

**APPLICATION FOR EMPLOYMENT
FAIRBURY POLICE DEPARTMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, or sexual orientation.

(Please Print)

Position(s) Applied For:

Date of Application:

Last Name

First Name

Middle Name

Place of Birth

Sex

Height

Weight

Hair Color

Eye Color

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Date of Birth

Driver's License Number/State

Social Security Number

Medical History

List all illnesses, operations, and medical treatments you have had (including childhood illnesses). Also list any treatment received for any mental disorders.

Ailment

Approximate Date(s)

Treatment

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

Education

Name/Address of School	Course of Study	Years Completed	Diploma/Degree
-----	-----	-----	-----
Elementary School	-----	-----	-----
High School	-----	-----	-----
Undergraduate College	-----	-----	-----
Graduate Professional	-----	-----	-----
Other (Specify)	-----	-----	-----

List any foreign languages you can speak, read and/or write:

Fluent

Good

Fair

Speak

Read

Write

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Describe any job-related training received in the United States military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities:

1. Employer Dates Employed From / To Work Performed

Address

Telephone Number(s) Hourly Rate/Salary Starting / Final

Job Title

Supervisor

Reason for Leaving

2. Employer Dates Employed From / To Work Performed

Address

Telephone Number(s) Hourly Rate/Salary Starting / Final

Job Title Supervisor

Reason for Leaving

3. Employer Dates Employed From / To Work Performed

Address

Telephone Number(s) Hourly Rate/Salary Starting / Final

Job Title Supervisor

Reason for Leaving

4. Employer Dates Employed From / To Work Performed

Address

Telephone Number(s) Hourly Rate/Salary Starting / Final

Job Title Supervisor

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held:

Additional Information

=====

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience:

State any additional information you feel may be helpful to us in considering your application:

Driving History

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Can you operate a motor vehicle? _____ Yes _____ No

Do you possess a valid driver's license from Illinois? _____ Yes _____ No

If "yes" date of expiration: Driver's License No.:

Have you ever been refused a driver's license by any state? _____ Yes _____ No
If "yes" explain:

Was your driver's license ever suspended or revoked? _____ Yes _____ No
If "yes" explain:

Has your driver's license ever been placed on probation? _____ Yes _____ No
If "yes" explain:

Criminal History (Adult and Juvenile)

=====
Date Charge By Whom (Police agency) Crime

Have you ever been arrested? _____ Yes _____ No
If "yes" explain: _____

Have you ever been placed on probation? _____ Yes _____ No
If "yes" explain: Disposition of case: _____

Have you ever been required to pay a fine in excess of \$75.00? _____ Yes _____ No
If "yes" explain: _____

Have you ever been reported as a missing person or as a runaway? _____ Yes _____ No
If "yes" explain details, including jurisdiction, dates & outcome: _____

Have you ever been the victim of a crime? _____ Yes _____ No
If "yes" explain: _____

Was this crime reported to the police? _____ Yes _____ No

Have you ever been fingerprinted by a police agency for reasons other than an arrest?

_____ Yes _____ No

Agency Date Purpose

List all Traffic Citations you have received

Location (City) Approximate Date Nature of Violation Penalty or Disposition

Are there any warrants (traffic or otherwise) now pending against you? ___ Yes ___ No

If "yes" explain: _____

Residences

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List your addresses for the previous ten years, starting with your present address:

From (mo. & yr.) To (mo. & yr.) Address of residence City & State

Do you own or are you buying your own home? _____ Yes _____ No
If "yes" give location:

Do you own or are you buying other real estate? _____ Yes _____ No

Military Service

=====

Have you ever served in any Military organization of the U.S.? _____ Yes _____ No
If "yes" Branch From (date) To (date)

Highest rank held Rank at discharge

What type of discharge did you receive (Honorable, Medical, Dishonorable, Honorable Conditions, etc.) Be exact:

Do you have or have you ever received a Government Disability Pension? ___ Yes ___ No
Explain:

References

=====

1.	(Name)	(Phone #) ()
<hr style="border-top: 1px dashed black;"/>		
2.	(Name)	(Phone #) ()
<hr style="border-top: 1px dashed black;"/>		
3.	(Name)	(Phone #) ()
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Acquaintances

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List three adults whom you have seen frequently during the past year including friends, fellow students, and/or fellow workers. Do not include persons related to you, former employers/employees or references.

1. Name	Address	Phone
<hr style="border-top: 1px dashed black;"/>		
Work Place	In what capacity do you know this person?	
<hr style="border-top: 1px dashed black;"/>		
2. Name	Address	Phone
<hr style="border-top: 1px dashed black;"/>		
Work Place	In what capacity do you know this person?	
<hr style="border-top: 1px dashed black;"/>		
3. Name	Address	Phone
<hr style="border-top: 1px dashed black;"/>		
Work Place	In what capacity do you know this person?	
<hr style="border-top: 1px dashed black;"/>		

I authorize any duly accredited representative of the Fairbury Police Department to obtain any information relating to my activities from schools, employers, criminal justice agencies, medical institutions, hospitals or other repositories of medical records, and/or individuals. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history, arrest, conviction, medical, and/or psychiatric-psychological records.

I further authorize the Fairbury Police Department and any other authorized agency to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for employment with, assignment to, or retention in the Department of:

The Fairbury Police

I direct the Fairbury Police Department to release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made previously to the contrary.

I understand that the information that may be released is for official use by the Fairbury Police Department, and that these users may re-disclose the information released as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representatives of any nature. Copies of this authorization that include my signature are as valid as the original release signed by me. I hereby release and hold harmless the Fairbury Police Department and/or its officers from any and all liability or damages whatsoever.

Signature: _____ Print Full Name: _____

Other Names Used: _____ DOB: _____ SS#: _____

Current Address: _____ Zip Code: _____

Home Telephone #: _____ Date: _____