

CROSSING GUARD



PALOS HILLS POLICE
DEPARTMENT
APPLICATION
FOR EMPLOYMENT

1. Applicant Full Name: _____
Last First Middle

2. Give any other name(s) you have been known by or used and attach a statement giving reasons, include maiden name(s) if applicable:

3. Sex: _____

3 a. Date of Birth _____

4. Social Security Number: _____ - _____ - _____

4 a. Driver's License Number _____

5. Where do you currently reside? _____
Street Address Apt. #

City State Zip Code Country

6. Where were you born? _____
Hospital

City County State Country

7. With whom do you reside? _____

8. Your home telephone number: _____

9. Your work telephone number: _____

10. In chronological order, state each and every place you have resided since you left elementary school.

<u>FROM</u> <u>MONTH/YEAR</u>	<u>TO</u> <u>MONTH/YEAR</u>	<u>STREET</u> <u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
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11. List all the places you have registered to vote or voted. If none, state so.

<u>COUNTY</u>	<u>STATE</u>	<u>YEAR</u>
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12. Were you EVER convicted of any crime (including traffic offenses) in this state or any other state?

Yes _____ No _____

If yes, indicate below all times convicted, including any juvenile dispositions. Please explain all criminal convictions in detail on a separate sheet of paper.

<u>DATE</u>	<u>VIOLATION OR CHARGE</u>	<u>LOCATION</u>	<u>COURT DISPOSITION</u>	<u>POLICE AGENCY</u>	<u>YOUR AGE</u>
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13. Were you ever summoned or subpoenaed to court in a civil action in this state or any other state, or could such a possibility ensue as a result of a recent occurrence or transaction?

Yes _____ No _____

Indicate below every civil action or proceeding in which you were a party to, past and/or present. Also, if yes, please explain all entries in detail on a separate sheet of paper.

<u>DATE</u>	<u>ACTION OR PROCEEDING</u>	<u>PLAINTIFF-DEFENDANT WITNESS-RESPONDENT</u>	<u>COURT DISPOSITION</u>
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14. Have you ever owned or do you own any firearms? Yes _____ No _____

If so, list below models, serial numbers, calibre and description.

<u>MAKE</u>	<u>MODEL</u>	<u>SERIAL NUMBER</u>	<u>CALIBRE</u>	<u>DESCRIPTION</u>

15. Do you possess an Illinois Firearm Owners Identification Card? Yes _____ No _____

16. If yes, what is your Firearm Owners Identification number? _____

17. Have you ever had a Firearm Owners Identification card application rejected for any reason?

Yes _____ No _____

If an application was rejected, why? _____

18. Have you ever had a Firearm Owners Identification card revoked for any reason?

Yes _____ No _____

If yes, why? _____

19. Have you had any past or present affiliations with gangs?

Yes _____ No _____

If yes, explain and give specific details _____

20. Do you use now, or have you used, if even once, narcotics, marijuana, barbiturates, sleeping pills, or any illegal drug(s) at all?

Yes _____ No _____

If yes, be very specific as to what you used, how many times, when, at what age, and in what quantity: _____

21. Have you ever been treated in or participated in a drug substance abuse program or alcohol abuse program? Yes _____ No _____

If yes, on a separate sheet of paper give detailed information concerning your participation in the program, including but not limited to where, date(s) of participating, length of time, doctor or person administering program, and did you successfully complete the program. BE VERY SPECIFIC AND PROVIDE ALL DETAILS.

22. Do you consume any alcoholic beverages? Yes _____ No _____

If yes, what do you usually drink (beer, wine, etc.)? _____

23. If you consume alcoholic beverages, give an honest estimate of your weekly consumption (how much do you drink a week)? _____

24. Have you ever had any problems at all with alcohol consumption?

Yes _____ No _____ If yes, give details _____

25. Have you ever had any work problems related with alcohol consumption?

Yes _____ No _____ If yes, give details _____

26. List below all of the schools and colleges you have attended. Include full names of schools and colleges, full addresses and complete telephone numbers.

FROM MONTH/YR	TO MONTH/YR	LAST GRADE OR TERM
1.		
2.		
3.		
4.		
5.		
6.		

SCHOOL NAME	ADDRESS AND TELEPHONE
1.	
2.	
3.	
4.	
5.	
6.	

27. What college degree(s) do you possess? If any, where from? _____

28. Give the names of your father, mother, (married and maiden) sisters, brothers, aunts, uncles all below along with other required information. Including their relationship to you, i.e. father, mother, uncle, etc.

NAME AND RELATIONSHIP DATE OF BIRTH FULL HOME ADDRESS AND ZIP

29. List your current, immediate neighbors. List them by name, address with zip code and home telephone number with area code. If you do not know your immediate neighbors contact them and obtain this information.

1. _____

2. _____

3. _____

4. _____

5. _____

EMPLOYER

**EMPLOYMENT
INFORMATION**

**REASON FOR
LEAVING**

DATE EMPLOYED

Name		From: _____
Address		To: _____
City/State/Zip		Supervisor
Telephone		Position
		Salary

DATE EMPLOYED

Name		From: _____
Address		To: _____
City/State/Zip		Supervisor
Telephone		Position
		Salary

DATE EMPLOYED

Name		From: _____
Address		To: _____
City/State/Zip		Supervisor
Telephone		Position
		Salary

DATE EMPLOYED

Name		From: _____
Address		To: _____
City/State/Zip		Supervisor
Telephone		Position
		Salary

**PALOS HILLS POLICE DEPARTMENT
PALOS HILLS, ILLINOIS**

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigative or duly accredited representative of the Palos Hills Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information from schools, residential, financial, institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals, relating to my actions. This information may include, but is not limited to academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Palos Hills Police Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Full Name (Printed): _____

Other Names Used: _____

Social Security Number: _____

Current Address & Telephone #: _____

Birth Date: _____

Date: _____

Sworn and subscribed to me this the _____ day of _____, 2_____

NOTARY PUBLIC: _____

My commission expires _____

PRIVACY ACT NOTICE

Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for city employment, (2) clearance to perform contractual service for the city government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary for the fulfillment of official responsibilities.

Effects of Nondisclosures

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access or in the termination of your employment.