**Position for which you are applying:**

**Application for Employment**

**Village of Steger Police Department**

Police Officer Community Service Officer Date: Clerical/Administrative (Specify) :

I. PERSONAL HISTORY

|  |  |
| --- | --- |
| 1. Name in Full (Last, First, Middle) | 2. List all other names you have used including nicknames. If female, furnish yourmaiden name. If you have used a surname, other than your true name, give thetime period and the circumstances under which you used this name. If you legallychanged your name, give the date, place, and court in which this occurred. |
| 3. Birth Date (Month, Date, Year) | 4. Birthplace (City, State, Country, Zip Code). If foreign born to American parent(s), attach a copy ofState Department Form 240 - Report of Birth Abroad of a Citizen of the United States. |
| 5. Age | 6. SexFemaleMale | 7. Social Security Account Number (See Privacy Act Notice on Cover Page) |

8. Marital Status:

Never Married Engaged Married Separated Legally Separated Divorced Widowed

a. Give marriage date and place (City, State, Zip Code).

b. Give the dates, places (City, State, Zip Code), and reason for all separations, divorces, or annulments.

9. Citizenship

a. Country of current citizenship: b. Citizenship acquired by: Birth Naturalization

c. Date and place (City, State, Zip Code) of naturalization:

d. Naturalization Certificate Number: e. Alien Registration Number:

f. Name used when entering the United States

g. If you are or were a dual citizen of the United States and another country, provide the name of that country:

II. RESIDENCES

List all places where you have lived and account for all time periods. Begin with your most recent place of residence and work back to age 16.

Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address, and do not list a permanent address

when you are actually living at school. During military service, be sure to list each place of residence, including your base or ship/home port.

**\*** Note: If you need additional space, attach Continuation Sheet after the end of the application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month/Year - Month/Year1. to Present | Street Address Apt.# | City (County) | State | Zip Code | Telephone Number( ) |
| Apartment Complex/Landlord | Street Address Apt.# | City (County) | State | Zip Code |
| Month/Year - Month/Year2. to | Street Address Apt.# | City (County) | State | Zip Code | Telephone Number( ) |
| Apartment Complex/Landlord | Street Address Apt.# | City (County) | State | Zip Code |
| Month/Year - Month/Year3. to | Street Address Apt.# | City (County) | State | Zip Code | Telephone Number( ) |
| Apartment Complex/Landlord | Street Address Apt.# | City (County) | State | Zip Code |

The Village of Steger is an equal opportunity employer.

II. RESIDENCES (con’t)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month/Year - Month/Year4. to | Street Address Apt.# | City (County) | State | Zip Code | Telephone Number( ) |
| Apartment Complex/Landlord | Street Address Apt.# | City (County) | State | Zip Code |
| Month/Year - Month/Year5. to | Street Address Apt.# | City (County) | State | Zip Code | Telephone Number( ) |
| Apartment Complex/Landlord | Street Address Apt.# | City (County) | State | Zip Code |

III. EDUCATION

1. High School

|  |  |  |  |
| --- | --- | --- | --- |
| Name of High School from which you graduated or issuer of GED | Address (City, State, Zip Code) | FromMonth/Year | ToMonth/Year |
|  |  |  |  |

2. College or University

#

#

|  |  |
| --- | --- |
| Names and Addresses of all Colleges or Universities Attended(City, State, Zip Code) | Subject |
| Major | Minor | FromMonth/Year | ToMonth/Year | Degree Received | GPA |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |

#

3. Specialized Schools

#

#

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of School (City, State, Zip Code) | Study or Specialization | Certificate/ Degree received | FromMonth/Year | ToMonth/Year |
| 1 |  |  |  |  |
|  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |

4. Was any disciplinary action taken against you while you were in school or were you dismissed or suspended from school for academic reasons?

M Yes M No If yes, provide the name of the school, the action, and the date of action below.

|  |  |  |
| --- | --- | --- |
| School | Action | Date |
|  |  |  |
|  |  |  |

IV. EMPLOYMENT

List your employment activities, beginning with the present (#1) and working back to age 16. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks, but you need not list employments before your 16th birthday. If you need additional space, attach Continuation Sheet.

