

HARVEY POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE

HOME NO: _____ CELL NO: _____

POSITION APPLIED FOR: POLICE OFFICER _____ FIREMAN _____ OTHER _____

FULL NAME: _____ SOC. SEC. NO. _____ - _____ - _____

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE:

You must be accurate, complete and truthful in all your answers. All answers given in this application are subject to verification. Failure to report answers completely and truthfully may be cause for your rejection as a candidate for the position applied for. All information will be considered strictly confidential and will not be disclosed to any unauthorized person (s).

In this questionnaire, a number of items require a yes or no answer and do not require any explanation. However, if you wish to explain your answer or, you need additional space for answers requiring an explanation, use the continuation section (Item No. 26). Annotate the reference number before each item of explanation. If you need more space than what is provided use a blank sheet of paper.

Do not leave a blank space for any question. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable.")

Please type or print legibly.

I HAVE READ AND I UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS APPLYING TO THIS PRE-INTERVIEW QUESTIONNAIRE.

Signature

Date

LIST ANY NAMES, ALIASES, NICKNAMES OR MAIDEN NAMES YOU HAVE USED, PRECEDE THE MAIDEN NAME WITH "NEE"

1) Name _____ Phone _____

Address _____

Zip Code

Driver's License No.	Date of Birth	Place of Birth (City, State)
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Place of Birth (City, State)

Sex	Age	Height	Weight	Color of Eyes	Color of Hair
Male	20	170	65	Blue	Brown
Female	22	160	55	Green	Blonde
Male	25	180	75	Blue	Black
Female	28	175	68	Green	Black
Male	30	190	85	Blue	Black
Female	32	185	78	Green	Black
Male	35	200	95	Blue	Black
Female	38	190	88	Green	Black
Male	40	210	105	Blue	Black
Female	42	200	98	Green	Black

Sex	Age	Height	Weight	Color of Eyes	Color of Hair
Male	25	175	70	Blue	Brown
Female	30	160	55	Green	Blonde
Male	35	180	80	Blue	Black
Female	28	155	50	Green	Blonde
Male	40	190	90	Blue	Black
Female	32	165	60	Green	Blonde
Male	45	200	100	Blue	Black
Female	38	170	65	Green	Blonde
Male	50	210	110	Blue	Black
Female	42	175	70	Green	Blonde

2) List scars, birthmarks, blemishes, tattoos, etc.:

3) Are you a citizen? _____ If yes, are you: Native Born _____ Naturalized _____

When: _____ Where: _____ Naturalization certificate No: _____

4) List the name of your father, mother, sister (s) and brother (s):

Full Name (Give maiden/married name (s), if applicable)	Relationship
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Relationship

5) Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Date Married	Place	Name of Spouse (Maiden name)	Date Dissolved
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Date Dissolved

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6) Residences: List your addresses for the last ten years, begin with the present and work backwards

From (Mo/Yr)	To (Mo/Yr)	Street Address	City, State, Zip Code

7) List all known physicians who have provided you medical treatment:

Name of Physician	Street Address	City, State, Zip Code

8) List date(s) and type of all serious illnesses, operations, and injuries:

9) Have you ever received workmen's compensation? _

10) Have you ever served in the U.S. Military: _____ If yes, please complete the following:
(Military codes: 1 – Air Force, 2 – Army, 3 – Navy, 4 - Marines, 5 – Coast Guard, 6 – National Guard)

From (Mo/Yr)	Code #	Active Reserves	Inactive Reserves	Retired (Mo/Yr)	Honorable Discharge

If you did not receive an honorable discharge, explain: _____

Have you ever received a Federal Government disability pension: _____

Were you ever court- martialled, tried on charges, subject of a summary court, captains mast, company punishment or any other disciplinary action, while in the Armed Forces? _____

If yes, explain: _____

11) List any outstanding debts. Furnish name(s) and address(es) of creditors:

Creditor(s)	Address, City, State, Zip Code	Arrears	Original Amount

12) Are you now supporting all children that you are required by law to support? _____

13) Are you paying alimony? _____ Amount per month \$ _____

14) Have you ever been sued for alimony payments, child support, non-payment of debts or fraud? _____

If yes, give the name of the court in which you were sued and the court number of the lawsuit.

Court: _____ Docket: _____

15) Circle the highest grade completed 9 10 11 12 13 14 15 16 other

List all schools attended – elementary, high school and college

Name of School	City, State	Degree	From	To	Did you graduate

List all other schools you've attended (trade, business, extension college or courses, correspondence schools, other) _____

Were you ever expelled or suspended from any school? _____ If yes, explain _____

16) List the name of five adults, not related to you and not a former employer, who have known you for at least five years. All persons listed will be asked to evaluate your character, ability, experience, personality and other qualifications.

Name		Address		City, State, Zip		Tx No.			
Yrs. Known		Occupation		Business Address		City, State, Zip		Bus. Tx No.	

Name		Address		City, State, Zip	Tx No.
Yrs. Known	Occupation	Business Address		City, State, Zip	Bus. Tx No.
Name		Address		City, State, Zip	Tx No.
Yrs. Known	Occupation	Business Address		City, State, Zip	Bus. Tx No.
Name		Address		City, State, Zip	Tx No.
Yrs. Known	Occupation	Business Address		City, State, Zip	Bus. Tx No.
Name		Address		City, State, Zip	Tx No.
Yrs. Known	Occupation	Business Address		City, State, Zip	Bus. Tx No.

