

# Breese Police Department

500 N 1<sup>st</sup> St. Breese, IL 62230

PATROL OFFICER

## Personal History Statement Public Safety Applicants

Do not mail or hand carry this document to the Police Department until instructed to do so. The Police Chief will contact you to schedule your initial interview. For questions regarding the completion of this document call or email:

Police Chief: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Call between the hours of 7 a.m. & 3 p.m. Monday - Friday

**\*\*\* Do not call to schedule your initial interview \*\*\***

**Print clearly and use black ink only**

Applicant's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Middle Initial

Do not mail or bring this Personal History Statement to the Breese Police Department. An Investigator will contact you by telephone with detailed instructions. Complete the section below when contacted by your Investigator. You will be contacted by your Investigator and instructed when to report for your initial interview. Be certain you have all the requested documents listed on page two (2).

Initial Interview scheduled for: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_AM / PM

Background Investigator's Name: \_\_\_\_\_

Investigator's telephone number(s): (618) \_\_\_\_\_ - \_\_\_\_\_ (618 ) \_\_\_\_\_ - \_\_\_\_\_

Investigator's FAX number(s): (618) \_\_\_\_\_ - \_\_\_\_\_

Additional documents requested by the Investigator: \_\_\_\_\_

You may also e-mail questions to: [police@breese.illinois.gov](mailto:police@breese.illinois.gov)

*Do not mail or bring this document to the Police Department before your initial interview date and time.*

### **Personal History Statement Instructions**

- The applicant, using black ink only, must neatly print all information.
- Read each question carefully before answering.
- Personal History Statements that are incomplete or illegible will not be accepted at the initial interview. Your Initial Interview will be re-scheduled, delaying your background investigation.
- It is mandatory that every question in the Personal History Statement be answered. If a question does not apply enter “N/A” in the space provided. Use additional paper if necessary.
- When providing contact telephone numbers and emails, keep in mind your background investigation will be delayed if your Investigator is unable to contact people you have listed. Contact information listed must be where the person can most easily be reached (cell, work, email or home).**
- Notify each person who is to be contacted and inform them an Investigator will be calling regarding your background investigation. Tell them to be candid with the Investigator.
- If you feel that contacting your current employer would create a problem, note it in the “Current Employer” section and discuss this with your Investigator during the initial interview. In your discussion with the Investigator, an appropriate date can be established to contact your current employer.
- Any false statements or intentional omissions of pertinent information on any document or during any oral interview may be cause for disqualification or immediate termination of your eligibility.
- Do not sign the “Applicant Certification” on page thirty-one (31) until instructed to do so during your Initial Interview.**

### **Information and Instructions for the Initial Interview**

- Do not call the Police Department regarding the date of your initial interview.
- You will be contacted by the Police Chief to schedule your initial interview.
- When contacted, record the Chief’s name, contact information, and the date and time for your initial interview on the cover of this document.
- Before the initial interview is scheduled, you must complete this Personal History Statement.
- Appropriate business attire is required for the initial interview.
- A full business day is required for the initial interview.
- You may request that your high school or college transcripts be mailed to the Police Department (Chief) before your initial interview is scheduled. School transcripts must be “sealed” and unopened. See cover page for mailing address.
- After your initial interview, facts may arise or events occur that may not have been known or were not anticipated by you at the time you submitted your Personal History Statement. These facts or events may require you to submit revisions or amendments. All such revisions or amendments must be reported to the Police Chief as soon as practical.

You must bring the **originals** of all required documents. You may make and bring copies of documents, however; you must also bring the **originals** of all documents for your initial interview.

