



**VILLAGE OF FOX RIVER GROVE
POLICE DEPARTMENT
POLICE OFFICER APPLICATION**

APPLICANT IDENTIFICATION - Information provided in this section is used for identification purposes only.

Name: _____
Last First Middle

Address: _____
Number Street

City State Zip

a) Length of time at this address (dates) _____ to _____

Home Telephone: _____ Cell: _____

Email address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

List any identifying marks, tattoos or scars: _____

Place of Birth: _____
City County State

Are you a citizen of the United States? Yes _____ No _____

If Naturalized provide Naturalization Number: _____

Have you ever been known by another name or alias? Yes _____ No _____

If yes, what over name(s) _____

Social Security Number: _____

What position are you applying for? Part-Time Police Officer ___ Full-Time Police Officer ___

Are you available to work: Days ___ Afternoons ___ Nights ___ Anytime ___

If your application is considered favorably, on what date will you be available for work?

Have you ever worked for the Village of Fox River Grove before: Yes ___ No ___

If yes, explain when and position held:

List any relative(s) presently working for the Village of Fox River Grove:

Name: _____ Position: _____

Name: _____ Position: _____

FAMILY HISTORY - During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of a police officer with the Fox River Grove Police Department. Inquiries will be confined to job-relevant matters.

Please supply the appropriate information in the spaces below. If a category is not applicable, write in "NA"

Name of your,	Address (include City, State, Zip)	Phone Number
---------------	------------------------------------	--------------

Father: _____

Mother: _____

Father-in-law: _____

Mother-in-law: _____

Spouse: _____

Former Spouse(s): _____

Brothers and Sisters: _____

Step-Father: _____

Step-Mother: _____

Step Brothers and Sisters:

List all children:

(Please indicate "son" or "daughter" natural, adopted, from another marriage etc)

Name: _____ Address (Include City, State, Zip) _____ Phone Number _____

WORK HISTORY – Beginning with your present or most recent job, list all employment since the age **17**, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

When contacted, what reason will this employer give about you leaving?

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

When contacted, what reason will this employer give about you leaving?

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

When contacted, what reason will this employer give about you leaving?

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____

When contacted, what reason will this employer give about you leaving?

Have you ever:

Been discharged or fired from a job? yes __ no __ (?) __

Quit a job to avoid being fired? yes __ no __ (?) __

Been subject to any disciplinary action by an employer? yes __ no __ (?) __

Quit a job before giving notice? yes __ no __ (?) __

Left a job because of a personality conflict? yes __ no __ (?) __

Been talked to by a boss about conduct? yes __ no __ (?) __

Been cautioned about lateness or absence? yes __ no __ (?) __

Had any other type of difficulty on a job? yes __ no __ (?) __

Explain fully any yes answers:

EDUCATIONAL HISTORY

High School	City & State	Graduate?	
		Yes	No
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___

List in chronological order, beginning with your most recent college/university education:

College/University Attended: _____

City & State: _____

Major/Minor: Degree received, if any: _____

College/University Attended: _____

City & State: _____

Major/Minor: Degree received, if any: _____

College/University Attended: _____

City & State: _____

Major/Minor: Degree received, if any: _____

List other schools attended (Trade, Vocational, Business, etc.) in chronological order, beginning with your most recent. Give name and dates attended, course of study, certificate and any other pertinent information:

Were you ever suspended or expelled from any school? Yes ___ No ___

If yes, explain

SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold (such as Paramedic, Pilot, radio Operator, Scuba, etc.), showing licensing authority, original date of issue and date of expiration.

If you are fluent in a foreign language, indicate in each area you level of fluency (Excellent, Good, Fair).

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES – List five persons who know you well enough to provide current information about you. **Do not list relatives or former employers.**

Name: _____ Residence Phone: _____

Home Address: _____ Business Phone: _____

City: _____ State: _____ Years Known: _____

Business Address: _____ City: _____ State: _____

Name: _____ Residence Phone: _____

Home Address: _____ Business Phone: _____

City: _____ State: _____ Years Known: _____

Business Address: _____ City: _____ State: _____

Name: _____ Residence Phone: _____

Home Address: _____ Business Phone: _____

City: _____ State: _____ Years Known: _____

Business Address: _____ City: _____ State: _____

Name: _____ Residence Phone: _____

Home Address: _____ Business Phone: _____

City: _____ State: _____ Years Known: _____

Business Address: _____ City: _____ State: _____

Name: _____ Residence Phone: _____

Home Address: _____ Business Phone: _____

City: _____ State: _____ Years Known: _____

Business Address: _____ City: _____ State: _____

MEMBERSHIP IN ORGANIZATIONS (Past and/or Present)

Name & Address	Type (Social, Fraternal Professional Etc. Do not include any religious or ethnic affiliations.)	From	To
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL DECLARATIONS

Are there any incidents in your life or details not mentioned herein which may influence the Village of Fox River Grove’s evaluation of your suitability for employment as a POLICE OFFICER?

