

PART-TIME 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 identify additional information by question number. Use the term "DNA" ("does not apply") if the question does not apply.

1. NAME (LAST) (FIRST) (MIDDLE)			2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE)			
3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE & COUNTY)			4. HOME PHONE		5. SOCIAL SECURITY NO.	
6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES & RELATIONSHIPS.						
7. DATE OF BIRTH		8. PLACE OF BIRTH (CITY, STATE & ZIP CODE)			9. SEX	10. HEIGHT FT. IN.
11. WEIGHT		12. AGE	13. COLOR OF EYES		14. COLOR OF HAIR	
15. ARE YOU A U.S. CITIZEN? YES NO		IF "YES NATIVE BORN. NATURALIZED		IF "NATURALIZED, GIVE PARTICULARS		
16. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS & BROTHERS.						
NAME		RELATIONSHIP	ADDRESS		OCCUPATION	

ARE YOU A FULLY COMMISSIONED POLICE OFFICER? YES NO (If you answered YES, attach a copy of the certificate of completion of the Police Training Institute, or the equivalent to your application.)

EDUCATION

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

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATES ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					
18. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	NO. OF YEARS COMPLETED	MAJOR OR FIELD OF STUDY	DEGREES ATTAINED	DATES ATTENDED	
19. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN				
20. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES					
21. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOLD OR HAVE HELD					

DRIVING HISTORY

22. CAN YOU OPERATE <input type="checkbox"/> YES AN AUTOMOBILE? <input type="checkbox"/> NO	23. DO YOU POSSESS A <input type="checkbox"/> YES VALID OPERATOR'S OR CHAUFFER'S LICENSE FROM ILLINOIS? <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
24. HAVE YOU EVER BEEN <input type="checkbox"/> YES REFUSED AN OPERATOR'S OR CHAUFFER'S LICENSE <input type="checkbox"/> NO BY ANY STATE?	IF "YES" EXPLAIN		HAVE YOU EVER HAD AN OPERATOR'S OR <input type="checkbox"/> YES CHAUFFER'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> NO
25. WAS YOUR LICENSE EVER <input type="checkbox"/> YES SUSPENDED OR REVOKED? <input type="checkbox"/> NO	IF "YES" EXPLAIN		
26. HAS YOUR LICENSE EVER <input type="checkbox"/> YES BEEN PLACED ON PROBATION? <input type="checkbox"/> NO	IF "YES" EXPLAIN		

RESIDENCES

27. LIST YOUR RESIDENCES FOR THE LAST TEN YEARS, STATRING WITH YOUR PRESENT ADDRESS.

FROM (MO & YR)	TO (MO & YR)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

28. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	29. 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

30. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT BRANCH			
31. WHAT IS YOUR SERVICE SERIAL NO.?	32. HIGHEST RANK HELD	33. RANK AT DISCHARGE		
34. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY) & (STATE)	35. LIST PERIOD(S) OF ACTIVE SERVICE FROM(DATE) TO(DATE)			
36. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DIS-HONORABLE, CONDITIONS, ETC.)?	BE EXACT			
37. IF YOU HAD NO MILITARY SERVICE EXPLAIN				
38. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD (I.E., 1-A, ETC.)	39. IF YOU ARE A NON-VET, LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS, CITY, STATE & ZIP CODE	
40. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
41. ARE YOU NOR 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	BRANCH	UNIT	RANK
	ADDRESS		FROM	TO
42. 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	REGIMENT	UNIT	
	RANK	TYPE OF DISCHARGE	FROM	TO
43. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT				

CRIMINAL HISTORY

44. HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
45. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
46. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
47. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME			
48. 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	
49. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED.				
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE	
50. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
51. HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE TO WHICH YOU HAVE PLEAD GUILTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES & OUTCOME			

EMPLOYMENT HISTORY

52. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN DETAIL.	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS

53. ARE YOU NOW ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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54. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
55. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

56. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:				
57. 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

58. 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

59. 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

60. 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 & TEMPORARY OR PART-TIME JOBS.					
1	EMPLOYER'S NAME	ADDRESS		TYPE OF BUSINESS	
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

2	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
3	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
4	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
5	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
6	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
7	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
8	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
61. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		61. EXPLAIN YOU REASON FOR APPLYING FOR THIS POSITION.			

CREDIT HISTORY

62. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (INCLUDE BANK OR CHARGE ACCOUNT, OR FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE).

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATE	
			OPENED	CLOSED

63. HAVE YOU EVER BEEN SUED? YES NO IF "YES" EXPLAIN

64. LIST ANY OUTSTANDING DEBTS & LIST AMOUNT(S) WHETHER IN ARREARS

AMT. OF ORIGINAL DEBT	AMT. NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				

65. HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" EXPLAIN

ACQUAINTANCES

66. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW 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 OR PROFESSION	BUSINESS PHONE WHAT CAPACITY DO YOU KNOW THIS PERSON?
2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE WHAT CAPACITY DO YOU KNOW THIS PERSON?
3	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE WHAT CAPACITY DO YOU KNOW THIS PERSON?

REFERENCES

67. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD, PREFEREABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY & OTHER QUALITIES.

1	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE YEARS KNOWN

3	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
68. PERSON(S) TO NOTIFY IN CASE OF EMERGENCY				
NAME		ADDRESS	HOME PHONE	RELATIONSHIP
NAME		ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all of my answers are true and correct to the best of my knowledge and belief.

Date: _____

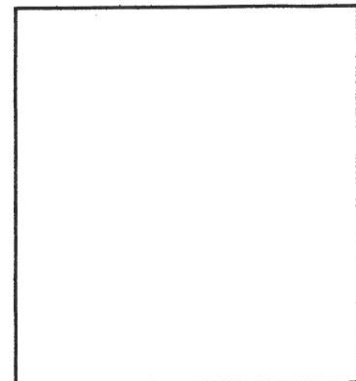
Signature in Full

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

Notary Public

THUMBPRINT

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical examination prior to appointment. That medical examination 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 City of Washington.



CONTINUATION SHEET

Indicate in the lefthand column, the number of the question you are answering, then complete your answer in the space provided

QUESTION NUMBER	CONTINUATION OF ANSWER
SIGNATURE	DATE