17) List the name (s) to be notified in case of an emergency:

Name		Address		Tx No.	Relationship
Occupation		Business Address			Business Tx No.
Name		Address		Tx No.	Relationship
Occupation		Business Address			Business Tx No.
Name		Address		Tx No.	Relationship
Occupation		Business Address			Business Tx No.

18) Complete your employment history, beginning with the present and work backwards ten (10) years. Include: Full-time and part-time employment, active military duty, self-employment, seasonal employment and all periods of unemployment.

Employer		Address		City, State		Tx No.
From (Mo/Yr)		To (Mo/Yr)		Starting Salary		Ending Salary
Supervisor		Duties			Reason for Leaving	

Employer	Address	City, State	Tx No.
From (Mo/Yr)	To (Mo/Yr)	Starting Salary	Ending Salary
Supervisor	Duties	Reason for Leaving	

Employer	Address	City, State	Tx No.
From (Mo/Yr)	To (Mo/Yr)	Starting Salary	Ending Salary
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From (Mo/Yr)	To (Mo/Yr)	Starting Salary	Ending Salary
Supervisor	Duties	Reason for Leaving	

Employer	Address	City, State	Tx No.
From (Mo/Yr)	To (Mo/Yr)	Starting Salary	Ending Salary
Supervisor	Duties	Reason for Leaving	

19) Have you ever been accepted or rejected for a civil service position? _____ If yes, explain:

20) May we contact your employer? _____ If no, explain _____

21) Have you ever been fired, asked to resign or received conduct related to disciplinary action in connection with any job you have held? _____ If yes, explain _____

22) Have you ever submitted an application to any other law enforcement agency, including any other police department? _____ If yes, position applied for _____

Location _____ Date _____

23) Have you ever been a law enforcement officer or held a similar position? _____

Position _____ Location _____

24) Criminal history: List truthfully and completely each offense for which you have been convicted, including all misdemeanors. A conviction includes: Pleas of guilty, a finding of delinquency by the juvenile court, or a criminal matter in which a fine was imposed. (A conviction or multiple convictions will not necessarily disqualify you for consideration for the position applied for)

Date Occurred	Offense or Charge	City, County, State	Disposition

25) List all arrest (excluding traffic charges). Include date, charge, city, county, state, disposition or finding. (An arrest or multiple arrests will not necessarily disqualify you for consideration for the position applied for).

Date of Arrest	Charge(s)	City, County, State	Disposition/Finding

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read each question asked of me and I understand each question. My statements, and any knowledge and belief are made in good faith. I understand that willful omissions, false statements or intentional misrepresentation will/can be grounds for immediate termination or elimination from the consideration list.

Signature

Date

[illegible]

HARVEY POLICE DEPARTMENT

15301 DIXIE HIGHWAY
HARVEY, ILLINOIS 60426

NON-EMERGENCY
(708) 331-3030



AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern: I am an applicant for position with the City of Harvey Police Department ("Department"). The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. This authorization is intended to provide full and free access to any and all information or documents in your possession relating to me, for the specific purpose of allowing the Harvey Police Department to conduct a background investigation so that the Department can determine my suitability for employment.

I give my consent for full and complete disclosure to the Department of any and all public and private information, including files or records which are deemed to be confidential, and/or sealed, that you may have concerning me. I authorize any representative of the Harvey Police Department bearing this Authorization, or a copy thereof, to obtain any and all such information in your files pertaining to me, specifically including, but not limited to:

- _____ 1. my employment records;
- _____ 2. my military service records;
- _____ 3. my medical and psychiatric/psychological records;
- _____ 4. my education records;
- _____ 5. my criminal history record, including any arrest and
conviction records;
- _____ 6. my any information contained in investigatory files,
internal affairs investigation files and disciplinary records;
- _____ 7. any efficiency ratings, complaints or grievances filed by
or against me; and
- _____ 8. my attendance records;

I direct every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of records, having control of any documents, records and other information pertaining to me, to release such information upon request of the Harvey Police Department.

I release every person, firm, company, corporation, governmental agency, court, association, educational institution, hospital or other repository of records, including its officers, employees or agents, both individually and collectively, from any and all liability for damages of whatever kind, including any liability for damages of whatever kind, including any liability or damages pursuant to any state or federal laws, which may result at any time to me, my heirs, my family or associates, because of compliance with this Authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the Harvey Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Department's acceptance and processing of my application for employment and additional consideration consisting of the Agreement to maintain all information received under the Authorization confidentially, as provided for below in this paragraph, and for other valuable consideration, the sufficiency is acknowledged. I agree to release, indemnify and hold harmless the City of Harvey, its officials, agents and employees, the Harvey Police Department, its agents, and employees, and the Harvey Civil service Commission ("Board"), its commissioners, agent and employees, from any and all claims and liability for damages associated, directly or indirectly, with my application for my employment or in any way connected with the collection of information pursuant to this Authorization. I understand that the information obtained by the Department under the Authorization shall remain confidential, except for its use by the Department in Examining my qualifications to hold or retain the position applied for and such information may be released or destroyed only as required by law, or as approved by the applicant and the Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of the records, and I waive those rights with the understanding that information furnished will be used by the Harvey Police, and/or the Harvey Civil Service Commission in conjunction with employment procedures.

A photocopy or facsimile copy of this Authorization form shall be valid as an original thereof, even though the said photocopy or facsimile copy does not contain any original writing of my signature.

Name: _____

Address: _____

City: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Telephone (Home) _____ Telephone (Cellular) _____

Signature of Applicant: _____ Date: _____