_____ Yes _____ No If so, explain _____

Have you ever been arrested, detained by police or summoned into court for anything other than traffic violations?

_____ Yes _____ No If yes, complete the following:

Offense Charged	Police Agency City & State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been associated with or an active member of a gang? Yes ___ No ___

If yes explain:

CIRCLE any of the following that you have been involved in, whether caught or not:

- | | | | |
|----------------------------------|----------------------|----------------|------------------------|
| Homicide | Gang Fights | Embezzlement | Manslaughter |
| Paternity | Delinquency of minor | Caused a death | Battery Rape |
| Purse snatching | Statutory Rape | Burglary | False fire alarms |
| Illegal discharge of a gun | Theft | Desertion | Vandalism |
| Indecent Exposure | Car burglary | Kidnapping | Blackmail |
| Disorderly conduct | Sexual Assault | Robbery | Leaving accident scene |
| Assault | Riot | Drunk driving | Sell drugs |
| Shoplifting | Buying drugs | Identity theft | Using drugs |
| Credit/Check fraud | Forgery | Counterfeiting | Insurance fraud |
| Unlawful possession of a firearm | | | |

Indicate the age for any incident you circled:

Incident	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Explain each incident:

Is there any civil or criminal court action pending against you? Yes ___ No ___

If yes explain:

Do you have any unpaid traffic or parking tickets? Yes ___ No ___

If yes explain: How many? ____ Length of time overdue ____

Have you ever been convicted for driving while under the influence of alcohol and/or drugs?

Yes ___ No ___ ? ___ How many times? ____

Have you ever had your driver's license suspended or revoked? Yes ___ No ___ ? ___

If yes give State, number of times, date(s), length of suspension/revocation and reason(s):

Do you have a valid driver's license now? Yes ___ No ___

If yes, what State? _____

Have you ever had your auto insurance cancelled or denied? Yes ___ No ___

If yes, company name and why? _____

Do you have a valid Firearms Owner's Identification Card? Yes ___ No ___

If yes, what State?: _____

How many physical fights have you been involved in in the last 5 years? _____

Date of last fight _____

MILITARY RECORD

Have you served in the U.S. Armed Forces: ____ Yes ____ No

Date of Service: From: _____ To: _____ Branch of Service: _____

Unit Designation: _____ Military Service Number: _____

Highest Rank Held: _____ Type of Discharge: _____

Were you ever disciplined while in the Military Service (Include court material, captain's masts, company punishments, etc.)? ____ Yes ____ No

Charge	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any awards or metals you received in the Military Service:

Are you presently in a reserve or National Guard unit of the Armed Forces? Yes __ No __

If yes, what unit? _____

42. What agencies have conducted background investigations on you and when?

Agency

Date

RESIDENCE

43. List **ALL** addresses where you have lived during the past **ten** years, beginning with present address. List date by month and year. Attach extra page if necessary.

From

To

Address

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? ____ Yes ____ No

If yes, give dates, locations and reasons.

List to the best of your memory all traffic citations you have received, excluding parking tickets.

Month & Year	Charge	Law Enforcement Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations:

FINANCIAL

The management of personal finances is relevant to an individual’s qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency may be contacted for a report of your credit history.

Monthly salary _____

Spouse’s salary _____

Other monthly income _____

Total monthly income _____

Estimated total monthly cost of living (include utilities, food, gas, rent, other obligations etc):

Have you ever:

- Been refused credit or a loan by a bank or a store? Yes ___ No ___
- Filed a petition for bankruptcy? Yes ___ No ___
- Had anything repossessed? Yes ___ No ___
- Failed to pay a bill that was forwarded to a collection agency? Yes ___ No ___
- Had to appear in court because of bad debts? Yes ___ No ___
- Been threatened with a lawsuit? Yes ___ No ___
- Had any garnishments or attachments on your wages? Yes ___ No ___
- Had a loan from an unlicensed lender (besides relatives)? Yes ___ No ___
- Been delinquent in real estate or other taxes? Yes ___ No ___
- Had any unpaid judgments against you? Yes ___ No ___
- Been party to small claims or other court action? Yes ___ No ___

Give details to any Yes answer: _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date