Fire and Police Commissioners of the City of Palos Hills and are not subject to review.

	Print Name:	
	Signed:	
	Date:	
	· · · · · · · · · · · ·	
Witnessed:	· · · · · · · · · · · · · · · · · · ·	
Witness Name Prin	ted:	
Witness Address: _		
City/State:	·	

RETURN THIS FORM WITH YOUR APPLICATION

RECOMMENDATION TO PRIVATELY CONSULT WITH A PHYSICIAN

It is <u>not</u> a requirement that you obtain consultation from your own physician. However, for your own safety, it is recommended that you consult your own physician to determine that you are physically capable to perform the exercises contained in the physical aptitude event. If you do consult your own physician, that is solely for your own information and your own choice. Should you elect to undergo a thorough physical examination by your own physician, neither the Board of Fire & Police Commissioners nor the City of Palos Hills has any interest in knowing the results of that examination. The results of any such private physical examination must <u>not</u> be sent to either the Board of Fire & Police Commissioners, nor the City of Palos Hills.

Dated at	_, Illinois, this	day of	,20

Signed: _____

Subscribed and Sworn to before me this _____ day of _____, 20__.

Notary Public

THIS FORM IS TO BE RETURNED WITH APPLICATION

BOARD OF FIRE & POLICE COMMISSIONERS CITY OF PALOS HILLS, ILLINOIS

In accordance with Chapter III, Section B, of the Palos Hills Fire & Police Commission Rules and Regulations, at the orientation session applicants shall inform the Board, by completing this form, of any disability requiring accommodation in order to participate in the application or testing process. Applicants must adequately document the need for an accommodation in the making of the request and also specify what accommodation is desired or believed necessary. Upon receipt of such a request, the Board shall determine, in accordance with the provisions of the Americans with Disabilities Act, whether or not an accommodation is appropriate, and may employ counsel or advise in connection with such a request.

"I have the following disability requiring accommodation in order to participate in the application or testing process":

"The following documents are attached which substantiate my need for an accommodation":

"The specific description of the accommodation which I desire or believe is necessary is as follows":

Signed: ______

Print your name: _____

Note.....

If additional space is required to complete your answers, attach a sheet of paper with your completed answer(s) to this form.

THIS FORM IS TO BE RETURNED WITH APPLICATION