

# CITY OF SALEM, ILLINOIS

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TELECOMMUNICATOR  
EMPLOYMENT APPLICATION  
And  
PERSONAL HISTORY STATEMENT

TO APPLICANT:

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Applications must be submitted by the published deadline and must have the following items attached:

- 1- Copy of your high school diploma or GED Certificate, and
- 2- Certified copy of your birth certificate

Also, please complete and sign the "SALEM POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION."

This form will be used to obtain information on you to determine your suitability for employment.



# 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**

32. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. 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.
34. 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		HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		

**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

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

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

44. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVITY DUTY (CITY) & (STATE)		45. LIST PERIOD(S) OF ACTIVE SERVICE	
		FROM (DATE)	TO (DATE)
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)			
47. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS ETC.)?	BE EXACT		

## 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 &amp; ZIP CODE

51. WERE YOU EVER CONVICTED AT A COURT-MARTIAL

IF "YES" EXPLAIN

☐ YES ☐ NO

52. ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES?

☐ YES☐ NO

IF "YES"

☐ ACTIVE ☐ INACTIVE

BRANCH

UNIT

RANK

ADDRESS

FROM

TO

53. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

☐ YES☐ 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?

DATE

BY WHOM (POLICE AGENCY)

CRIME CHARGED

DISPOSITION OF CASE

☐ YES ☐ NO

IF "YES" EXPLAIN

56. HAVE YOU EVER BEEN PLACED ON PROBATION?

☐ YES☐ NO

IF "YES" EXPLAIN

57. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00?

☐ YES☐ NO

IF "YES" EXPLAIN

58. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?

☐ YES☐ NO

IF "YES" EXPLAIN DETAILS INCLUDING JURISDICTION DATES &amp; OUTCOME

59. HAVE YOU EVER BEEN THE VICTIM OF A CRIME?

WAS THIS CRIME REPORTED TO THE POLICE?

IF YOU WERE A "VICTIM" EXPLAIN

☐ YES ☐ NO☐ YES ☐ NO

60. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?

AGENCY

DATE

PURPOSE

☐ YES ☐ NO

IF "YES" EXPLAIN

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 IF "YES", EXPLAIN  
 TRAFFIC OR OTHERWISE  
 NOW PENDING AGAINST YOU? \_\_\_\_\_

☐ YES ☐ NO

## EMPLOYMENT HISTORY

64. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM?	AG ENCY	APPROX EXAM DATE	POS. ON LIST	STATUS
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES" EXPLAIN IN DETAIL.				

65. ARE YOU NOW ON  
ANY ELIGIBILITY?  
LIST? ☐ YES ☐ NO

IF "YES" EXPLAIN

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

IF "YES" EXPLAIN

67. WERE YOU EVER REJECTED  
FOR ANY CIVIL ☐ YES ☐ NO  
SERVICE POSITION?

IF "YES" EXPLAIN

68. HAVE YOU EVER SUBMITTED AN APPLICATION FOR  
APPOINTMENT TO ANOTHER POLICE DEPARTMENT?

☐ YES ☐ NO

DATE

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) & ADDRESSES OF EMPLOYERS  IF "YES" EXPLAIN			

71. ARE YOU NOW OR HAVE 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

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.

1	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	
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	



### EMPLOYMENT (CONTINUED)

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

	NAME	ADDRESS			HOME PHONE
1	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

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

1	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION BUSINESS PHONE	YEARS KNOWN
2	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION BUSINESS PHONE	YEARS KNOWN
3	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION BUSINESS PHONE	YEARS KNOWN
4	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION BUSINESS PHONE	YEARS KNOWN
5	NAME	ADDRESS	HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION BUSINESS PHONE	YEARS KNOWN

81. PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

I hereby certify that there are no willful misrepresentations, 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

**NOTE:** Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation and background check prior to appointment. The medical evaluation may include testing for drugs/narcotics, communicable diseases including AIDS virus, and alcohol abuse. You will be required to give a thorough medical history and will be required to meet vision and hearing standards necessary to perform the position for 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.

[illegible]

SIGNATURE

DATE \_\_\_\_\_

**SALEM POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Salem Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background records, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Salem Police Department.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Salem Police Department from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_