



## SOCIAL STATUS

10. Are you?       SINGLE       MARRIED       SEPARATED       WIDOWED       DIVORCED

## EDUCATION

11. List the various schools you have attended and other information requested.					
SCHOOL NAME and ADDRESS (Include City, State, Zip Code)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
ELEMENTARY/GRAMMAR SCHOOL(S)			YES	NO	
HIGH SCHOOL(S)			YES	NO	

12. JUNIOR COLLEGES, COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOL(S)	FULL TIME	PART TIME	SUBJECTS TAKEN		DEGREE(S) ATTAINED
			MAJOR	MINOR	
EXTENSION/CORRESPONDENCE COURSES					

13. Were you ever expelled or suspended from any school? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", Explain:
14. List other formal education, not listed above, which you may have, including special training courses.	
15. List any professional licenses or certificates you hold or have held.	

### DRIVING HISTORY

16. Can you operate an automobile? <input type="checkbox"/> YES <input type="checkbox"/> NO	17. Do you possess a valid driver's license from Illinois? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", date of expiration	Driver's License No.
18. Have you ever been refused a driver's license by any state? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:		In what states have you held a driver's license?
19. Was your license ever suspended, revoked or cancelled? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:		
20. Has your license ever been placed on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:		

### CRIMINAL HISTORY

21. Have you ever been convicted of an offense other than a traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:	DATE	BY WHOM (Police Agency)	CRIME CHARGED	DISPOSITION OF CASE
22. Have you ever been placed on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:			
23. Have you ever been required to pay a fine in excess of \$100.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:			
24. Have you ever been the victim of a crime other than in the performance of duty? <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:	

26. List all traffic citations you have received in the past five years.

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE
27. Are there any warrants, traffic or otherwise now pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:		

**RESIDENCES**

28. List your addresses for the last ten years, starting with present address.

FROM (Month and Year)	TO (Month and Year)	ADDRESS OF RESIDENCE	CITY, STATE, ZIP CODE
29. Do you rent or are you buying/own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Buying/Own	30. Do you own or are you buying other real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" to #30, give location:	

## MILITARY SERVICE

<p>31. Have you ever served in any military organization of the U.S.?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If "YES", what branch of service:  <i>If "NO", write/type "DNA" for questions #32-#41</i></p>		
<p>32. What is your service serial number?</p>	<p>33. Highest rank held:</p>	<p>34. Rank at discharge:</p>	
<p>35. Give date and location of entrance to active duty. (city and state)</p>	<p>Give date and location of discharge (city and state).</p>		
<p>36. List period(s) of active service:</p>	<p>From (date)</p>		<p>To (date)</p>
<p>37. What type of condition of discharge did you receive?  <input type="checkbox"/> HONORABLE      <input type="checkbox"/> DISHONORABLE      <input type="checkbox"/> OTHER – Explain:</p>			
<p>38. Were you ever convicted at a court-martial?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If "YES", explain:</p>		
<p>39. 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</p>	<p>If "YES":  <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE</p>	<p>Branch: Unit:</p>	<p>Rank: Type of Discharge:</p>
<p>Address:</p>		<p>From:</p>	<p>To:</p>
<p>40. Are you now or were you ever a member of the National Guard?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If "YES", what state:  <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE</p>	<p>Regiment: Unit:</p>	<p>Rank: Type of Discharge:</p>
<p>Address:</p>		<p>From:</p>	<p>To:</p>
<p>41. List any disciplinary action taken against you in the National Guard or Reserve Unit.</p>			

## EMPLOYMENT HISTORY

42. Have you ever taken a Civil Service Examination? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain in detail:	AGENCY	APPROXIMATE EXAMINATION DATE	POSITION ON LIST	STATUS
43. Have you ever submitted an application for appointment to another public safety department? <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE:	
44. Have you ever been a public safety officer or held a similar position? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	FROM (DATE)	TO (DATE)	LOCATION
45. 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		If "YES", explain and include name(s) and addresses of employer(s):		
46. Are you now engaged in any business as an owner, partner or corporate member? <input type="checkbox"/> YES <input type="checkbox"/> NO		If "YES", explain:		

47. List all jobs you have held in the last ten years, including periods of employment. Put your present or most recent job first. Include military service, temporary or part-time positions, in proper time sequence.

<b>A</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:				Currently employed there? <input type="checkbox"/> YES <input type="checkbox"/> NO If <u>Yes</u> , are you planning to leave? <input type="checkbox"/> YES <input type="checkbox"/> NO If not currently employed there, what was your reason for leaving?

<b>B</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:				Reason For Leaving:

<b>C</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:				Reason For Leaving:

<b>D</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:			Reason For Leaving:	

<b>E</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:			Reason For Leaving:	

<b>F</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:			Reason For Leaving:	

<b>G</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:			Reason For Leaving:	

<b>H</b>	Name Of Employer:	Address:		Telephone	Type Of Business
	Name And Title Of Supervisor:	From (Date):	To (Date):	Salary Per Month:	Exact Title Or Position
	Explain What Your Duties Were:			Reason For Leaving:	

48. Circle the capital letters below of any of the above employers whom you do not wish us to contact:	49. Explain your reason for applying for this position with the Village of Oak Brook.
<b>A B C D E F G H</b>	

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## CREDIT HISTORY

50. List three commercial or business credit references.  
(Include bank or charge account, or firms you have borrowed money from for any purpose.)

NAME AND ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROXIMATE DATES OPENED                      CLOSED	

51. Have you ever been sued? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", give details:
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52. List any outstanding debts and list amount(s) and whether in arrears.

AMOUNT OF ORIGINAL DEBT	AMOUNT STILL OWING	IN ARREARS YES      NO		NAME AND ADDRESS OF CREDITOR(S)

53. Have you filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", explain:
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## REFERENCES

54. Fill in below the names of three professional adult references (*family members and friends excluded*), who have known you for a period, preferably more than five years. All persons whom you list below will be asked to appraise your character, ability, experience, personality and other qualities.

<b>A</b>	Name:	Address:	Home Telephone:	
	Business Address:	Business, Occupation Or Profession:	Business Telephone:	Years Known:

<b>B</b>	Name:	Address:	Home Telephone:	
	Business Address:	Business, Occupation Or Profession:	Business Telephone:	Years Known:

<b>C</b>	Name:	Address:	Home Telephone:	
	Business Address:	Business, Occupation Or Profession:	Business Telephone:	Years Known:



55. Person(s) to be notified in case of emergency			
NAME:	ADDRESS:	HOME TELEPHONE:	RELATIONSHIP

**FIREARMS**

1. Do you possess an Illinois Firearm Owner's Identification Card?  YES  NO

If "YES", what is your Firearm Owner's Identification Number: \_\_\_\_\_

2. Have you ever had a Firearm Owner's Identification Card Application rejected for any reason?  YES  NO

If an Application was rejected, why? \_\_\_\_\_

3. Have you ever had a Firearm Owner's Identification Card revoked for any reason?  YES  NO

If "YES", why? \_\_\_\_\_

4. Do you possess an Illinois Retired Officers' Concealed Carry Permit?  YES  NO

If "YES", what is your Permit Identification Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature in full

\_\_\_\_\_  
Full Printed Name

\_\_\_\_\_  
Date