



*Southern View Police Department*

**POLICE OFFICER  
APPLICATION  
PACKET**

# **YOU MUST**

Print legibly.

Answer all questions.

Leave no lines blank, (if it does not apply to you, indicate with 'DNA').

Provide all contact information, (you cannot leave a phone number, etc., blank just because you don't know it. It is your responsibility to provide us with this information).

Provide degree(s), diploma(s) listed on your resume and/or application.

Proofread this entire questionnaire for completeness and accuracy.

Make a copy of the questionnaire for your records

# PERSONAL HISTORY QUESTIONNAIRE



VILLAGE OF SOUTHERN VIEW

SOUTHERN VIEW, ILLINOIS

CONFIDENTIAL

Position applied for: \_\_\_\_\_

Name, (Last, First, Middle): \_\_\_\_\_

**Please proofread this questionnaire for completeness and accuracy.**



Southern View Police Department  
3412 South 5<sup>th</sup> St.  
Southern View, IL 62703

An Equal Opportunity Employer  
Application for Employment  
(Please print or type)

Applicant Personal History Questionnaire Instructions

Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect or incomplete statement may bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by page number and question. Leave no lines blank, use the term "DNA" if the question does not apply.

Position Desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Street Address : \_\_\_\_\_ Height: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's Lic. # and State: \_\_\_\_\_

List your social media accounts, (Facebook, Twitter, Instagram, etc.), (no passwords):  
\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ Are you naturalized? Yes \_\_\_\_ No \_\_\_\_

Are you currently at least 21 years of age? Yes \_\_\_\_ No \_\_\_\_

Gender? Male \_\_\_\_ Female \_\_\_\_

List any other names and/or aliases you have used or been known by. Please indicate maiden name if applicable.

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List any scars, birthmarks, tattoos, etc. that you may have.

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As Police Officers you may be required to physically overpower and control combative subjects. To your knowledge, are there any physical limitations that you possess that may prevent you from performing these required functions?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list.

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Currently, Southern View Police Offices work 8, 10 & 12 hour shifts, both day and night. Additionally, officer may be called upon to work irregular schedules to cover open shifts. Scheduled shifts include weekends and holidays. Are there any reasons that would prevent you from working such a schedule?

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain.

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**RESIDENTIAL HISTORY INFORMATION**

Beginning with your current address, provide requested information for all addresses at which you have lived for the past 7 years. Provide complete address. Do not use PO Boxes.

If the residence was a military installation, identify name of base, address, nearest city, state and zip code.

**Regarding you current address:**

Length of residency: From (mm/yyyy): \_\_\_\_\_ to Present

Do you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, provide **name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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With whom do you live at this address, (provide full name and relationship)?

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**Former Address:**

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, provide **name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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Former Address:

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, **provide name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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Former Address:

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, **provide name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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Former Address:

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, **provide name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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Former Address:

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, **provide name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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Former Address:

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, **provide name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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Former Address:

Number/Street: \_\_\_\_\_

Apartment/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency: From (mm/yyyy) \_\_\_\_\_ to (mm/yyyy) \_\_\_\_\_

Did you own the property? Yes \_\_\_ No \_\_\_

If you are not the owner, **provide name, address and current telephone number** for the property owner, property manager, landlord or rent collector:

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Provide full names, relationships and current contact information for anyone with whom you lived at this address:

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**FAMILY INFORMATION SECTION**

If you are married, list: \_\_\_\_\_

Spouses Full Name:          First                  Middle                  Last                  Maiden

Spouse's Place of Employment                          Employment Address

City                          County                          State                          Zip Code

Work Telephone Number      Home/Cell Telephone Number (if different from yours)

Present address of spouse, (if different from yours)

Street Address

City                          County                          State                          Zip Code

If you are divorced, provide the name, presently used, of your former spouse:

Last                          First                          Middle

If paying child support, were you ever delinquent on child support payments? Yes \_\_\_\_ No \_\_\_\_  
*If Yes, explain in detail in the Additional Information Section.*

Have you ever been named in an Order of Protection, Civil No Contact Order or similar court-issued 'stay-away' type of order in any jurisdiction? Yes \_\_\_\_ No \_\_\_\_  
*If Yes, explain in detail in the Additional Information Section*