**Do not write on this page. the Police Chief will complete this form during your initial interview.**

	Date Received by Investigator	Investigators Initials
Federal tax returns for the last two (2) years. <a href="http://www.irs.gov/">http://www.irs.gov/</a>	_____	_____
Illinois State tax returns for the last two (2) years. And/or out of state tax returns for the last two (2) years. <a href="http://www.revenue.state.il.us/TaxForms/Other/Returncopy/">http://www.revenue.state.il.us/TaxForms/Other/Returncopy/</a>	_____	_____
All employer(s) W-2s for the last two (2) years.	_____	_____
*Certified copy of birth certificate. Passport is required in the absence of a traditional birth certificate.	_____	_____
Social Security Card. <a href="http://www.ssa.gov/ssnumber/">http://www.ssa.gov/ssnumber/</a>	_____	_____
Illinois and/or any other driver's license(s).	_____	_____
Copy of Illinois FOID Card (if applicant does not possess one you must obtain this before start of employment)	_____	_____
Copy of Credit Report.	_____	_____
*Certified copy of any name change records.	_____	_____
Certificate of Naturalization.	_____	_____
Resident Alien Card or other proof of immigration or alien status.	_____	_____
*Certified copy of marriage certificate(s).	_____	_____
*Certified Copy of divorce decree(s).	_____	_____
DD214 or entry level discharge documents <a href="http://www.archives.gov/veterans/evetrecs/">http://www.archives.gov/veterans/evetrecs/</a>	_____	_____
Selective Service Registration information. <a href="http://www.sss.gov/">http://www.sss.gov/</a> (Males Only)	_____	_____
*High school diploma or G.E.D. Certificate.	_____	_____
*Sealed high school transcripts.	_____	_____
*Sealed transcripts for all colleges or universities you have attended.	_____	_____
Court documents, charging documents or any documents regarding any criminal matter pertaining to the applicant in his or her possession (i.e. expungements, charging documents, dispositions, dismissals).	_____	_____
Other documents provided by applicant:	_____	

Print clearly and use black ink only

Investigator's initials \_\_\_\_\_

Last name	First name	Middle name

Other names you have used (example: maiden name, name(s) by a former marriage, or name change)

List the current address where you physically reside (Not a post office box number).			
Number, street, and apt. number	City	State	Zip code

List a mailing address if unable to obtain mail at your residence.			
Number, street, and apt. number or PO Box	City	State	Zip code

Residence telephone number	Work telephone number
(_____) _____ Area code	(_____) _____ Area code
Other	Cell telephone number
_____	( ) _____ - _____

Date of birth	Age	Social Security Number
____/____/____ Month Day Year (XXXX)	_____	____-____-____

Sex	Height	Weight	Hair color	Eye color	Race
<input type="checkbox"/> Male <input type="checkbox"/> Female	____ Feet ____ Inches	_____	_____	_____	_____

Driver's License Number	Classification	Restrictions	State of Issue	Expiration Date
_____	_____	_____ <input type="checkbox"/> No restrictions	_____	____/____/____ Month Day Year

If you have additional driver's licenses or have held a license issued by any other state, use additional paper and check box

<input type="checkbox"/> Check box if born in the United States or; _____ Country of birth if <u>not</u> the United States
____/____/____ City of birth County, Parish State of birth
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen date you first enter the United States: ____/____/____ Month Year
Immigration status: _____ or if nationalized:
Naturalization Certificate number: _____ Date of Certificate: ____/____/____ Month Day Year

- Yes  No Have you tested with any other police departments or do you have applications for employment currently pending with other law enforcement organizations
- Yes  No Are you currently a certified police officer in Illinois?
- Yes  No Have you ever been a certified police officer in Illinois?
- Yes  No EMS Certified?
- Yes  No Have you ever been certified as a police officer, deputy sheriff or corrections officer in any State or jurisdiction?

If you answered "YES" answer the following information:

1. What academy did you graduate from: \_\_\_\_\_
2. Date Graduated: \_\_\_\_\_ Academy Class number: \_\_\_\_\_
3. Academy Director \_\_\_\_\_

**Questions one (1) thru seven (7) below are for applicants that have or require Certification with the Illinois Police Training Board.**

- Yes  No 1. Have you ever had an arrest, charge or conviction (felony or misdemeanor) of domestic assault, domestic violence or assault and battery expunged or pardoned? Applicant must provide court documents verifying pardon or expungement.

What was the type of arrest, charge or conviction that was expunged?

\_\_\_\_\_

Date expunged: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- Yes  No 2. Have you ever been charged or convicted of a crime constituting a felony that has been or is in the process of being expunged or pardoned?
- Yes  No 3. Have you ever used a controlled dangerous substance, narcotic drug or marijuana while employed to enforce Federal, State, Military or local law by any government entity or while in a position directly and immediately affecting public safety?
- Yes  No 4. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict or prohibit your working on particular days or during particular hours?
- Yes  No 5. Do you belong to any organization or institution or do you adhere to any belief(s) that in any way would restrict you from conforming to agency grooming standards?
- Yes  No 6. As a law enforcement or corrections officer do you feel you could take a human life if your life or the life of an innocent person was threatened with great bodily harm or deadly force?
- Yes  No 7. As a law enforcement or corrections officer would you physically assist another officer if they were being physically assaulted by a suspect, prisoner or any other person?

