

SOCIAL STATUS

19. ARE YOU SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
20. ARE YOU LIVING WITH YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO" PLEASE EXPLAIN	
21. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE OR MARRIAGES			
DATE	WHERE	WIFE'S MAIDEN NAME	
22. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING			
ACTION	EXPLAIN	TO WHOM WAS ACTION GRANTED?	
SEPARATED			
DIVORCED			
ANNULLED			
23. ARE YOU PAYING ALIMONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
24. IF DIVORCED, LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE			
25. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU AND STEP-CHILDREN			
NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM?
26. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU AND STEP-CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO" EXPLAIN FULLY		
27. HAVE YOU BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY		
28. ARE YOU PAYING CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY		

FORMAL EDUCATION (NON-LAW ENFORCEMENT COURSES)

29. 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					
30. WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN				
31. LIST OTHER FORMAL EDUCATION YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES					
32. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD					

DRIVING HISTORY

33. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	34. 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
35. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		36. 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
37. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		
38. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		

RESIDENCES

39. 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

40. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	41. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION
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MILITARY SERVICE

42. HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Skip to #52)	IF "YES" WHICH BRANCH?	43. HIGHEST RANK HELD	44. RANK AT DISCHARGE
45. WHAT WAS YOUR MILITARY OCCUPATION?	46. TYPE OF DISCHARGE (BE EXACT)		
47. GIVE DATE AND LOCATION OF ENTRY TO ACTIVE DUTY.	<u>LIST PERIOD(S) OF ACTIVE SERVICE</u> FROM (DATE) TO (DATE)	LOCATION	
48. LIST ANY AWARDS OR MEDALS YOU RECEIVED IN THE MILITARY SERVICE.			

MILITARY SERVICE (CONTINUED)

49. GIVE DATE AND LOCATION OF DISCHARGE	DATE	LOCATION	
50. WERE YOU EVER CONVICTED AT COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN		
51. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN ANY MILITARY ORGANIZATION			
52. 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?	RANK	UNIT / LOCATION
	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		
53. 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

54. 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
55. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
56. 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			
57. 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			
58. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
59. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY	DATE	PURPOSE	
60. 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			

61. IS THERE ANY CIVIL OR CRIMINAL COURT ACTION PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN		
62. 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

TRAFFIC HISTORY

63. DO YOU HAVE ANY UNPAID TRAFFIC OR PARKING TICKETS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN		HOW MANY?	LENGTH OF TIME OVERDUE
64. HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE UNDER THE INFLUENCE OF INTOXICATING BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY TIMES _____			
65. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED			
LOCATION (CITY/VILLAGE)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE
66. ARE THERE ANY WARRANTS – TRAFFIC OR OTHERWISE – NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN	

EMPLOYMENT HISTORY

67. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL	AGENCY	APPROXIMATE EXAM DATE	STATUS

68. ARE YOU NOW ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
69. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
70. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
71. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE PROVIDE LOCATION AND DATE			
72. 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
73. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN OR AGREED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN			
74. 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" PLEASE EXPLAIN			
75. 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	

76. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT		EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION	
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EMPLOYMENT HISTORY (CONTINUED)

HAVE YOU EVER:

77. BEEN DISCHARGED OR FIRED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
78. QUIT A JOB TO AVOID BEING FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
79. BEEN SUBJECT TO ANY DISCIPLINARY ACTION BY AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
80. QUIT A JOB WITHOUT GIVING NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
81. LEFT A JOB BECAUSE OF A PERSONALITY CONFLICT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
82. BEEN TALKED TO BY A BOSS ABOUT CONFLICT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
83. BEEN CAUTIONED ABOUT LATENESS OR ABSENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY
84. HAD ANY TYPE OF DIFFICULTY ON A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN FULLY

CREDIT HISTORY

85. 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		
		\$			
		\$			
		\$			
86. HAVE YOU EVEN BEEN SUED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" PLEASE EXPLAIN			
87. 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
\$	\$				
\$	\$				
\$	\$				

88. HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
89. BEEN REFUSED CREDIT OR A LOAN BY A BANK OR STORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
90. FILED A PETITION FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
91. HAD ANYTHING RESPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
92. FAILED TO PAY A BILL THAT WAS FORWARDED TO A COLLECTION AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
93. HAD TO APPEAR IN COURT BECAUSE OF BAD DEBTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
94. BEEN THREATENED WITH A LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
95. HAD ANY GARNISHMENTS OR ATTACHMENTS ON YOUR WAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
96. HAD A LOAN FROM AN UNLICENSED LENDER (besides relatives)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
97. BEEN DELINQUENT IN REAL ESTATE OR OTHER TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
98. HAD ANY UNPAID JUDGMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN
99. BEEN PARTY TO SMALL CLAIMS OR OTHER COURT ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE EXPLAIN

ACQUAINTANCES

100. FILL IN BELOW THE NAME OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW CO-WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.			
1	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION	HOW DO YOU KNOW THIS PERSON? BUSINESS PHONE

2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION	HOW DO YOU KNOW THIS PERSON? BUSINESS PHONE

3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION	HOW DO YOU KNOW THIS PERSON?	BUSINESS PHONE

REFERENCES

101. FILL IN BELOW THE NAMES OF FIVE 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
4	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN
5	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN

PERSONAL HISTORY

102. DO YOU HAVE FULL-TIME POLICE EXPERIENCE IN A CITY, COUNTY OR STATE AGENCY AND HAVE YOU COMPLETED ONE YEAR OF SERVICE IN ADDITION TO THE PROBATIONARY PERIOD? IF "YES" PLEASE INDICATE WHERE AND THE DATES OF SERVICE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
103. WERE YOU GIVEN A PSYCHOLOGICAL EXAMINATION FOR ANY POLICE OFFICER POSITION? IF "YES" PLEASE INDICATE FOR WHICH DEPARTMENT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL HISTORY (CONTINUED)

104. WERE YOU GIVEN A POLYGRAPH EXAMINATION FOR ANY POLICE OFFICER POSITION? IF "YES" PLEASE INDICATE FOR WHICH DEPARTMENT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO
105. HAVE YOU EVER HAD A BREAK IN SERVICE IN YOUR LAW ENFORCEMENT CAREER? IF "YES" LIST DATES NOT IN ACTIVE SERVICE, DURATION OF BREAK AND REASON FOR BREAK IN SERVICE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
106. HAVE YOU EVER BEEN CERTIFIED AS A POLICE OFFICER IN ANY OTHER STATE? IF "YES" WHERE AND DATES OF EMPLOYMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
107. HAVE YOU EVER HELD A PART-TIME POLICE OFFICER POSITION? IF "YES" WHERE AND DATES OF EMPLOYMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
108. HAVE YOU EVER HELD ANY OTHER PROFESSIONAL LICENSES OR CERTIFICATES? IF "YES" PLEASE LIST:	<input type="checkbox"/> YES <input type="checkbox"/> NO

LAW ENFORCEMENT TRAINING

109. DESCRIBE COURSES TAKEN RELATING TO POLICE WORK, INCLUDING THE BASIC POLICY ACADEMY. (YOU MAY ALSO ATTACH COPIES OF COURSE IF APPROPRIATE.)	
Course Title: Training Provider: Dates of Course:	Hours:
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Course Title: Training Provider: Dates of Course:	Hours:
Course Title: Training Provider: Dates of Course:	Hours:
Course Title: Training Provider: Dates of Course:	Hours:

WORK ACTIVITIES

111. DESCRIBE ALL INFORMATION RELATED TO THE FOLLOWING AREAS:

Innovative programs you implemented or recommended:

Commendations and/or special achievements:

Experience using computer software:

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.

Attach photocopies of all of the following documents:

- 1. Birth Certificate or Naturalization Papers**
- 2. Valid Driver's License**
- 3. High School Diploma or G.E.D.**
- 4. DD-214 if you have served in the military**
- 5. College Transcripts and Diploma / if applicable**
- 6. Police certification record(s) from Illinois Law Enforcement Training and Standards Board**
- 7. Any applicable training records**

CONTINUATION SHEET

QUESTION NUMBER	CONTINUATION OF ANSWER

CONTINUATION SHEET

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