



POLICE DEPARTMENT

200 South Lincolnway
 North Aurora, Illinois 60542
 Phone: (630) 897-8705 Fax: (630) 897-8700
 www.northaurora.org

DAVID C. FISHER
 CHIEF OF POLICE

APPLICATION FOR POLICE OFFICER

INSTRUCTIONS: Complete this form by filling it out online or print a copy and fill in all fields by PRINTING, USE INK. Applicant must complete the 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.

PERSONAL DATA			
NAME (LAST, FIRST, MIDDLE)			AGE
ADDRESS			APT/SUITE #
CITY	STATE	ZIP CODE	COUNTY
HOME PHONE	OTHER PHONE	E-MAIL ADDRESS	
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE & ZIP CODE)		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	
LIST ANY AND ALL PAST AND CURRENT EMAIL ADDRESSES GOING BACK 10 YEARS			
1. Are you a U.S. Citizen?		If you answered yes, check one	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized
		If you answered "Naturalized", give particulars	
2. List any other names, aliases you have used, or known by. (Include maiden name, if applicable)			
3. With whom do you live at the above address? (List full names and relationships.)			
4. What is your marital status?			
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
		Separated	<input type="checkbox"/>
		Widowed	<input type="checkbox"/>
		Divorced	<input type="checkbox"/>
5. Are you supporting all children born to you, adopted by you, and stepchildren?		<input type="checkbox"/> Yes	If "NO" explain fully
		<input type="checkbox"/> No	
6. Have you ever been named as the natural father in a paternity proceeding?		<input type="checkbox"/> Yes	If "YES" explain fully
		<input type="checkbox"/> No	
7. Are you paying child support?		<input type="checkbox"/> Yes	If "YES" explain fully
		<input type="checkbox"/> No	

RESIDENCES

8. List your addresses for the last ten years, starting with your present address.

Date From	Date To	Address	City, State & Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

EDUCATION AND TRAINING

9. List all of the schools you have attended and any other information requested

ELEMENTARY SCHOOLS

Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

JUNIOR HIGH SCHOOLS

Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

HIGH SCHOOLS

Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXTENSION OR CORRESPONDENCE COURSES

Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address, City, State and Zip of School <input style="width: 100%;" type="text"/>	Start Date <input style="width: 100%;" type="text"/>	End Date <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time	Did you graduate?
			<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE OR UNIVERSITIES

Name & Address of College or University		Start Date	End Date	<input type="checkbox"/> Full Time	Did you graduate?	
				<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major Course of Study	Minor Course of Study	Degree(s) Attained				

Name & Address of College or University		Start Date	End Date	<input type="checkbox"/> Full Time	Did you graduate?	
				<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major Course of Study	Minor Course of Study	Degree(s) Attained				

10. Were you ever expelled or suspended from any school?	<input type="checkbox"/> Yes	If "YES" explain
	<input type="checkbox"/> No	

11. List other formal education beyond high school you may have, including special training courses.

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12. List any professional licenses or certificates you hold or have held.

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13. List any foreign language in which you are fluent.

Language	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak	Language	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

MILITARY

14. Have you ever served in any branch of the United States military?	<input type="checkbox"/> Yes	If "YES" what branch	15. What was the highest rank you held?	16. What is your serial service number?
	<input type="checkbox"/> No			

17. ACTIVE SERVICE PERIODS

Location (City, State & Zip)	Date From	Date To
Location (City, State & Zip)	Date From	Date To

18. DISCHARGE INFORMATION

Date	Location (City, State & Zip)
Date	Location (City, State & Zip)

19. What was your rank at discharge?	20. What type of discharge did you receive ?	20a. If other than "HONORABLE" explain

21. Were you ever convicted of a court-martial?	<input type="checkbox"/> Yes	If "YES" explain
	<input type="checkbox"/> No	

22. Are you or were you ever a member of the United States Military Reserve?	<input type="checkbox"/> Yes	If "Yes"	Branch	Unit	Rank
		<input type="checkbox"/> Active			
	<input type="checkbox"/> No	<input type="checkbox"/> Inactive	Address	Date From	Date To

23. Are you or were you ever a member of the National Guard.	If "Yes", what state?	Branch	Regiment	Unit
	Rank	Discharge Type	Service Date From	Service Date To
24. Did you receive any disciplinary action against you while in the National Guard or Reserve Unit?	<input type="checkbox"/> Yes	If "YES" explain		
	<input type="checkbox"/> No			