If "Yes" to question one (1) thru five (5) or If "No" to question six (6) or seven (7) explain on page thirty (30).

Are you now using or have you ever used, tried, or experimented with:

<input type="checkbox"/> Yes <input type="checkbox"/> No Marijuana in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No Heroin or opiates in any form?
<input type="checkbox"/> Yes <input type="checkbox"/> No LSD (acid) and/or Cocaine?	<input type="checkbox"/> Yes <input type="checkbox"/> No PCP (green, flake, angel dust)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Any designer drug or hallucinogenic?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any controlled dangerous substance or narcotic drug in any form?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Illegal steroids or illegally obtained steroids?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any drug prescribed for someone else and used by you <b>with the intention of getting high?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any substance that was inhaled, injected, or ingested <b>with the intention of getting high?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever purchased, sold, produced, cultivated, distributed or transported a controlled dangerous substance, narcotic drug, or marijuana?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state whether or not you have received any sort of treatment?	

List drug(s) used, date of last use, age at last use and number of times used.

Drug or substance used	Date of last use	Age at last use	Times used
	_____/_____ Month Year		
	_____/_____ Month Year		
	_____/_____ Month Year		

Yes  No **Are the responses to the above drug use questions the same responses you gave during the Preliminary Screening? If not, explain below.**


Yes  No Do you consume alcoholic beverages?

If "Yes" to what extent do you consume alcoholic beverages?





Investigator's initials \_\_\_\_\_

Spouse, fiancé(e) or significant other (first name, last name)	Spouse's maiden name (if applic.)	Date of marriage _____/_____/_____ Month      Day      Year
Current address of spouse, fiancé (e) or significant other if not living with you. Write "SAME" if address is the same as yours.		
(_____) _____ Area code		Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Complete the first section below to provide information if you were raised by someone other than your parents or step parents.  
If you were raised by your parents or step parents, place "N/A" in the first block below and proceed to "Father's Name."

**Print clearly and use black ink only**

Person's name & DOB (first name, m.i., last name)	Relationship to you (aunt, uncle, etc.)	<input type="checkbox"/> Deceased
Current Residence Address	Contact number	
	(_____) _____ Area code      Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Father's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month      Day      Year
Current Residence Address	Contact number	
	(_____) _____ Area code      Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Mother's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month      Day      Year
Current Residence Address	Contact number	
	(_____) _____ Area code      Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Step-Father's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month      Day      Year
Current Residence Address	Contact number	
	(_____) _____ Area code      Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

Step-Mother's name (first name, middle initial, last name)	<input type="checkbox"/> Deceased	Date of birth _____/_____/_____ Month      Day      Year
Current Residence Address	Contact number	
	(_____) _____ Area code      Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	

**Print clearly and use black ink only**

**Children and Dependents**

Number of dependent children living with you: \_\_\_\_\_ Number of dependent children not living with you: \_\_\_\_\_

Number of other dependents living or not living with you: \_\_\_\_\_

Relationship(s) to you: \_\_\_\_\_

**Contact Information for other parent of child if not currently living with you**

Name of other parent: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_  
Area code Best time to call:  Daytime  Evening

**Contact Information for other parent of child if not currently living with you**

Name of other parent: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_  
Area code Best time to call:  Daytime  Evening

If divorced, widowed, or had an annulment, provide all the following information.

Former spouse's name & DOB (first name, last name)	Date of marriage	Date of final divorce
	_____/_____ <small>Month      Year</small>	_____/_____ <small>Month      Year</small>

**Contact Information**

Deceased      Name: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_  
Area code Best time to call:  Daytime  Evening

Former spouse's name (first name, last name)	Date of marriage	Date of final divorce
	_____/_____ <small>Month      Year</small>	_____/_____ <small>Month      Year</small>

**Contact Information**

Deceased      Name: \_\_\_\_\_ / \_\_\_\_\_  
First name Last name

Contact number: (\_\_\_\_\_) \_\_\_\_\_  
Area code Best time to call:  Daytime  Evening

List as references three (3) individuals that you have known for at least five (5) years and who have knowledge of you and your qualifications. Examples are friends, friends of the family, teachers, classmates, or military acquaintances. Do not include relatives, family members, or individuals who belong to the law enforcement profession.

