

16. GIVE THE FOLLOWING INFORMATION REGARDING MARRIAGE, MARRIAGES OR CIVIL UNIONS

DATE	WHERE	SPOUSES MAIDEN NAME

17. 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		

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

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

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

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

NAME & ADDRESS OF SCHOOL (INCLUDING CITY, STATE, & ZIP CODE)	COMPLETED	GRADUATE		AVERAGE
		YES	NO	
GRAMMAR SCHOOLS				
HIGH SCHOOLS				
COLLEGE OR UNIVERSITY				
BUSINESS COLLEGES				
EXTENSION OR CORRESPONDENCE COURSES				

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

22. WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:		
23. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES.			
24. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD.			
25. CAN YOU OPERATE AN AUTOMOBILE <input type="checkbox"/> YES <input type="checkbox"/> NO	26. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE FROM ILLINOIS <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION:	DRIVER'S LICENSE NO.
27. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE BY ANY STATE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:		28. HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE <input type="checkbox"/> YES <input type="checkbox"/> NO

29. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:
30. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN:

RESIDENCES

31. 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
32. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	33. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION:	

MILITARY SERVICE

34. HAVE YOU EVER SERVED ANY MILITARY ORGANIZATION OF THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" BRANCH		
35. WHAT IS YOUR SERVICE SERIAL NO.	36. HIGHEST RANK HELD:	37. RANK AT DISCHARGE:	
38. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY) & (STATE)	39. LIST PERIOD (S) OF ACTIVE SERVICE FROM (DATE) TO (DATE)		
40. GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE):			
WERE YOU DISHONORABLY DISCHARGED?			
41. IF YOU HAD NO MILITARY SERVICE EXPLAIN:			
42. LIST ALL DRAFT CLASSIFICATIONS YOU HAVE HAD I.E. 1-A ETC:	43. IF YOU ARE A NON-VET LIST THE FOLLOWING:	LOCAL BOARD NO.	
		ADDRESS, CITY, STATE & ZIP CODE	
44. WERE YOU EVER CONVICTED AT A COURT MARTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
45. YOU EVER A OF ANY INACTIVE BRANCH: BRANCH OF U.S. RESERVE FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE BRANCH: ADDRESS:	UNIT	RANK
		FROM	TO
46. ARE YOU NOW OR HAVE 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
47. LIST ANY DISCIPLINARY ACTION TAKEN YOU IN THE NATIONAL GUARD OR RESERVE UNIT:			

CRIMINAL HISTORY

48. 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
49. HAVE YOU EVER BEEN PLACED ON PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
50. 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			
51. 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:			
52. HAVE YOU EVER BEEN THE VICTIM OF A CRIME <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE CRIME REPORTED TO THE POLICE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN		

53. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY	DATE	PURPOSE

IF "YES" EXPLAIN:

54. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:

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

55. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU <input type="checkbox"/> YES <input type="checkbox"/> NO	
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56. HAVE YOU EVER TAKEN A CIVIL EXAM IF "YES" IN DETAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	EXAM DATE	POS. ON LIST	STATUS

57. ARE YOU NOW ON ANY ELIGIBILITY LIST <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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58. WERE YOU EVER PLACED ON A CIVIL SERVICE LIST AND NOT HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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59. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
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60. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	
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61. 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

62. 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: INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS

63. ARE YOU NOW OR 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:
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64. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT, PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDING 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
	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	

CREDIT HISTORY

65. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES, BANK OR CHARGE ACCOUNT, OR FIRMS YOU HAVE BORROWED MONEY FROM FOR ANY PURPOSE:

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

66. HAVE YOU EVER BEEN SUED

YES NO

IF GIVE DETAILS:

ACQUAINTANCES

67. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS, REFERENCES, FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS, NAMES LISTED SHOULD BE PERSONS WHO HAVE SEEN YOU 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

68. LIST 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 ABILITY, EXPERIENCE, & OTHER QUALITIES:				
1	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE		YEARS
2	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE		YEARS
3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE		YEARS
4	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE		YEARS
5	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION -BUSINESS PHONE		YEARS
69. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY:				
NAME	ADDRESS	HOME PHONE	RELATIONSHIP	
NAME	ADDRESS	HOME PHONE	RELATIONSHIP	