DRIVING HISTORY

25. Can you operate an automobile?	<input type="checkbox"/> Yes	26. Do you possess a valid Illinois drivers license?	<input type="checkbox"/> Yes	If "Yes", Date of Expiration	Driver's License Number
	<input type="checkbox"/> No		<input type="checkbox"/> No		
27. Do you hold or have you held a drivers license in any other state?	<input type="checkbox"/> Yes	State	Driver's License Number	Date of Expiration	
	<input type="checkbox"/> No				
28. Have you ever been refused a drivers license by any state?	<input type="checkbox"/> Yes	If "YES" explain			
	<input type="checkbox"/> No				
29. Has your drivers license ever been suspended or revoked in any state?	<input type="checkbox"/> Yes	If "YES" explain			
	<input type="checkbox"/> No				
30. Has your drivers license ever been placed on probation in any state?	<input type="checkbox"/> Yes	If "YES" explain			
	<input type="checkbox"/> No				

31. LIST ALL TRAFFIC CITATIONS THE YOU HAVE RECEIVED

City & State	Date Citation Issued	Nature of Violation	Case Disposition

POLICE CONTACT HISTORY

32. Have you ever been charged or convicted of a criminal offense? (If "Yes", please explain	<input type="checkbox"/> Yes	Date of Arrest	Arresting Police Agency	Location (City, State)
	<input type="checkbox"/> No	Crime Charged		Case Disposition
33. Have you ever been placed on probation?	<input type="checkbox"/> Yes	If "YES" explain		
	<input type="checkbox"/> No			
34. Have you ever been required to pay a fine in excess of \$50.00?	<input type="checkbox"/> Yes	If "YES" explain		
	<input type="checkbox"/> No			
35. Have you ever been reported as a missing person or as a runaway?	<input type="checkbox"/> Yes	If "YES" explain details, including police jurisdiction, dates and outcome		
	<input type="checkbox"/> No			
36. Have you ever been a victim of a crime?	<input type="checkbox"/> Yes	Was the crime reported to the police?	<input type="checkbox"/> Yes	If you were a victim, explain.
	<input type="checkbox"/> No		<input type="checkbox"/> No	

37. Have you ever been fingerprinted by a police agency for anything other than an arrest?	<input type="checkbox"/> Yes	Police Agency	Date	Purpose
	<input type="checkbox"/> No			
38. Do you have any active or pending warrant(s) against you?	<input type="checkbox"/> Yes	If "YES" explain		
	<input type="checkbox"/> No			

EMPLOYMENT HISTORY

39. List ALL law enforcement jobs full or part-time that you have held in your lifetime, and all other jobs that you have held in the last ten years, including periods of un-employment. Put your present or most recent job first. Include military service in proper time sequence.

1	Date From	Date To	Most recent or current employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
2	Date From	Date To	Second most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
3	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
4	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		

5	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
6	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
7	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
8	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		
9	Date From	Date To	Next most recent employer	Telephone
	Immediate Supervisor and Title		Address	City, State & Zip Code
	Job Title		Summarize the nature of work performed and job responsibilities	
	Gross Monthly Salary	Reason for leaving		

40. Are there any employer(s) that you do not want us to contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
41. Have you ever taken any pre- employment exam from any State, County or Municipal hiring board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	Exam Date	Position on List	Status
		Agency	Exam Date	Position on List	Status
42. Were you ever rejected from an eligibility list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
43. Were you ever placed on an eligibility list and not hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
44. Are you currently on any eligibility list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" list the employer(s)			
45. 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	Date To	Location
46. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service, or while under investigation? (Include name(s) & addresses of employers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
47. Are you now or have you been engaged in any business as an owner, partner or corporate member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

REFERENCES

48. 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.

1	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
2	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
3	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
4	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
5	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?

AQUAINTANCES

49. 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.

1	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
2	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?
3	Name	Address (Include City, State and Zip Code)	Home Phone	
	Business Address (Include City, State and Zip Code)	Business Phone	Occupation	Time Period Known?

EMERGENCY CONTACTS

50. List at least three persons to be notified in case of an emergency.

1	Name	Address (Include City, State and Zip)	
	Home Phone	Other Phone	Relationship
2	Name	Address (Include City, State and Zip)	
	Home Phone	Other Phone	Relationship
3	Name	Address (Include City, State and Zip)	
	Home Phone	Other Phone	Relationship

51. Briefly explain your reason for applying for this position.

Instructions / check list

- Please return the completed application and verify that it has been filled out completely.
- Please sign and attach all waivers that have been included in the application packet.
- Please provide a copy of your credit report.
- Pursuant to the previously mentioned educational requirement for this position, please provide a copy of your high school diploma or state accepted equivalent (GED). Please feel free to attach copies of any advanced degrees that you have earned if you wish.