Name & DOB (first name, last name)		Current Address	
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code			
How long have you known?	Occupation	Relationship	
Years: _____			

Name & DOB (first name, last name)		Current Address	
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code			
How long have you known?	Occupation	Relationship	
Years: _____			

Name & DOB (first name, last name)		Current Address	
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code			
How long have you known?	Occupation	Relationship	
Years: _____			

**List below any individuals who are members of law enforcement agencies whom you are acquainted with or related to and who have knowledge of you and your qualifications.**

Name and rank: (first name, last name)		Agency where employed or retired from	
Relationship to you: (relative, family friend, etc)		How long have you known this person?	
		Years _____	
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code			
Name and rank: (first name, last name)		Agency where employed or retired from	
Relationship to you: (relative, family friend, etc)		How long have you known this person?	
		Years _____	
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code			

**Print clearly and use black ink only**

List all of your residences for the last seven (7) years. Begin with your current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include street, avenue, drive, court, north, south, east, and west. Include unit number and/or apartment number where applicable. Include name of apartment complex if applicable. You must list two (2) neighbors for your current residence and one (1) former neighbor for each of your former residences.

**Current Residence**

Number, street and apartment number	City	State	Zip code
Name of apartment complex if applicable		Resident since	
		Month	Year

With whom do you reside and what is their relationship to you?	

If you are currently renting provide the information required below. You must include a contact name and a contact telephone number. If you are not on the lease, enter the name, contact telephone number and the relationship to you of the person(s) on the lease.

In whose name(s) (first name, last name) is the lease? Name, relationship to you and contact telephone number.
Name of lease holder: _____ (If you are not on the lease)
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code
Relationship to you: _____

Name (first name, last name) of resident manager, property manager, or landlord and contact telephone number.
Name: _____
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code

**Current Neighbor 1**

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code	

**Current Neighbor 2**

Name (first name, last name)	Current Address
Contact number: (_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (Home or cell) Area code	

**Print clearly and use black ink only**

**Former residence 1**

Street address including unit number and/or apartment number. Also include name of apartment complex.			
	Dates of residence: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>		

N/A Not renting

Name of lease holder: _____ (If you were not on the lease)	
Contact number: (_____) _____ <small>(Home or cell) Area code</small>	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
Name of resident manager: _____	
Contact number: (_____) _____ <small>(Home or cell) Area code</small>	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

**Former Neighbor**

Name (first name, last name)	Current Address
Contact number: (_____) _____ <small>(Home or cell) Area code</small>	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

**Former residence 2**

Street address including unit number and/or apartment number. Also include name of apartment complex.			
	Dates of residence: From: _____ / _____ To: _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> <span>Month</span> <span>Year</span> </div>		

N/A Not renting

Name of lease holder: _____ (If you were not on the lease)	
Contact number: (_____) _____ <small>(Home or cell) Area code</small>	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
Name of resident manager: _____	
Contact number: (_____) _____ <small>(Home or cell) Area code</small>	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

**Former Neighbor**

Name (first name, last name)	Current Address
Contact number: (_____) _____ <small>(Home or cell) Area code</small>	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

**Print clearly and use black ink only**

## Former residence 3

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former Neighbor

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening

## Former residence 4

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

## Former Neighbor

Name (first name, last name)

Current Address

Contact number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:  Daytime  Evening  
(Home or cell) Area code

**Print clearly and use black ink only**

## Former residence 5

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_)\_\_\_\_\_  
(Home or cell) Area codeBest time to call:  Daytime  Evening

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_)\_\_\_\_\_  
(Home or cell) Area codeBest time to call:  Daytime  Evening

## Former Neighbor

Contact number: (\_\_\_\_\_)\_\_\_\_\_  
(Home or cell) Area codeBest time to call:  Daytime  Evening

## Former residence 6

Street address including unit number and/or apartment number. Also include name of apartment complex.

