



## SOCIAL STATUS

17. ARE YOU SINGLE?  MARRIED  SEPARATED  WIDOWED  DIVORCED

18. ARE YOU LIVING WITH YOUR SPOUSE?  YES  NO IF "NO" EXPLAIN

19. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

20. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	(EXPLAIN)	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

21. ARE YOU PAYING ALIMONY?  YES  NO IF "YES" EXPLAIN

22. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) & WHERE THEY RESIDE.

23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU & STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE & WITH WHOM

24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN?  YES  NO IF "NO" EXPLAIN FULLY

25. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING?  YES  NO IF "YES" EXPLAIN

26. ARE YOU PAYING CHILD SUPPORT?  YES  NO IF "YES" EXPLAIN

## EDUCATION

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

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					

28. JUNIOR COLLEGE, COLLEGES, OR UNIVERSITIES	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	

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

### DRIVING HISTORY

<b>32. CAN YOU OPERATE AN AUTOMOBILE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>33. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF "YES" DATE OF EXPIRATION</b>	<b>DRIVER'S LICENSE NO.</b>
<b>34. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF "YES" EXPLAIN</b>		<b>HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF "YES" EXPLAIN</b>		
<b>36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF "YES" EXPLAIN</b>		

### RESIDENCES

**37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS**

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

<b>38. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF "YES" GIVE LOCATION</b>
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### MILITARY SERVICE

<b>40. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF "YES" BRANCH</b>	
<b>41. WHAT IS YOUR SERVICE SERIAL NO.?</b>	<b>42. HIGHEST RANK HELD</b>	<b>43. RANK AT DISCHARGE</b>

<b>44. GIVE DATE &amp; LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) &amp; (STATE)</b>		<b>45. LIST PERIOD(S) OF ACTIVE SERVICE</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">FROM (DATE)</td> <td style="width: 50%; text-align: center;">TO (DATE)</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	FROM (DATE)	TO (DATE)				
FROM (DATE)	TO (DATE)							
<b>GIVE DATE &amp; LOCATION OF DISCHARGE (CITY &amp; STATE)</b>								

<b>47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)?</b>	<b>BE EXACT</b>	
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48. IF YOU HAD NO MILITARY SERVICE EXPLAIN

49. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E., 1-A ETC.	50. IF YOU ARE A NON-VET LIST THE FOLLOWING	LOCAL BOARD NO.	ADDRESS, CITY, STATE & ZIP CODE
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51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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52. ARE YOU NOW 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

53. 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

54. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT

**CRIMINAL HISTORY**

55. HAVE YOU EVER BEEN CONVICTED?  <input type="checkbox"/> YES <input type="checkbox"/> NO  IF "YES" EXPLAIN	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE

56. HAVE YOU EVER BEEN PLACED ON PROBATION?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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57. 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
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58. 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
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59. (OPTIONAL) HAVE YOU EVER BEEN THE VICTIM OF A CRIME?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THIS CRIME REPORTED TO THE POLICE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN
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60. 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

61. (DOES NOT APPLY)

62. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

63. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? IF "YES" EXPLAIN

YES       NO

**EMPLOYMENT HISTORY**

64. 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

65. ARE YOU NOW ON ANY ELIGIBILITY LIST?  YES     NO      IF "YES" EXPLAIN

66. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST & NOT HIRED?  YES     NO      IF "YES" EXPLAIN

67. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION?  YES     NO      IF "YES" EXPLAIN

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT?  YES     NO      DATE

69. 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)	(TO)	LOCATION

<p>70. 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) &amp; ADDRESSES OF EMPLOYERS</p> <p>IF "YES" EXPLAIN</p>	
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<p>71. ARE YOU NOW OR HAVE YOU EVER BEEN EN-GAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF "YES" EXPLAIN</p>
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72. 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.

	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS	
<b>1</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
		EMPLOYER'S NAME			ADDRESS	TYPE OF BUSINESS
<b>2</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
		EMPLOYER'S NAME			ADDRESS	TYPE OF BUSINESS
<b>3</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
		EMPLOYER'S NAME			ADDRESS	TYPE OF BUSINESS
<b>4</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
		EMPLOYER'S NAME			ADDRESS	TYPE OF BUSINESS
<b>5</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		
		EMPLOYER'S NAME			ADDRESS	TYPE OF BUSINESS
<b>6</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION	
EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING		

**EMPLOYMENT (CONTINUED)**

	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
<b>7</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
	EMPLOYER'S NAME	ADDRESS			TYPE OF BUSINESS
<b>8</b>	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)	SALARY PER MONTH \$	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
<b>73.</b>	INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT.		<b>74.</b>	EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.	

