

Employment Application



Date:

NAME: Date of birth:

Address:

CITY: State

Zip Code: SSN

Email

Mobile Phone

Work Phone

City of Blue Island Civil Service Commission
13031 S. Greenwood Ave.
Blue Island, Illinois

60406
Phone: 708-597-8600
Fax: 708-396-7003
www.blueisland.org

Instructions: Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect or inaccurate statement(s) will remove you from employment eligibility. If writing space provided is inadequate, use the continuation sheet provided. Use DNA if the question "does not apply."

Place of Birth (City, State, Country, Hospital)

Are you a U.S. Citizen: ☐ Yes ☐ No If Yes: ☐ Native born ☐ Naturalized

If "Naturalized" provide details:

List every member of your immediate family who is still living, including Father, Mother, Sister(s), Brother(s), Step, etc.:

Name Relationship

Address City: State

Home phone Mobile phone Occupation

Name Relationship

Address City: State

Home phone Mobile phone Occupation

Name Relationship

Address City: State

Home phone Mobile phone Occupation

Name Relationship

Address City: State

Home phone Mobile phone Occupation

Are you: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Other

Are you living with your spouse: ☐ Yes

☐ No

If NO, explain

Give the following information regarding marriage(s):

Date: Where: Spouse maiden name:

Date: Where: Spouse maiden name:

Date: Where: Spouse maiden name:

If a marriage to which you were a party was ever dissolved, complete the following:

CATEGORY Explain To whom was action granted

CATEGORY Explain To whom was action granted

CATEGORY Explain To whom was action granted

Alimony? If Yes, explain:

If divorced, list the name(s) of previous spouse(s) and where they reside:

Name/Address

Name/Address

Name/Address

List every child born to you, adopted and stepchildren:

Name Date of birth Whom does the child live with:

Name Date of birth Whom does the child live with:

Name Date of birth Whom does the child live with:

Name Date of birth Whom does the child live with:

Name Date of birth Whom does the child live with:

Are you supporting all children born to you, adopted by you or step children: ☐ Yes

☐ No

If NO, explain

Have you ever been named as the natural father in a paternity proceeding: ☐ Yes

☐ No

If Yes, explain

Are you paying child support: ☐ Yes

☐ No

If Yes, explain

Grammar School	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed	<input type="text"/>
Grammar School	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed	<input type="text"/>
High School	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed	<input type="text"/>
High School	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed	<input type="text"/>
College/University	<input type="text"/>			
Date Completed	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	<input type="text"/>
College/University	<input type="text"/>			
Date Completed	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	<input type="text"/>
Business College	<input type="text"/>			
Date Completed	<input type="text"/>	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	<input type="text"/>
Other Courses:	<input type="text"/>			

Other formal education:

Can you operate an automobile? ☐ Yes ☐ No Do you possess a valid operator's license in Illinois? ☐ Yes ☐ No Other U.S. State

Have you ever been refused an operator's license by any state?

☐ Yes ☐ No If Yes, explain

Has your license ever been placed on probation? ☐ Yes ☐ No If Yes, explain

[illegible]

Do you own or are you buying a home? Do you own or are you buying other real estate?

☐ Yes

☐ No

☐ Yes

☐ No

If Yes, give location

Have you ever served any military organization of the U.S.?

☐ YES

☐ No

If Yes, What Branch

What was your service serial number

Highest rank held

Rank at Discharge

What type of discharge did you receive? (Be Exact)

Date and location of discharge (city and state)

Date and location of entrance to active duty (city and state)

Were you ever convicted at a court martial?

☐ Yes

☐ No

If yes, explain

Have you ever served in a branch of a U.S. Reserve Forces Unit?

☐ Yes

☐ No

If Yes,

☐ Active

☐ Inactive

Branch

Unit

Rank

Dates

Are you a member, or have you ever been a member, of the National Guard?

☐ Yes

☐ No

If Yes, What State

Rank

Regiment

Unit

Dates

Type of Discharge (Be Exact)

Was any disciplinary action taken against you in the National Guard or Reserve Unit? ☐ Yes ☐ No

If Yes, explain

List all traffic citations you have received:

Location (City)

Apprx. Date

Nature

Disposition

Location (City)

Apprx. Date

Nature

Disposition

Location (City)

Apprx. Date

Nature

Disposition

Location (City)

Apprx. Date

Nature

Disposition

Location (City)

Apprx. Date

Nature

Disposition

Are there any warrants, traffic or otherwise, now pending against you?