Dates of residence:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year N/A Not renting

Name of lease holder: \_\_\_\_\_ (If you were not on the lease)

Contact number: (\_\_\_\_\_)\_\_\_\_\_  
(Home or cell) Area codeBest time to call:  Daytime  Evening

Name of resident manager: \_\_\_\_\_

Contact number: (\_\_\_\_\_)\_\_\_\_\_  
(Home or cell) Area codeBest time to call:  Daytime  Evening

## Former Neighbor

Name (first name, last name)

Current Address

Contact number: (\_\_\_\_\_)\_\_\_\_\_  
(Home or cell) Area codeBest time to call:  Daytime  Evening

**Print clearly and use black ink only**

Begin with your current or most recent employment. List seven (7) years of employment in chronological order. List every position, including active military, reserve, and National Guard service. Employment includes self-employment and volunteer positions including volunteer fire and rescue. If you are or were employed by a temporary agency and worked at multiple job locations please list the name, title and telephone number for your agency contact person in addition to your actual job locations and supervisors. If unemployed, list those periods in sequence and enter dates.

You must list two (2) co-workers with your current employer and one (1) co-worker for each former employer.

Currently Unemployed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment start date	_____/_____/_____ Month Year
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Employment start date	Name of current employer
_____/_____/_____ Month Year	

Full time  Part-Time  Temporary  Military  Self-Employed  Volunteer  Internship

Would you have a problem with your Investigator interviewing your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Current employer's mailing address	If not the same as mailing address, list your actual work location

Current employer's telephone number for employment verification (Personnel)	Your annual salary
Telephone number (_____) _____ Area code	_____

Your title or position

Supervisor's name	Supervisor's title

Telephone number where your supervisor may be reached and time available to take calls (work or cell phone)	
Telephone number (_____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Have you ever received or do you have any pending disciplinary actions? Explain in section below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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First co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)
Second co-worker's name: (first name, last name)	Telephone Number
	(_____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Print clearly and use black ink only**1<sup>st</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	____/____/____ Month Year	End Date	____/____/____ Month Year
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 Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (____) _____ Area code	

**Reason for leaving employment**

- Resigned to take better position    Lay off    Contract expired    Return to school    Terminated (fired)  
 Completion of military service    Resigned to avoid being terminated    Resigned while under investigation  
 Quit without giving notice as required by company policy    Reason not listed, explain below

**Explain reason for leaving employment; continue on page thirty (30) if necessary**

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Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.

 Yes    No

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Telephone number where your former supervisor may be reached and time available to take calls

Telephone number (____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
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Did you ever received or do you have any pending disciplinary actions? Explain below; continue on thirty (30) if necessary.

 Yes    No

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Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Print clearly and use black ink only**2<sup>nd</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	____/____/____ Month Year	End Date	____/____/____ Month Year
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Full time  
 Part-Time  
 Temporary  
 Military  
 Self-Employed  
 Volunteer  
 Internship  
 Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (____) _____ Area code	

Reason for leaving employment	
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired)	
<input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation	
<input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below	

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls

Telephone number (____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
---	--

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Print clearly and use black ink only**3<sup>rd</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	____/____/____ Month Year	End Date	____/____/____ Month Year
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Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (____) _____ Area code	

Reason for leaving employment
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls

Telephone number (____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
---	--

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Print clearly and use black ink only**4<sup>th</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	____/____/____ Month Year	End Date	____/____/____ Month Year
------------	------------------------------	----------	------------------------------

Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (____) _____ Area code	

Reason for leaving employment	
<input type="checkbox"/> Resigned to take better position	<input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired)
<input type="checkbox"/> Completion of military service	<input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation
<input type="checkbox"/> Quit without giving notice as required by company policy	<input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
Did you ever received or do you have any pending disciplinary actions? Explain below; continue on thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Print clearly and use black ink only**

5<sup>th</sup> former employer or period of unemployment

Name of former employer	Former employer's mailing address

Start Date	____/____/____ Month Year	End Date	____/____/____ Month Year
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- Full time    Part-Time    Temporary    Military    Self-Employed    Volunteer    Internship    Unemployed

Former employer's telephone number for employment verification (Personnel)	Your title or position
Telephone number (____) _____ Area code	

Reason for leaving employment
<input type="checkbox"/> Resigned to take better position <input type="checkbox"/> Lay off <input type="checkbox"/> Contract expired <input type="checkbox"/> Return to school <input type="checkbox"/> Terminated (fired) <input type="checkbox"/> Completion of military service <input type="checkbox"/> Resigned to avoid being terminated <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Quit without giving notice as required by company policy <input type="checkbox"/> Reason not listed, explain below