**EDUCATION SECTION**

Name, address, date(s) of attendance and date of graduation of High School, Vocational, Correspondence, (GED), or Military School you have attended:

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

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

City, State, Zip Code: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

List information below regarding any post-High School education you have had:

Name of School: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Subjects studied or majored in: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree or Title obtained: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Subjects studied or majored in: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_  
Degree or Title obtained: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Subjects studied or majored in: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_  
Degree or Title obtained: \_\_\_\_\_

Were you ever expelled from any High School, Trade School or College: Yes \_\_\_\_ No \_\_\_\_  
*If Yes, explain in detail in the Additional Information Section.*

Were you ever subject to any disciplinary action, including institutional penalty, probation or suspension at any High School, Trade School or College? Yes \_\_\_\_ No \_\_\_\_  
*If Yes, explain in detail in the Additional Information Section.*

List any special skills that you possess that would be beneficial to the position for which you applying, (ex. Special licenses, awards, certificates, special training, experience, etc.).

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

List any foreign languages you can speak, read or write:

Language	How proficient?
Language	How Proficient?

**MILITARY SERVICE SECTION**

Are you required to register for the Selective Service? Yes \_\_\_\_ No \_\_\_\_

If Yes, have you registered? Yes \_\_\_\_ No \_\_\_\_

*If you are required to register for the Selective Service and are not registered, explain in detail in the Additional Information Section.*

If you served in the United States Military, complete the following:

Branch: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Total Length of Active Service: \_\_\_\_\_

Years

Months

Did you receive an Honorable Discharge? Yes \_\_\_\_ No \_\_\_\_ *If No, explain in detail in the Additional Information Section.*

List any awards or medals you received while serving in the Armed Forces:

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

List your status regarding military reserves, (not National Guard).

Branch: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Are you now, or have you ever been, a member of the National Guard? Yes \_\_\_\_ No \_\_\_\_

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

Regiment: \_\_\_\_\_

Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Years

Months

Have you ever volunteered for, or been employed by, any foreign government or entity, military service, or private business working for, or within, a foreign country in any capacity?  
Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever asked for, or received a deferment from military service? Yes \_\_\_\_ No \_\_\_\_ If Yes, provide the following information:

Date of Request: \_\_\_\_\_

Selective Service Board Number and Address:

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

Result of request and any details:

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

Have you ever received any disciplinary actions while in the military service, either active or reserve? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever been denied a security clearance, or had a clearance revoked, suspended or downgraded? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

### **EMPLOYMENT INFORMATION SECTION**

List below ALL of the employers you have worked for on a full-time, part-time, seasonal or volunteer basis for the last seven (7) years. Begin with your present employer and work backwards. Fill in periods of unemployment showing dates, reasons for unemployment and the means used to financially support yourself. Enter this data under 'Additional Comments'. Military service and periods of schooling must be included.

Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

\_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

\_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

\_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Address and telephone number of employer: \_\_\_\_\_

\_\_\_\_\_

Total time employed: \_\_\_\_\_

Years

Months

Type of business: \_\_\_\_\_

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

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Full name and title of immediate supervisor: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever resigned instead of being terminated from any place of employment? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Were you ever involved in a physical and/or verbal altercation with a supervisor, co-worker or customer/client? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Are you engaged in any business either actively or inactively, as a sole owner, partner, corporate officer or stockholder? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever previously submitted a Personal History Questionnaire to any Police, law enforcement agency or Fire Department? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Department and address: \_\_\_\_\_

Date of Questionnaire: \_\_\_\_\_

### **CRIMINAL HISTORY SECTION**

Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, questioned and/or convicted of any misdemeanor or felony offense in Illinois or any other State or legal jurisdiction? Include municipal ordinance violations or citations, **but do not include traffic violations.** If yes, provide the following information:

Date: \_\_\_\_\_

County and State: \_\_\_\_\_

Police Agency Involved: \_\_\_\_\_

Crime charged: \_\_\_\_\_

Disposition of case, including sentence: \_\_\_\_\_

Are you currently on Probation or Parole? Yes \_\_\_\_ No \_\_\_\_

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Date: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Police Agency Involved: \_\_\_\_\_  
Crime charged: \_\_\_\_\_  
Disposition of case, including sentence: \_\_\_\_\_

