



**VILLAGE OF MATTESON  
POLICE DEPARTMENT  
POLICE OFFICER APPLICATION**

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Number
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you authorized to work in the United States on an unrestricted basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

**B. WORK HISTORY** – Beginning with your present or most recent job, list all employment since the age 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

5. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

6. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

7. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

8. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

9. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of co-worker: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**C. EDUCATIONAL HISTORY**

<u>High School</u>	<u>City &amp; State</u>	<u>Graduate?</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___

*List in chronological order, beginning with your most recent college/university education:*

College/University Attended \_\_\_\_\_

City & State: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Degree received, if any: \_\_\_\_\_

College/University Attended \_\_\_\_\_

City & State: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Degree received, if any: \_\_\_\_\_

College/University Attended \_\_\_\_\_

City & State: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Degree received, if any: \_\_\_\_\_

List other schools attended (Trade, Vocational, Business, etc.) ***in chronological order, beginning with your most recent.*** Give name and dates attended, course of study, certificate and any other pertinent information.

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**D. SPECIAL QUALIFICATIONS & SKILLS**

List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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List any specialized machinery or equipment which you can operate.

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If you are fluent in a foreign language, indicate in each area your level of fluency (Excellent, Good, Fair).

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Name \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years known: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Name \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years known: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

**F. MEMBERSHIP IN ORGANIZATIONS (Past and/or Present)**

<u>Name &amp; Address</u>	<u>Type (Social, Fraternal, Professional etc. Do not include any religious or ethnic affiliations.)</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____

**G. PERSONAL DECLARATIONS**

Have you ever made an application for employment with this or any other police agency? \_\_\_ Yes \_\_\_ No  
If yes, give agency, date(s), and status of application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any incidents in your life or details not mentioned herein which may influence the Fire & Police Commission's evaluation of your suitability for employment as a POLICE OFFICER?

\_\_\_ Yes \_\_\_ No If so, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. BACKGROUND INFORMATION** – Information provided in this section will only be used for background checks if you are to be offered a position and will not affect your status as an applicant in any manner.

Name: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Color of eyes: \_\_\_\_\_

Color of hair: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City County State

Have you ever been arrested, detained by police or summoned into court for anything other than traffic violations?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, complete the following:

<u>Offense Charged</u>	<u>Police Agency City &amp; State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any religious or other beliefs which would prevent you from fully performing the duties of POLICE OFFICER? (See job description.)

\_\_\_\_ Yes      \_\_\_\_ No      If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR STATISTICAL PURPOSES ONLY:  
PLEASE TELL US IN WHICH NEWSPAPER/WEBSITE YOU SAW THIS ADVERTISEMENT.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. FINANCIAL HISTORY**

**SOURCE OF INCOME**

What is your present salary or wage? \_\_\_\_\_

Do you have income from any source other than your principal occupation? \_\_\_ Yes \_\_\_ No

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

The source? \_\_\_\_\_

Do you own any real estate? \_\_\_ Yes \_\_\_ No Value: \$ \_\_\_\_\_

Location: \_\_\_\_\_

Do you own any bonds, government or other? \_\_\_ Yes \_\_\_ No Value: \$ \_\_\_\_\_

Do you own any corporate stock? \_\_\_ Yes \_\_\_ No Value: \$ \_\_\_\_\_

Do you have a bank account? \_\_\_ Yes \_\_\_ No

Savings: Average Balance: \$ \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checking: Average Balance: \$ \_\_\_\_\_

Name and Address of Bank \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. FINANCIAL OBLIGATIONS**

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and other debts and payments. Include account numbers where applicable. If you need additional space, attach a separate sheet of paper.

<u>Type</u>	<u>Name &amp; Address of Creditor</u>	<u>Reason for debt or item Purchased</u>	<u>Account Number</u>	<u>Total Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**K. MILITARY RECORD**

Have you served in the U.S. Armed Forces? \_\_\_\_ Yes      \_\_\_\_ No

Date of Service: From: \_\_\_\_\_ To: \_\_\_\_\_      Branch of Service: \_\_\_\_\_

Unit Designation: \_\_\_\_\_      Military Service Number: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Were you ever disciplined while in the Military Service (include court martial, captain's masts, company punishments, etc.)?      \_\_\_\_ Yes      \_\_\_\_ No

<u>Charge</u>	<u>Agency</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**L. RESIDENCE** – List **ALL** addresses where you have lived during the past ten years, beginning with present address. List date by month and year. Attach extra page if necessary.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**M. TRAFFIC RECORD**

Has your driver's license ever been suspended or revoked?    \_\_\_ Yes    \_\_\_ No    If yes, give dates, locations and reasons.

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List to the best of your memory all traffic citations you have received, excluding parking tickets.

<u>Month &amp; Year</u>	<u>Charge</u>	<u>City &amp; State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

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**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.**

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

\_\_\_\_\_  
Date