.**Code.** Use one of the codes listed below to identify the type of employment:

**1 -** Active military duty stations

**2 -** National Guard/Reserve

**3 -** U.S.P.H.S. Commissioned Corps

**4 -** Other Federal employment

**5 -** State Government (Non-Federal employment)

**6 -** Self-employment (Include business name and /or name of person who can verify)

**7 -** Unemployment (Include name of person who can verify)

**8 -** Federal Contractor (List contractor, not Federal agency)

**9 -** Other

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Month/Year-Month/Yearto Present | Code | Employer/Name/Military Duty Location | Your Position Title/Military Rank |
| Address of Employment City (County) State Zip Code | Telephone Number( ) |
| Immediate Supervisor | Telephone Number of Supervisor( ) | Reason for Leaving |
| Salary/Earnings Average No. of Hrs. per week per Ending $ per Full Time Part Time | Level of Security Clearance(if applicable) |

Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Month/Year-Month/Year | Code | Employer/Name/Military Duty Location | Your Position Title/Military Rank |
| Address of Employment City (County) State Zip Code | Telephone Number( ) |
| Immediate Supervisor | Telephone Number of Supervisor | Reason of Leaving |

Salary/Earnings Average No. of Hrs. per week Level of Security Clearance

Starting $\_\_\_\_\_\_\_\_\_ per Ending $\_\_\_\_\_\_\_\_\_ per Full Time Part Time

Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)

3. Has any of the following happened to you? If Yes, begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other

.

information requested. Yes No Attach additional sheets as necessary.

**Code.** Use the following codes and explain the reason your employment ended:

**1 -** Fired from a job

**2 -** Quit a job after being told you’d be fired

**3 -** Left a job by mutual agreement following allegations of misconduct

**4 -** Left a job by mutual agreement following allegations of unsatisfactory

**5 -** Left a job for other reasons under unfavorable circumstances

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month/Year | Code | Specify Reason | Employer’s Name and Address (Include City/Country if outside U.S.) | State | Zip Code |
|  |  |  |  |  |  |

4. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government

employment? Yes No If Yes, give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Department or Agency Taking Action | Month/Year | Department or Agency Taking Action |
|  |  |  |  |

V. MILITARY RECORD

1. Did you register with the Selective Service System as required. Yes No If yes, provide the following: Registration Number Location (City, State, Zip Code)

If no, provide reason:

2. Have you served on active duty in the United States Armed Forces? Yes No If yes, attach a copy of each DD-214 received and proceed to question 3. If no, proceed to Part VI.

3. Branch of military service:

4. Dates of active duty (Month, Date, Year)

ž žžFrom: To: From: To:

5. Military Serial Number or SSAN:

6. Are you a member of the Reserve? Yes No Ready Standby

Branch of Service:

7. Was any disciplinary action taken against you while you were in the service? Yes No If applicable, be sure to include nonjudicial punishment and Article 15s. If yes, provide details.

8. Have you served in the National Guard? Yes No If yes, provide dates, unit location, and name of Commanding Officer.

9. a. Do you claim Veterans Preference? Yes No

b. If yes, indicate dates of service and attach DD-214.

c. If claiming 10-point Veterans Preference, in addition to your DD-214, you must provide a Standard Form 15 (Application for 10-point

Veteran Preference) with appropriate documentation.

VI. REFERENCES/SOCIAL ACQUAINTANCES

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 10 years. Do not list your spouse, former spouse, or other relatives, and try not to

list anyone who is listed elsewhere on this form.

|  |  |
| --- | --- |
| 1. Complete Name(Last, First, Middle) | Home Address(City, State, Zip Code)Home Phone (Including Area Code) Business AddressBusiness Phone (Including Area Code) |
| Yrs. Acq. | Occupation |
| DOB or Approximate Age |
| 2. Complete Name(Last, First, Middle) | Home Address(City, State, Zip Code)Home Phone (Including Area Code) Business AddressBusiness Phone (Including Area Code) |
| Yrs. Acq. | Occupation |
| DOB or Approximate Age |
| 3. Complete Name(Last, First, Middle) | Home Address(City, State, Zip Code)Home Phone (Including Area Code) Business AddressBusiness Phone (Including Area Code) |
| Yrs. Acq. | Occupation |
| DOB or Approximate Age |

VII. FOREIGN TRAVEL

1. List all foreign countries you have visited. (Include travel while serving in the United States Armed Forces.) Under “Reasons for Travel”

indicate whether the travel was for business, pleasure, education, or other. Attach additional sheets as necessary. Passport Number: Date issued

|  |  |  |
| --- | --- | --- |
| Countries Visited FromMonth/Year | ToMonth/Year | Reasons for Travel |
|  |  |  |
|  |  |  |
|  |  |  |

2. Have you served in the Armed Forces of a foreign country? Yes No If yes, specify country, type of service, and dates of service.