Are you currently on Probation or Parole? Yes \_\_\_ No \_\_\_

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Date: \_\_\_\_\_  
County and State: \_\_\_\_\_  
Police Agency Involved: \_\_\_\_\_  
Crime charged: \_\_\_\_\_  
Disposition of case, including sentence: \_\_\_\_\_

Are you currently on Probation or Parole? Yes \_\_\_ No \_\_\_

*If necessary, continue in the Additional Information Section.*

Are there any warrants, (traffic or otherwise), now pending against you? Yes \_\_\_ No \_\_\_  
Have you ever been the victim of a crime? Yes \_\_\_ No \_\_\_  
Was the crime reported to the police? Yes \_\_\_ No \_\_\_  
Have you ever been fingerprinted by a police agency for a reason other than an arrest?  
Yes \_\_\_ No \_\_\_

*If Yes to any of the four questions above, explain in detail in the Additional Information Section.*

**DRIVING HISTORY SECTION**

Can you operate a motor vehicle? Yes \_\_\_ No \_\_\_  
Do you possess a valid Illinois operator's or Commercial Driver's License? Yes \_\_\_ No \_\_\_  
Driver's License number: \_\_\_\_\_ Expiration: \_\_\_\_\_ State: \_\_\_\_\_

Do you possess a valid operator's license or Commercial Driver's License from another state?  
Yes \_\_\_\_ No \_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been refused an operator's or Commercial Driver's License by this or any other state? Yes \_\_\_\_ No \_\_\_\_

If yes, explain:

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Has your license ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If yes explain:

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Have you ever had a restricted driving permit or license in this or any other state?  
Yes \_\_\_\_ No \_\_\_\_ *If yes explain in detail in the Additional Information Section.*

List all citations, arrests and/or convictions for traffic violations you have received in the past ten, (10), years, excluding parking violations. You must include all violations in which you received 'court supervision'. You must also include all convictions which may have been expunged from your record.

Date you were ticketed for the violation: Month \_\_\_\_\_ Year \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

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Date you were ticketed for the violation: Month \_\_\_\_\_ Year \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

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Date you were ticketed for the violation: Month \_\_\_\_\_ Year \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

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Date you were ticketed for the violation: Month \_\_\_\_\_ Year \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

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Date you were ticketed for the violation: Month \_\_\_\_\_ Year \_\_\_\_\_

Charge: \_\_\_\_\_

Police Agency involved: \_\_\_\_\_

Court disposition and penalty: \_\_\_\_\_

*If necessary, continue in the Additional Information Section.*

**DRUG/ALCOHOL USE SECTION**

Do you use, or have you ever used, any narcotics or controlled substances prescribed by a physician or other authorized medical personnel? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Do you use, or have you ever used, cannabis or any derived or synthetic cannabinoid or THC containing substance? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever purchased, or traded for, a controlled substance or cannabis that was not prescribed by a physician or other authorized medical personnel? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever undergone treatment or sought counseling for a drug-related or alcohol-related problem? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Do you drink alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_ *If yes, to what extent?*

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### **FINANCIAL INFORMATION SECTION**

What is your total amount of monthly payments for indebtedness, (including, but not limited to, rent, utilities, mortgage, auto, insurance, credit cards, spousal maintenance, (alimony), child support, etc.)? \$ \_\_\_\_\_

Have you ever had any of your property, including automobiles, repossessed? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Do you have any legal action pending or current against you regarding any financial matter? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever been refused a bond? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Are there any unpaid judgements against you? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_ *If Yes, provide the following:*

Date filed: \_\_\_\_\_

Court number: \_\_\_\_\_

Explain reason in detail:

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Have you ever had your wages attached or garnished? Yes \_\_\_\_ No \_\_\_\_ If yes, provide the following information:

Date filed: \_\_\_\_\_

Court number: \_\_\_\_\_

Explain reason in detail:

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Have you ever been a party to any civil court action regarding creditor, debtor or other financially related manner? Yes \_\_\_\_ No \_\_\_\_ If yes, provide the following information:

Date filed: \_\_\_\_\_

Court number: \_\_\_\_\_

Explain reason in detail:

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Have you ever fraudulently received welfare, unemployment compensation, worker's compensation or any other State or Federal Compensation or Assistance?

Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever been investigated by any State or Federal agency/authority for welfare, unemployment compensation, workers' compensation or other State or Federal Compensation or Assistance fraud? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*

Have you ever been required to repay any welfare payments, unemployment compensation or other State or Federal Compensation or Assistance? Yes \_\_\_\_ No \_\_\_\_ *If Yes, explain in detail in the Additional Information Section.*



**REFERENCE SECTION**

Provide the following information requested for three, (3), social references, (friends, neighbors, church members, club members, etc.), who can provide past and present information about you. **You must have known the reference for at least five, (5), years. Do not include relatives.** All spaced must be filled-in completely. This Personal History Questionnaire will be considered incomplete without this information.

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

Last

First

Middle

Complete address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

County

State

Zip Code

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of years known: \_\_\_\_\_

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

Last

First

Middle

Complete address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

County

State

Zip Code

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of years known: \_\_\_\_\_

\*\*\*\*\*

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

Last

First

Middle

Complete address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

County

State

Zip Code

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of years known: \_\_\_\_\_

Provide the following information requested for three, (3), professional references, (current/former co-worker, teacher, etc.). These references should be people who can provide past and present information about you. **You must have known the reference for at least five, (5), years. Do not include relatives or employment references.** All spaces must be filled in completely. This Personal History Questionnaire will be considered incomplete without this information.

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

Last

First

Middle

Complete address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

County

State

Zip Code

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of years known: \_\_\_\_\_

\*\*\*\*\*

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

Last

First

Middle

Complete address: \_\_\_\_\_

Street Address

City

County

State

Zip Code

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of years known: \_\_\_\_\_

(22)

\*\*\*\*\*

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

Last

First

Middle

Complete address: \_\_\_\_\_

Street Address

City

County

State

Zip Code

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Number of years known: \_\_\_\_\_

ADDITIONAL INFORMATION SECTION

**PLEASE INDICATE THE SECTION OF THE QUESTION BEING ANSWERED**

ADDITIONAL INFORMATION SECTION

**PLEASE INDICATE THE SECTION OF THE QUESTION BEING ANSWERED**

ADDITIONAL INFORMATION SECTION

**PLEASE INDICATE THE SECTION OF THE QUESTION BEING ANSWERED**

ADDITIONAL INFORMATION SECTION

**PLEASE INDICATE THE SECTION OF THE QUESTION BEING ANSWERED**

ADDITIONAL INFORMATION SECTION

**PLEASE INDICATE THE SECTION OF THE QUESTION BEING ANSWERED**



I hereby certify that there are no willful misrepresentations, omissions or false statements made by me in this Personal History Questionnaire and all of my answers are true and correct to the best of my knowledge and belief. To the best of my knowledge and belief this Personal History Questionnaire is entirely complete as submitted.

I also understand that any misrepresentations, omissions, false statements or failure to entirely complete the Personal History Questionnaire will disqualify me from further consideration for this position with the Village of Southern View Police Department.

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Applicant's Signature in Full

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Date

The following MUST be taken before a NOTARY PUBLIC:

\_\_\_\_\_, the undersigned, a legal resident of \_\_\_\_\_

Name

Street Address

In the City of \_\_\_\_\_, and State of \_\_\_\_\_, to me

personally know, having been sworn before me, declares that he/she is the person described in the foregoing Personal History Questionnaire; and that all the statements contained in said answers are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
APPLICANT

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

at \_\_\_\_\_ County of \_\_\_\_\_, and State of \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(OFFICIAL SEAL)

## **AUTHORITY TO RELEASE INFORMATION**

Having made application for employment with the Village of Southern View Police Department and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records that may be of interest to them. The authorization includes, but is not limited to, medical, hospital, school, credit, military and employment records, whether privileged or not. This authorization to furnish information is executed in consideration of the Village of Southern View's President and Board of Trustees, giving my application consideration and shall serve as a release of liability to all parties furnishing such information to the Village of Southern View and its representatives.

Applicant's printed name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Residence telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Cell telephone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_