



Applicant Questionnaire - Instructions

Please fill out this application completely and accurately. All statements are subject to verification. Incorrect statements may bar or release you from employment. Use a separate sheet of paper if you need additional space for answers. If the question **Does Not Apply**, please answer the question with the entry D/N/A.

---

1. **NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

2. **ALIASES:** \_\_\_\_\_  
(List any other names and aliases you have used.)

3. **HOME ADDRESS:** \_\_\_\_\_  
(Street, P.O. Box, City, County, State and Zip Code)

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Social Security Number) (Date of Birth) (City/State of Birth)

7. \_\_\_\_\_  
(With whom do you live with at your present address. Full Names and Relationship)

8. **Sex:** \_\_\_\_\_ 9. **Height:** \_\_\_\_\_ 10. **Weight:** \_\_\_\_\_

11. **Color of Eyes:** \_\_\_\_\_ 12. **Color of Hair:** \_\_\_\_\_

13. \_\_\_\_\_  
(List any scars, birthmarks, tattoos, amputations, deformities, etc.)

14. **Are you a citizen of the United States?:** \_\_\_\_\_ 15. **Native Born?:** \_\_\_\_\_

16. **List name of father and first and maiden name of mother:**

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

17. **Dependents:** (Names and Dates of Births)

---

---

---

---

---

---

**18. Marital Status:** Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_  
 Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

If married give spouses first and maiden name: \_\_\_\_\_

**19. Medical History:**

Do you use or have ever used narcotics or barbiturates? \_\_\_\_\_ ( If so please explain)

\_\_\_\_\_

Do you wear eyeglasses?: \_\_\_\_\_ Do you wear contacts?: \_\_\_\_\_

Do you have proper depth perception?: \_\_\_\_\_ Are you color blind? \_\_\_\_\_

Are you currently subject to any type of epileptic seizure?: \_\_\_\_\_ Blackout?: \_\_\_\_\_

Fainting Spells?: \_\_\_\_\_ (If so please explain)

\_\_\_\_\_

Do you have any mental or physical defects, which would prevent you from performing certain types of work?: \_\_\_\_\_ If so explain: \_\_\_\_\_

**20. Education:** (List schools / trade schools you have attended. Begin with grade school.)

Name and Address of School	Number of years completed	Dates attended	Graduate Yes or No
(Grade School)			
(High School)			
(College)			
(University)			
(Other Schools)			

**21.** Where you ever expelled or suspended from school? (If Yes please explain.) \_\_\_\_\_

\_\_\_\_\_

22. List any police related training you have received:

Course Description	Where Attended	Dates Attended	Certificate Received
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

23. Have you completed the ILLINOIS LOCAL GOVERNMENT LAW ENFORCEMENT OFFICERS TRAINING BOARDS required 400 hour Certified Training Course? \_\_\_\_\_

If so where did you attend the training?

\_\_\_\_\_

Dates Attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Are you certified by the board? \_\_\_\_\_

24. Have you successfully completed the mandatory 40-hour firearms course? \_\_\_\_\_

Where did you receive the training? \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Are you certified? \_\_\_\_\_

**25. Residences:**

(List your residences for the last ten (10) years, beginning with your current residence.)

<b>From Month/Year to Month /Year</b>	<b>Street Address</b>	<b>City / State</b>
1.		
2.		
3.		
4.		
5.		

**26. Criminal History:**

Note: In response to the following questions, please do not list any arrest, offense or conviction before your 17<sup>th</sup> birthday, which was finally adjudicated in Juvenile Court.

27. Have you ever been convicted of an offense against the law? \_\_\_\_\_

28. Are criminal charges currently pending against you? \_\_\_\_\_

29. Have you ever been arrested? \_\_\_\_\_ (If yes please explain.)

\_\_\_\_\_

30. Have you ever been required to pay a fine in excess of \$100? \_\_\_\_\_ (If yes please explain.)

\_\_\_\_\_

31. Have you ever been placed on Probation? \_\_\_\_\_ (If yes please explain.)

\_\_\_\_\_

32. Are there any arrest warrants now pending against you? \_\_\_\_\_ (If yes please explain.)

\_\_\_\_\_

33. Have you ever been a victim of crime? \_\_\_\_\_ (If yes please explain)

\_\_\_\_\_

34. Was this crime reported to the police? \_\_\_\_\_

**35. Motor Vehicle Driving History:**

Do you currently possess a valid Illinois driver's license issued to you by the Secretary of State?

\_\_\_\_\_

If so please list your drivers license number: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Has your driver license ever been suspended or revoked? (If yes please explain.)

\_\_\_\_\_

Have you ever been refused a drivers license from another state? \_\_\_\_\_(If yes please explain)

\_\_\_\_\_

Has your license ever been placed on probation? \_\_\_\_\_ (If yes please explain.)

\_\_\_\_\_

How long have you driven a vehicle? \_\_\_\_\_

Can you now operate a vehicle in all types of weather/traffic conditions? \_\_\_\_\_

**36. Military Experience:**

Have you ever served in any branch of the military? \_\_\_\_\_

If so, which branch of the military did you serve in? \_\_\_\_\_

What is your service serial number? \_\_\_\_\_

What is the date and location you entered the service? \_\_\_\_\_

What is the date and location you were discharged? \_\_\_\_\_

List the periods of active service:

From: (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest military rank held: \_\_\_\_\_

What type of discharge did you receive?

Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Medical \_\_\_\_\_

Where you ever convicted before any military court of an offense while you served in the military?

\_\_\_\_\_ (If yes please explain) \_\_\_\_\_

\_\_\_\_\_

Are you now or were you ever a member of the National Guard? \_\_\_\_\_ (If so list unit)

What type of discharge did you receive? Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_  
Medical \_\_\_\_\_ Other (explain) \_\_\_\_\_

**35. Employment History:** (Start with you current position including military service. List in chronological order)

1. Firm Name: \_\_\_\_\_ Kind of Business \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_ Kind of Business \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_ Kind of Business \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Firm Name: \_\_\_\_\_ Kind of Business \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_



**AUTHORITY TO RELEASE INFORMATION**

Having applied for employment with the Village of Loami Police Department and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records that may be of interest to them. This authorization includes, but is not limited to, medical, hospital, school, credit, military and employment records whether privileged or not. This authorization to furnish information executed in consideration of the Village of Loami's Village President and Board of Trustee's, giving my application consideration and shall serve as a release of liability to all parties furnishing such information to the Village of Loami and its representatives.

Applicant's signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Telephone No.: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

(Please review your application. If any question has been left unanswered we may be unable to process your application. Fill in all the blanks, Use D/N/A if the question Does Not Apply.)

**AFFIDAVIT**

I HEREBY SWEAR THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF THE ANSWERS TO QUESTIONS OR STATEMENTS WITHIN THIS APPLICATION. I AM AWARE, THAT SHOULD AN INVESTIGATION DISCLOSE SUCH WILLFUL MISREPRESENTATIONS, FALSIFICATION, OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DIQUALIFIED FROM APPLYING IN THE FUTURE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE OMISSIONS, MISREPRESENTATIONS OR FALSIFICATIONS, IT WILL BE JUST CAUSE FOR MY IMMEDIATE DISMISSAL.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_