Explain reason for leaving employment; continue on page thirty (30) if necessary

Do you feel this former employer would rehire you? If you answered "No" explain below; continue on page thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor's name (first name, last name)	Supervisor's title

Telephone number where your former supervisor may be reached and time available to take calls	
Telephone number (____) _____ Area code (work or cell phone)	Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Did you ever received or do you have any pending disciplinary actions? Explain below; continue on thirty (30) if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-worker's name: (first name, last name)	Telephone number where co-worker can be reached
	(____) _____ Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening Area code (home or cell phone)

**Print clearly and use black ink only**

Questions one (1) thru thirteen (13) apply to all employment since your 18<sup>th</sup> birthday, regardless of whether the matter is or was appealed, is not part of your permanent record, or is no longer in your personnel file. If any of these questions apply to employers you have listed in the "Employment History" section, indicate so.  
 .Explain in detail on page thirty (30).

Yes  No 1. Have you ever been discharged or terminated from employment (fired) for any reason?

Name of employer: \_\_\_\_\_ Date of termination: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 2. Have you ever resigned (quit) after being told that your employer intended to discharge or terminate (fire) you?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 3. Have you ever resigned (quit) after being told that your employer intended to take disciplinary action against you?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 4. Have you ever resigned (quit) because you suspected your employer intended to discharge or terminate (fire) you for any reason?

Name of employer: \_\_\_\_\_ Date resigned: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 5. Have you ever used illegal drugs or alcoholic beverages on the job or in violation of company policy?

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 6. Have you ever been investigated by your employer's internal affairs, loss prevention or any other disciplinary investigation unit?

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 7. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc) by a co-worker, superior, subordinate or customer?

Name of employer: \_\_\_\_\_ Date of investigation: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Yes  No 8. Have you ever resigned while under investigation by your employer's internal affairs, loss prevention or any other disciplinary investigation unit?

Name of employer: _____	Date resigned: _____ / _____ Month Year:
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Yes  No 9. Have you ever left an employer and been told you were not eligible for rehire?

Name of employer: _____	Date: _____ / _____ Month Year
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Yes  No 10. Have you ever received a written reprimand from any employer?

Name of employer: _____	Date: _____ / _____ Month Year
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Yes  No 11. Have you ever received counseling or otherwise been put on notice by any employer?

Name of employer: _____	Date: _____ / _____ Month Year
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Yes  No 12. Has any employer ever suspended you for misconduct or as a disciplinary action?

Name of employer: _____	Date: _____ / _____ Month Year
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Yes  No 13. Did you ever steal anything of value from your employer? (Other than paper clips, etc)

Name of employer: _____	Date of theft: _____ / _____ Month Year
-------------------------	--



**Print clearly and use black ink only**

- Yes  No Have you ever applied for a position with any other Public Safety Agency? Includes all city, county, state, or federal agencies and/or Fire Departments. If "Yes", list the name of every agency where you have applied. All agencies must be listed, regardless of the outcome or status.

**Date of application: 1**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 2**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 3**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 4**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year**Date of application: 5**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Background Investigator's Name: \_\_\_\_\_  Currently in background processing.Telephone number for your background investigator or the agency phone number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code Disqualified or not selected: Reason: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Have you ever committed, been charged, detained or questioned by any law enforcement agency for any of the following crimes.  
**Includes any crimes you may have committed but were never caught, suspected of or questioned for.**

Yes No

1. Kidnapping, false imprisonment or abduction
2. Arson
3. Domestic violence or domestic assault
4. Carjacking or theft of vehicle
5. Driving while intoxicated (DWI or DUI)
6. Reckless driving
7. Hit and run
8. Fleeing and eluding police
9. Resisting arrest
10. Theft or shoplifting
11. Breaking and Entering
12. Receiving stolen property
13. Fraud
14. Forgery
15. Homicide/manslaughter
16. Prostitution
17. Solicitation of prostitution
18. Accessing and/or possessing child pornography

Yes No

19. Rape, attempted rape, sexual assault
20. Assault and/or battery
21. Destruction of property
22. Bad check (uttering)
23. Vandalism
24. Trespassing
25. Stalking
26. Theft of services (i.e. cable)
27. Obscene telephone calls
28. Telephone harassment
29. Impersonating a Police Officer
30. Identity theft
31. Child abuse
32. Child molestation
33. Sex act with a minor
34. Child neglect
35. Cruelty to animals
36. Indecent exposure
37. Purchasing alcohol for a minor
38. Any other criminal offense or charge not listed.