AUTHORIZATION AND RELEASE

<p>I AGREE TO COOPERATE WITH THE VILLAGE OF CARPENTERSVILLE'S TESTING PROGRAM BY SUBMITTING TO THE FOLLOWING EXAMINATIONS, AS REQUIRED: WRITTEN EXAMINATION, PHYSICAL ABILITY TESTING, BACKGROUND INVESTIGATIONS, PSYCHOLOGICAL EXAMINATION, POLYGRAPH, FINGERPRINTING AND MEDICAL PHYSICAL EXAMINATION. I FURTHER AGREE TO FURNISH UPON REQUEST THE FOLLOWING DOCUMENTS FOR THE PURPOSE OF PHOTOCOPYING: DRIVER'S LICENSE, BIRTH CERTIFICATE, VOTER REGISTRATION, NATURALIZATION PAPERS, EMPLOYMENT AUTHORIZATION, MILITARY DISCHARGE PAPERS, SCHOOL TRANSCRIPTS AND DIPLOMAS, PROFESSIONAL LICENSES AND TRAINING CERTIFICATES.</p> <p>I AUTHORIZE THE VILLAGE OF CARPENTERSVILLE TO INVESTIGATE ANY OF THE INFORMATION CONTAINED ON MY APPLICATION FOR EMPLOYMENT AND BACKGROUND CHECK QUESTIONNAIRE, INCLUDING PAST EMPLOYMENT RECORDS, LICENSES, CERTIFICATES, REFERENCES AND OTHER FACTS STATED ON THE APPLICATION, INCLUDING CRIMINAL BACKGROUND. I FURTHER AUTHORIZE ALL INDIVIDUALS AND ORGANIZATIONS NAMED IN THIS APPLICATION TO GIVE THE VILLAGE ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND BACKGROUND CHECK. I SPECIFICALLY CONSENT TO THE DISCLOSURE OF INFORMATION WHICH MAY BE COVERED BY A SETTLEMENT AGREEMENT OR OTHER "CONFIDENTIALITY" PROVISION ENTERED INTO WITH MY FORMER EMPLOYERS, AND I WAIVE MY RIGHTS TO ENFORCE ANY SUCH PRIOR CONFIDENTIALITY AGREEMENT AGAINST MY FORMER EMPLOYER WITH REGARD TO THIS DISCLOSURE. I WAIVE ANY RIGHT I MAY HAVE TO BE NOTIFIED BY ANY INDIVIDUALS AND ORGANIZATIONS NAMED IN MY APPLICATION FOR EMPLOYMENT PRIOR TO THE RELEASE OF ANY INFORMATION TO THE VILLAGE, INCLUDING THE RELEASE OF INFORMATION CONCERNING ANY DISCIPLINARY ACTION TAKEN AGAINST ME BY FORMER EMPLOYERS. I HEREBY RELEASE AND DISCHARGE THE VILLAGE AND ANY PERSON OR ENTITY FROM WHOM ANY SUCH INFORMATION IS OBTAINED FROM ANY LIABILITY WHATSOEVER RELATED TO THE USE OR DISCLOSURE OF SUCH INFORMATION.</p> <p>I UNDERSTAND THAT THE VILLAGE REQUIRES A SUBSTANCE SCREENING AND POST-OFFER PRE-EMPLOYMENT PHYSICAL. I AGREE TO</p>

SUBMIT TO TESTING FOR THE DETECTION OF DRUGS AND ALCOHOL AND GIVE PERMISSION FOR TEST RESULTS TO BE RELEASED TO THE VILLAGE. I FURTHER UNDERSTAND THAT POSITIVE TEST RESULTS, REFUSAL TO BE TESTED, OR ANY ATTEMPT TO AFFECT THE TEST RESULTS OR SAMPLE WILL RESULT IN MY WITHDRAWAL FROM CONSIDERATION FOR EMPLOYMENT OR TERMINATION OF EMPLOYMENT.

I UNDERSTAND THAT THIS APPLICATION IS NOT, NOR IS IT INTENDED TO BE, A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT IF HIRED, MY EMPLOYMENT WILL BE SUBJECT TO ALL APPLICABLE RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE IN FULL

DATE

NOTE: SHOULD YOU SUCCESSFULLY COMPLETE ALL OTHER PHASES OF THE EXAMINATION PROCESS, YOU WILL BE SUBJECT TO A THOROUGH MEDICAL EVALUATION PRIOR TO APPOINTMENT. THAT MEDICAL EVALUATION MAY INCLUDE TESTING FOR DRUGS/NARCOTICS, COMMUNICABLE DISEASES INCLUDING THE AIDS VIRUS, 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. A MEDICAL EXAM WILL BE ADMINISTERED AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN MADE.

THUMBPRINT

EEO STATEMENT:

THE VILLAGE OF CARPENTERSVILLE IS AN EQUAL OPPORTUNITY EMPLOYER IN ALL ASPECTS OF PERSONNEL POLICIES, PROGRAMS, BENEFITS, PRACTICES AND OPERATIONS. ALL APPLICANTS WILL RECEIVE EQUAL CONSIDERATION REGARDLESS OF THEIR RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR OTHER CATEGORY PROTECTED BY LAW. IF YOU ARE AN INDIVIDUAL WITH A DISABILITY AND REQUIRE ASSISTANCE OR ACCOMMODATION RELATED TO THE APPLICATION PROCESS, PLEASE CONTACT HUMAN RESOURCES.