

**VILLAGE OF OSWEGO POLICE DEPARTMENT**  
**APPLICATION FOR EMPLOYMENT FOR SWORN PERSONNEL**  
Please PRINT Clearly

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (Print Clearly)      AGE RANGE 21-34: YES  NO   
(UNLESS PRIOR POLICE EXPERIENCE)

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO

**EMPLOYMENT DESIRED**

POSITION: PATROL OFFICER      DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS DEPARTMENT BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	Years Attended	Did You Graduate?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ARE YOU AN ILLINOIS CERTIFIED POLICE OFFICER? \_\_\_\_\_ IF NOT IN ILLINOIS, WHERE? \_\_\_\_\_

DID YOU SERVE IN THE U.S. MILITARY? YES  NO  BRANCH \_\_\_\_\_

YEARS ACTIVE \_\_\_\_\_ - \_\_\_\_\_ HONORABLE DISCHARGE? YES  NO

ARE YOU CURRENTLY SERVING IN NATIONAL GUARD OR RESERVES? YES  NO

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)**

DATE RANGE MONTH / YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1)			
2)			
3)			

EMERGENCY CONTACT: \_\_\_\_\_  
NAME ADDRESS PHONE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*This form has been designated to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.*

**OFFICE USE ONLY**

Mailed  Dropped Off  Date Received (envelope opened): \_\_\_\_\_  
 Cash  Credit Card (Drop off only)  Check  / Check # \_\_\_\_\_ Initials \_\_\_\_\_