

# CITY OF SALEM, ILLINOIS



EMPLOYMENT APPLICATION

TELECOMMUNICATORS

**SALEM POLICE DEPARTMENT**  
**APPLICATION FOR EMPLOYMENT**

*AN EQUAL OPPORTUNITY EMPLOYER*

DATE OF APPLICATION \_\_\_\_\_

**INSTRUCTIONS: PRINT, USE INK.** Applicant must complete application accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term 'N/A' if the question does not apply. Be certain to list the area code for each telephone number requested.

**POSITION APPLIED FOR**

LAW ENFORCEMENT     TELECOMMUNICATOR     OTHER \_\_\_\_\_

**PERSONAL DATA**

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

STREET \_\_\_\_\_ HOME PHONE (    ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

COUNTY \_\_\_\_\_ SOCIAL MEDIA \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH			PLACE OF BIRTH (CITY, STATE & ZIP CODE)			SEX	HEIGHT	
MONTH	DAY	YEAR					FT.	IN.
WEIGHT			AGE	COLOR OF EYES		COLOR OF HAIR		
1. ARE YOU A U.S. CITIZEN — IF "YES"						IF "NATURALIZED", GIVE PARTICULARS		
<input type="checkbox"/> YES		<input type="checkbox"/> NO		<input type="checkbox"/> NATIVE BORN		<input type="checkbox"/> NATURALIZED		

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE.)

3. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES AND RELATIONSHIPS.

4. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDE FATHER, MOTHER, SISTERS AND BROTHERS.

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

5. ARE YOU SINGLE?  MARRIED  SEPARATED  WIDOWED  DIVORCED

6. ARE YOU LIVING WITH YOUR SPOUSE?  YES  NO IF "NO" EXPLAIN

7. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

8. 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		

9. ARE YOU PAYING ALIMONY?  YES  NO IF "YES" EXPLAIN

10. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE.

11. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN

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

12. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN?  YES  NO IF "NO" EXPLAIN FULLY

13. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER/MOTHER IN A PATERNITY/MATERNITY SUIT?  YES  NO IF "YES" EXPLAIN

14. ARE YOU PAYING CHILD SUPPORT?  YES  NO IF "YES" EXPLAIN

## RESIDENCES

15. 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

<p>16. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>17. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>IF "YES" GIVE LOCATION</p>
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## EDUCATION AND TRAINING

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	FULL TIME	PART TIME	GRADUATE	
					YES	NO
GRAMMAR SCHOOLS						
HIGH SCHOOLS						
COLLEGE OR UNIVERSITY						
EXTENSION OR CORRESPONDENCE COURSES						

19.	COLLEGE	COURSE OF STUDY		DEGREES(S) ATTAINED
		MAJOR	MINOR	

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
21. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	
22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD	
23. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK
	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK

**MILITARY**

24. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT BRANCH			
25. WHAT IS YOUR SERVICE SERIAL NO.?	26. HIGHEST RANK HELD	27. RANK AT DISCHARGE		
28. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)	29. LIST PERIODS(S) OF ACTIVE SERVICE FROM (DATE) TO (DATE)			
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)				
30. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)	BE EXACT	IF OTHER THAN "HONORABLE" EXPLAIN		
31. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
32. 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	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
	ADDRESS		FROM	TO
33. ARE YOU NOW, OR WERE 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
34. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT				

## DRIVING HISTORY

<b>35. CAN YOU OPERATE AN AUTOMOBILE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>36. DO YOU POSSESS A VALID OPERATOR'S LICENSE FROM ILLINOIS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
<b>37. LIST ALL OTHER STATES IN WHICH YOU HOLD OR HAVE HELD AN OPERATOR'S LICENSE.</b>	STATE	LICENSE NUMBER	EXPIRATION DATE
<b>38. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
<b>39. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
<b>40. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
<b>41. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED</b>			
LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

## SECURITY DATA

<b>42. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF "YES" EXPLAIN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
<b>43. HAVE YOU EVER BEEN PLACED ON PROBATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
<b>44. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
<b>45. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES AND OUTCOME			
<b>46. HAVE YOU EVER BEEN THE VICTIM OF A CRIME?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WAS THIS CRIME REPORTED TO THE POLICE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN		
<b>47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE	
<b>48. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			

## EMPLOYMENT HISTORY

**49. 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 AND TEMPORARY OR PART-TIME JOBS.**

<b>1</b>	From	To	Most recent or current Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>2</b>	From	To	Second most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>3</b>	From	To	Third most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>4</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>5</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>6</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>7</b>	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title			
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
<b>50. INDICATE BY NUMBER ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT. EXPLAIN</b>				

51. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS
52. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
53. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
54. ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
55. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION
56. 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			
57. 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			

### CREDIT HISTORY

58. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES SUCH AS BANK, CHARGE ACCOUNT, OR OTHER LENDER. (Include Loan Opened and Closed Dates)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATES
		\$	
		\$	
		\$	

59. HAVE YOU EVER BEEN SUED?  YES  NO IF "YES" GIVE DETAILS

60. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS.

AMT. OF ORIGINAL	AMT. NOW OWED	IN ARREARS		OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

61. HAVE YOU EVER FILED FOR BANKRUPTCY?  YES  NO IF "YES" EXPLAIN



## REFERENCE CONTACTS

### REFERENCES

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

<b>1</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
<b>2</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
<b>3</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
<b>4</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
<b>5</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN

### ACQUAINTANCES

63. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND 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.

<b>1</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
<b>2</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
<b>3</b>	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?	

### EMERGENCY CONTACTS

64. PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

65. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

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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.

It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**



**PHOTOGRAPH**



**THUMB PRINT**

**CITY OF SALEM 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 City of Salem, 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 City of Salem.

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 City of Salem 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 content of this "Authorization for Release of Personal Information."

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

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