If you answered "Yes" to any questions 1-38 please provide detailed information on page thirty (30).  
 Include dates, charges, law enforcement agency and/or court and final disposition.

If you answer "Yes" to any question(s) one (1) thru forty-eight (48) provide detailed information on page thirty (30). Include dates, charges, law enforcement agency or court and final disposition. If you were ever charged or convicted of a crime or appeared in court regarding a criminal offense **you must bring the court documents containing the final disposition**. Contact the court where you appeared to obtain these documents.

- Yes  No 1. \*Have you ever been detained, questioned, stopped or held by any security officer, loss prevention agent, special police officer, police officer, deputy sheriff, sheriff, military police or any other law enforcement agency for any reason?  
\*This includes being stopped, detained, questioned and released with no report or action taken.
- Yes  No 2. Have you ever been arrested or charged with a criminal offense by any law enforcement agency for any reason?
- Yes  No 3. Have you ever received or been issued any type of criminal citation or criminal summons in lieu of arrest?
- Yes  No 4. Have you ever had any criminal charges placed on the docket, received court supervision, SIS or had Any charge(s) dismissed?
- Yes  No 5. Since your 16<sup>th</sup> birthday, have you ever been criminally charged as a result of a physical fight or confrontation?
- Yes  No 6. Is any member of your immediate family or household now in prison, incarcerated, probation or parole?
- Yes  No 7. As a juvenile, were you ever charged as an adult for any crime(s)?
- Yes  No 8. As a juvenile, were you ever charged for any offense against a person?
- Yes  No 9. In your lifetime have you ever committed any act, that had you been caught, would have been considered a crime? Or have you ever been barred from any establishment?
- Yes  No 10. Have the police ever been called to your home for a criminal matter involving you as a suspect or witness?
- Yes  No 11. Have you ever been investigated for or accused of abusing, assaulting, beating, or sexually assaulting, a spouse, romantic partner, family member or any other person?
- Yes  No 12. Has your spouse/partner ever accused you of battery (whether you did commit battery or not) in a report or discussion with any law enforcement officer or court authority?
- Yes  No 13. Have you ever been charged with, accused of, or questioned for any type of stalking or harassment?
- Yes  No 14. Have you ever been the subject of an emergency protective order, restraining order, or stay-away order?
- Yes  No 15. Have you or your spouse/partner ever been referred to, questioned by, or investigated by Dept. of Children and Family Services or any similar state and/or local government agency?
- Yes  No 16. Have you ever violated restrictions on child visitation rights, or concealed, or removed children from the state in violation of a court order?
- Yes  No 17. Have you ever committed a sexual act or had sexual contact with a person less than 16 years old since your 18<sup>th</sup> birthday?
- Yes  No 18. Have you ever carried a concealed weapon (knife, handgun, rifle, shotgun, brass knuckles, stun gun, taser gun, martial arts weapon, etc) with the intention of committing a crime?
- Yes  No 19. Have you ever discharged a firearm other than for hunting, target practice, while in the military or as a police officer?

- Yes  No 20. Have you ever been involved in or witnessed any kind of murder or other type of killing?  
(Excluding military action)
- Yes  No 21. Within the past seven (7) years have you ever filed for bankruptcy?
- Yes  No 22. If employed, did you file Federal and State tax returns for the last three (3) years?
- Yes  No 23. Have you ever not paid or been delinquent in paying State or Federal Income Taxes?
- Yes  No 24. Have you ever had any collections, judgments or liens against you?
- Yes  No 25. Have you ever had your wages garnished for any reason?
- Yes  No 26. Do you currently have any judgments or credit collections pending?
- Yes  No 27. In the last seven years have you had anything repossessed?
- Yes  No 28. Are you currently paying court ordered child support or alimony?
- Yes  No 29. Have you ever fraudulently received and/or had to repay welfare, unemployment compensation, worker's compensation or any other local, state or federal assistance?
- Yes  No 30. Are you aware of anyone ever using your name or identification for any purpose?
- Yes  No 31. Have you ever intentionally altered your name, address, or date of birth on any official document, certificate or license?
- Yes  No 32. Have you ever represented yourself as another person or used another person's name for any academic, medical, employment examination, or any other purpose?
- Yes  No 33. Do you know or have you ever associated with any individual whose interest(s) are contrary to those of the United States Government?
- Yes  No 34. Are you now or have you ever been in or applied to any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 35. Have you ever or do you now support or adhere to the philosophy of any organization that seeks to overthrow the constitutional form of government of the United States of America?
- Yes  No 36. Have you ever made a contribution to an organization dedicated to the overthrow of the United States Government and/or which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent of overthrowing the United States Government?
- Yes  No 37. Do you currently have or ever have had a passport that was issued by a foreign government?
- Yes  No 38. Are you now, or have you ever been, a member or associate of a criminal enterprise or street gang?
- Yes  No 39. Have you ever associated with or have acquaintances that are members of a criminal enterprise or street gang?
- Yes  No 40. Do you have any racial, religious, sexual or other prejudices that may affect your performance?