Written Notice

As an applicant for the position of Police Officer with the North Aurora Police Department you are being notified in writing in accordance with the Fair Credit Reporting Act (FCRA) that your credit history is a factor in being eliminated from consideration for employment. Also in accordance with the fair credit reporting act, if you are denied employment because of information contained in a consumer or investigative credit report received from a consumer credit reporting agency you will be notified by us and provided with the disqualifying information.

I hereby certify that there are no willful misrepresentations, or falsifications in this application, and all my answers are true and correct to the best of my knowledge.

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 Village of North Aurora if I have been employed.

I give the Village of North Aurora 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.

Applicant Signature	
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Date	
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AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the North Aurora Police Department bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records checked below:

- | | |
|--|---|
| <input type="checkbox"/> EMPLOYMENT HISTORY
<input type="checkbox"/> CRIMINAL HISTORY
<input type="checkbox"/> FINANCIAL / CREDIT
<input type="checkbox"/> ACADEMIC RECORDS/SCHOOL COUNSELING RECORDS
<input type="checkbox"/> ATHLETIC RECORDS
<input type="checkbox"/> ACHIEVEMENTS | <input type="checkbox"/> ATTENDANCE RECORDS
<input type="checkbox"/> PERSONAL HISTORY
<input type="checkbox"/> DISCIPLINARY ACTIONS
<input type="checkbox"/> MORTGAGE RECORDS & PAYMENT SCHEDULES
<input type="checkbox"/> UTILITY BILLS
<input type="checkbox"/> DRIVING RECORD |
|--|---|

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photocopy of the Authorization shall have the same force as the original.

NAME (Typed or Printed)					
ADDRESS					APT/SUITE #
CITY	STATE	ZIP CODE	COUNTY		
HOME PHONE	WORK PHONE	CELL PHONE			
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE & ZIP CODE)				
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE			
SIGNATURE			TODAY'S DATE		

*** THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.**

**Police Commission
North Aurora, Illinois**

RULES AND REGULATION AGREEMENT

I, the undersigned, hereby agree to abide by all rules and regulations of the Police Commission of North Aurora, Illinois during and after all examination programs. I further agree to abide by all rules and regulations of the North Aurora Police Department should I be appointed in due course of time. I understand the aforementioned rules are available for me to review at the North Aurora Police Department.

Signature _____

Date: _____

Print Name _____

TEST RESULT WAIVER

I, the undersigned, fully understand and agree that all tests and the results thereof become the property of the North Aurora Police Commission. I understand and acknowledge that all said testing material and the results thereof are not subject for my review.

Signature _____

Date: _____

Print Name _____

DRUG TESTING CONSENT

I, the undersigned applicant for the position of Police Officer for the Village of North Aurora, acknowledge that I have been advised that as a part of the medical examination for application to the North Aurora Police Department I may be given a test to detect the presence or absence of habit forming drugs including but not limited to marijuana, cocaine, and heroin.

I acknowledge that the results of the test will be considered by the North Aurora Police Commission in its evaluation for my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____

Date: _____

Print Name _____

Applicant must sign & complete form where requested and return with the application packet.

**Police Commission
North Aurora, Illinois**

PSYCHOLOGICAL EVALUATION CONSENT

I, the undersigned applicant for the position of Police Officer for the Village of North Aurora, understand that I must participate in a psychological evaluation as a part of my assessment for hire by the North Aurora Police Department.

I acknowledge that the results of the test will be considered by the North Aurora Police Commission in its evaluation for my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____

Date: _____

Print Name _____

POLYGRAPH EXAMINATION CONSENT

I, the undersigned, fully understand that part of the application process for Police Officer for the Village of North Aurora requires the taking of a polygraph examination. This examination may cover the following areas:

Theft from a previous place of employment. Buying or selling stolen property. Commission of any serious crime. Shoplifting. Work and medical history. Use of alcoholic beverages. Use or sale of illegal drugs. Driving record. Pay or receive bribes or kickbacks. Use of excessive force against another person.

I acknowledge that the results of the test will be considered by the North Aurora Police Commission in its evaluation of my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____

Date: _____

Print Name _____

Applicant must sign & complete form where requested and return with the application packet.