3. Do you or members of your immediate family, including in-laws, have relatives now residing outside the United States? (Do not include

relatives living abroad who are in the Armed Forces or employed by the United States Government.) Yes No If yes, provide information requested below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Age | Relationship | Frequency of Contact | City | Country | Country ofCitizenship |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

4. Have you or members of your immediate family, including in-laws, had contact with foreign diplomatic establishments or their representatives in the U.S.

or abroad, which include commercial, consular, news media, and trade or travel organizations? Yes No If yes, explain the circumstances

on a separate page.

5. Have you or members of your immediate family, including in-laws, been employed by or acted as a consultant for a foreign government, firm, or agency? Yes No If yes, attach a separate page explaining the circumstances.

6. Have you or members of your immediate family, including in-laws, had contact with a foreign gover nment, its establishments (embassies or consulates),

or its representatives (either inside or outside the United States) for other than official government business? (Do not include routine visa applications and border-crossing contacts.) Yes No If yes, attach a separate page explaining the circumstances.

VIII. ASSOCIATION RECORD

1.Have you been an officer or a member of or contributed to an organization that is dedicated to the violent overthrow of the United States Government and that engages in illegal activities with the specific intent to further that end? Yes No If yes, provide details.

2. Have you engaged in acts or activities designed to overthrow the United States Government by force? Yes No If yes, provide details.

IX. COURT RECORD

1.Have you been a party to a civil court action? Yes No If yes, provide the requested information below.

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Nature of Action | Result of Action | Names of parties, (identify plaintiff and defendant) the court and address(city, county, state, zip code; or country if a court outside the U.S.) |
|  |  |  |  |
|  |  |  |  |

2. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets? Yes No If yes, list all such matters even

if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets

as necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Place and Department | Charge | Court and Place | Disposition | Details |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

IX. COURT RECORD (continued)

3. To your knowledge, have any members of your immediate family been arrested? Yes No If yes, list all such matters even if not formally charged

or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Place and Department | Charge | Court and Place | Disposition | Details |
|  |  |  |  |  |  |

X. FINANCIAL STATUS

1. Have you ever been over 120 days delinquent on any debt(s) or had any debt placed for collection?

2. Are you currently delinquent on any debt(s)?

3. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

4. Have you ever had your wages garnished or had any property repossessed for any reason?

5. Have you ever had a lien placed against your property for failing to pay taxes or other debts?

6. Have you ever had any judgments filed against you?

7. Are you currently delinquent or have you ever been in default on any student loan?

If you answered “Yes” to items 1-7, provide the information requested below:

Yes No Yes No Yes No Yes No Yes No Yes No Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Month/Year | Action Taken | Amount | Name Action Occurred Under | Name/ Address of Court or AgencyHandling Case | City | Zip Code |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

8. Are you current on all federal, state and local tax debts? (Include individual and employer tax debts that apply to you).

Yes No If no, provide details.

9. Do you have income from sources other than your salary or your spouse’s salary? Yes No If yes, specify the source and amount

XI. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language abilities? Yes No If yes, indicate your foreign language proficiency by rating each category of ability as “slight,”

"good" or "fluent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Language | Speak | Understand | Read | Write |
|  |  |  |  |  |

2. Are you a member of the bar? Yes No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (If applicable)

|  |  |  |
| --- | --- | --- |
| Date | State | Grievance/Complaint Information |
|  |  |  |

3. Are you a Certified Public Accountant? Yes No If yes, give the date of membership and the state below. Also indicate if any complaints or

grievances were ever filed against you. (If applicable)

|  |  |  |
| --- | --- | --- |
| Date | State | Grievance/Complaint Information |
|  |  |  |

4. a. Are you a licensed automobile driver? Yes No b. Are you a licensed motorcycle driver? Yes No

žžDo you possess a Commercial Driver’s License? Yes No If yes to a., b., or c. indicate the following: State: Expiration Date: License # (s):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| State: | Expiration Date: | License # (s): |

5. Do you have any special skills for which certification or licensing is required? (Nurse, Emergency Medical Technician, Pilot, Real Estate,

Cosmetology, etc.)