Yes  No 41. Have you ever been warned, counseled, or otherwise spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preferences?

Yes  No 42. Have you ever done anything to harm, insult or frighten another person because of that person's race, gender, religion, nationality or sexual preferences?

Yes  No 43. Have you ever been fingerprinted for any reason?

Reason Fingerprinted: \_\_\_\_\_

Yes  No 44. Have you ever applied for a permit to carry a concealed weapon in any state?

Yes  No 45. Was permit granted?

Reason not granted: \_\_\_\_\_

Yes  No 46. Have you ever applied for and been granted a security clearance?

Name of company or organization: \_\_\_\_\_

Yes  No 47. Have you ever applied for and been denied a security clearance?

Name of company or organization: \_\_\_\_\_

Yes  No 48. Is there anything in your past that someone could use to blackmail you?

Is anyone you are related to by either blood or marriage employed with the City of Breese?

Yes  No

Name of person and relationship to you: \_\_\_\_\_

Position with the City/County/State of \_\_\_\_\_:

Contact number: (\_\_\_\_\_) \_\_\_\_\_  
Area code (home, work or cell phone)

Best time to call:  Daytime  Evening

### IMMUNIZATION HISTORY

Name and address of primary physician \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NEW HIRE IMMUNIZATION INFORMATION

Last Diphtheria / Tetanus Injection: \_\_\_\_\_ DATE Last Flu Shot: \_\_\_\_\_ DATE

Last TB Test: Mantou \_\_\_\_\_ OR Tine \_\_\_\_\_  
DATE DATE

Chest X-Ray result if indicated by a positive TB Test result:

X-Ray Results: \_\_\_\_\_ Date: \_\_\_\_\_

Hepatitis B Immunization (HBV):  
HBV #1: \_\_\_\_\_  
DATE  
HBV #2: \_\_\_\_\_  
DATE  
HBV #3: \_\_\_\_\_  
DATE

Hepatitis A Immunization (HVA)  
(NOT MANDATORY)  
HVA #1: \_\_\_\_\_  
DATE  
HVA #2: \_\_\_\_\_  
DATE





**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

The undersigned authorizes a review of and full disclosure of all records concerning myself to any agent of the Breese Police Department, or any individual or entity assigned by the Breese Police Department, whether the records are of a public, private, criminal, medical, internal or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom this release is presented.

The intent of this authorization is to give my consent for full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, including academic records, records of loans and other financial statements and records wherever filed; records maintained by the National Personnel Records Center, and the United States Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me. I specifically waive my right to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act. I also waive my right to inspect and copy any records provided in response to this authorization.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, as a result of this authorization will be considered in determining my suitability for employment by the Breese Police Department. Additionally, I understand the duty of the Breese Police Department to release any information of a serious criminal nature uncovered by this investigation to the proper authorities and make other reports as may be mandated by law. 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 such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I further release the Breese Police Department, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing 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."

PLEASE PRINT OR TYPE

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Witness' signature	Applicant Signature (including maiden name	Date
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PLEASE PRINT OR TYPE

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Last Name	First Name	Middle Initial	Maiden Last Name/former name or other name used
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**Current Address:**

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House #/Box #	Street Name/Rural Route	City	State	Zip Code
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**Previous Address:**

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House #/Box #	Street Name/Rural Route	City	State	Zip Code
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Date of Birth	Sex	Race	Social Security Number*	Driver's License Number
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\*Disclosure is voluntary. The number is used in the financial portion of the background investigation.