**CREDIT HISTORY**

**75. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank or Charge Account, or Firms You Have Borrowed Money for Any Purpose.)**

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

**76. HAVE YOU EVER BEEN SUED?**     YES     NO    IF "YES" GIVE DETAILS

**77. 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
\$	\$				
\$	\$				
\$	\$				

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

**ACQUAINTANCES**

**79. 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.**

<b>1</b>	NAME	ADDRESS			HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
<b>2</b>	NAME	ADDRESS			HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
<b>3</b>	NAME	ADDRESS			HOME PHONE
	BUSINESS ADDRESS	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?	



**REFERENCES**

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

<b>1</b>	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
<b>2</b>	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
<b>3</b>	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
<b>4</b>	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN
<b>5</b>	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION	BUSINESS PHONE	YEARS KNOWN

**81. PERSON(S) TO NOTIFIED IN CASE OF EMERGENCY**

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentatoin, 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

**THUMBPRINT**

**NOTE:** Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. That medical evaluation 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 municipality to which you are applying.



# CONTINUATION SHEET

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

QUESTION  
NUMBER

CONTINUATION OF ANSWER

SIGNATURE

DATE



AUTHORIZATION and RELEASE

To Whom It May Concern:

Having made application for the position of Police Officer with the City of Palos Hills Police Department and desiring it to be informed as to my past and current scholastic record, my current and former employment, character, general reputation, health and financial responsibility, I hereby authorize the Palos Hills Board of Fire and Police Commissioners or the Palos Hills Police Department, or any agents of either, to investigate, either through correspondence or personal interviews, my past and present records and to ascertain any and all information which may concern my scholastic records, employment, character, health and financial responsibility, whether same is of record or not.

I hereby release my present and past employers, references, scholastic institutions and all persons or institutions from any liability and damage of whatsoever nature on account of furnishing the information requested above.

APPLICANT SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

WITNESS PRINT NAME: \_\_\_\_\_

WITNESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WITNESS DATE: \_\_\_\_\_

(anyone you know – may be your witness)

**RETURN THIS FORM WITH YOUR APPLICATION**

I, the undersigned understand and specifically agree that all tests and the results thereof become the property of the Board of Fire and Police Commissioners of the City of Palos Hills and are not subject to review.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Witness Name Printed: \_\_\_\_\_

Witness Address: \_\_\_\_\_

City/State: \_\_\_\_\_

**RETURN THIS FORM WITH YOUR APPLICATION**

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**RECOMMENDATION TO PRIVATELY CONSULT  
WITH A PHYSICIAN**

It is not a requirement that you obtain consultation from your own physician. However, for your own safety, it is recommended that you consult your own physician to determine that you are physically capable to perform the exercises contained in the physical aptitude event. If you do consult your own physician, that is solely for your own information and your own choice. Should you elect to undergo a thorough physical examination by your own physician, neither the Board of Fire & Police Commissioners nor the City of Palos Hills has any interest in knowing the results of that examination. The results of any such private physical examination must not be sent to either the Board of Fire & Police Commissioners, nor the City of Palos Hills.

Dated at \_\_\_\_\_, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed: \_\_\_\_\_

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**THIS FORM IS TO BE RETURNED WITH APPLICATION**

BOARD OF FIRE & POLICE COMMISSIONERS  
CITY OF PALOS HILLS, ILLINOIS

In accordance with Chapter III, Section B, of the Palos Hills Fire & Police Commission Rules and Regulations, at the orientation session applicants shall inform the Board, by completing this form, of any disability requiring accommodation in order to participate in the application or testing process. Applicants must adequately document the need for an accommodation in the making of the request and also specify what accommodation is desired or believed necessary. Upon receipt of such a request, the Board shall determine, in accordance with the provisions of the Americans with Disabilities Act, whether or not an accommodation is appropriate, and may employ counsel or advise in connection with such a request.

"I have the following disability requiring accommodation in order to participate in the application or testing process":

"The following documents are attached which substantiate my need for an accommodation":

"The specific description of the accommodation which I desire or believe is necessary is as follows":

Signed: \_\_\_\_\_

Print your name: \_\_\_\_\_

**Note.....**

If additional space is required to complete your answers, attach a sheet of paper with your completed answer(s) to this form.