XII. RELATIVES

All applicants must give complete information concerning their close relatives and in-laws. Relatives include spouse, parents, stepparents, siblings, step

and half siblings, children, and stepchildren. This information will be verified through a background investigation. If you have been married more than once, give the requested information for each former spouse. For deceased relatives, give the requested information and indicate the decedent’s last residence

and year of death. If you or your spouse were raised by legal guardians or others, give the requested information on them as well as the biological parents.

If you are engaged to be married, indicate this in Part 1, Block 8, and give information on your future spouse and future in-laws in Part XII, Blocks 21

through 26, clearly indicating that they are future relationships. For any relatives (excluding in-laws) who were born outside the United States to American parents, attach a copy of State Department Form - 240.

**1. FATHER** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**2. MOTHER** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**3. SPOUSE** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**4. FORMER SPOUSE** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**5. CHILD** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**6. CHILD’S SPOUSE** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

XII. RELATIVES (continued)

**7. CHILD** (Last, First, Middle) (Maiden) Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**9. BROTHER** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**8. CHILD’S SPOUSE** (Last, First, Middle) (Maiden) Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**10. BROTHER’S SPOUSE** (Last, First, Middle) (Maiden) Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**11. BROTHER** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**12. BROTHER’S SPOUSE** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**13. BROTHER** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**14. BROTHER’S SPOUSE** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**15. SISTER** (Last, First, Middle) (Maiden) Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

XII. RELATIVES (continued)

**16. SISTER’S SPOUSE** (Last, First, Middle) Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**17. SISTER** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**18.**

**SISTER’S SPOUSE** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**19. SISTER** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**20. SISTER’S SPOUSE** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**21. FATHER-IN-LAW** (Last, First, Middle)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**22. MOTHER-IN-LAW** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**23. SPOUSE’S BROTHER** (Last, First, Middle) Address (City, State, Zip Code)

Name of Fir m or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

XII. RELATIVES (continued)

**24. SPOUSE’S BROTHER** (Last, First, Middle) Address (City, State, Zip Code)

Name of Fir m or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**25. SPOUSE’S SISTER** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

**26. SPOUSE’S SISTER** (Last, First, Middle) (Maiden)

Address (City, State, Zip Code)

Name of Firm or Employer

Address of Employer (City, State, Zip Code)

Date of Birth Place of Birth

XIII. COTENANTS

|  |
| --- |
| List all individuals with whom you have resided in the last 5 years, for a period of 30 days or more. Do not include relatives listed in section XII above(Attach additional sheets if necessary.) |
| 1. Name (Last, First, Middle) (Maiden) |  | 2. Name (Last, First, Middle) (Maiden) |
| Current Address (City, State, Zip Code) | Current Address (City, State, Zip Code) |
|  |  |
| Home Telephone Number | Home Telephone Number |
| Name of Firm or Employer | Name of Firm or Employer |
| Address of Employer (City, State, Zip Code) | Address of Employer (City, State, Zip Code) |
|  |  |
| Work Telephone Number | Work Telephone Number |
| Date of Birth Place of Birth | Date of Birth Place of Birth |
| Dates of Residence From: (Month, Day, Year) To: (Month, Day, Year) | Dates of Residence From: (Month, Day, Year) To: (Month, Day, Year) |

XIV. CITIZENSHIP OF RELATIVES/COTENANTS

Are any close relatives or cotenants naturalized or non-United States citizens? Yes No If yes, provide the information below. (You do not need to list this information for in-laws unless they currently reside with you). Attach additional pages, if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Name Used WhenEntering U.S. | Relationship to Applicant | Alien Registration Naturalization Number, Date, andNumber Place of Naturalization (City, State, Zip Code) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

XV. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE SOUTH CHICAGO HEIGHTS POLICE

|  |  |  |
| --- | --- | --- |
| Full Name | Location | Length of Acquaintance |
|  |  |  |
|  |  |  |
|  |  |  |

1. Height Without Shoes

XVI. PHYSICAL DATA

3. Persons with a disability who require an accommodation to complete the application process are required to notify the South Chicago Heights Police of their need for the accommodation.

2. Weight Without Clothes

**CONTINUATION SHEET**