☐ Yes

☐ No

If Yes, explain

Have you ever been convicted?

☐ Yes

☐ No

If Yes, explain

Date

Police Agency

Charges

Disposition

Date

Police Agency

Charges

Disposition

Have you ever been placed on probation? ☐ Yes ☐ No If Yes, explain

Have you ever been required to pay a fine in excess of \$25.00 ☐ Yes ☐ No If Yes, explain

Have you ever been reported as a missing person? ☐ Yes ☐ No If Yes, explain

Have you ever been the victim of a crime? Was the crime reported to the police? ☐ Yes ☐ No ☐ Yes ☐ No If Yes, explain

Have you ever been fingerprinted by a police agency other than for an arrest? ☐ Yes ☐ No If Yes, explain

Have you ever taken a civil exam? ☐ Yes ☐ No If Yes, explain

Agency Date Pos. on List Status

Agency Date Pos. on List Status

Agency Date Pos. on List Status

Were you ever placed on a civil service list and not hired? ☐ Yes ☐ No If Yes, explain

Were you ever rejected for any civil service position? ☐ Yes ☐ No If Yes, explain

Have you ever submitted an application for appointment to another police department? ☐ Yes ☐ No Date

Have you ever been a law enforcement officer or held a similar position? ☐ Yes ☐ No If Yes, position

Date from Date to Location/Agency

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? ☐ Yes ☐ No

If Yes, explain

Employer (include names)

Employer Address

Are you now or have you been engaged in any business as an owner, partner or corporate member? ☐ Yes ☐ No If Yes, explain

List all jobs you have held for the last ten years, including periods of unemployment, put your present or most recent job first., including military service, in proper time sequence and temporary or part-time jobs.

Employer	<input type="text"/>	Address	<input type="text"/>
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>
From (date)	<input type="text"/>	To (Date)	<input type="text"/>
Exact Position/Title	<input type="text"/>		
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>
Reason for Leaving	<input type="text"/>		

Employer	<input type="text"/>	Address	<input type="text"/>
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>
From (date)	<input type="text"/>	To (Date)	<input type="text"/>
Exact Position/Title	<input type="text"/>		
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>
Reason for Leaving	<input type="text"/>		

Employer	<input type="text"/>	Address	<input type="text"/>
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>
From (date)	<input type="text"/>	To (Date)	<input type="text"/>
Exact Position/Title	<input type="text"/>		
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>
Reason for Leaving	<input type="text"/>		

Employer	<input type="text"/>	Address	<input type="text"/>
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>
From (date)	<input type="text"/>	To (Date)	<input type="text"/>
Exact Position/Title	<input type="text"/>		
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>
Reason for Leaving	<input type="text"/>		

Employer	<input type="text"/>	Address	<input type="text"/>
Type of Business	<input type="text"/>	Name/Title of Supervisor	<input type="text"/>
From (date)	<input type="text"/>	To (Date)	<input type="text"/>
Exact Position/Title	<input type="text"/>		
Salary (Per month)	<input type="text"/>	Duties	<input type="text"/>
Reason for Leaving	<input type="text"/>		

Indicate which employer whom you do not wish us to contact	<input type="text"/>
Why?	<input type="text"/>

List the names of three adults, not related to you and not former employers, references, friends, fellow students or fellow workers, the names should be persons who have seen you during the past year.

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Location	<input type="text"/>	Capacity of relationship	<input type="text"/>		

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Location	<input type="text"/>	Capacity of relationship	<input type="text"/>		

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Location	<input type="text"/>	Capacity of relationship	<input type="text"/>		

List the names of five adults not related to you, and not former employers, who have known you for a period preferably more than five years. All persons to whom you refer will be asked to appraise your ability, experience, and other qualities.

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Address	<input type="text"/>	Business Phone	<input type="text"/>	Years	<input type="text"/>

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Address	<input type="text"/>	Business Phone	<input type="text"/>	Years	<input type="text"/>

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Address	<input type="text"/>	Business Phone	<input type="text"/>	Years	<input type="text"/>

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Address	<input type="text"/>	Business Phone	<input type="text"/>	Years	<input type="text"/>

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Occupation/Address	<input type="text"/>	Business Phone	<input type="text"/>	Years	<input type="text"/>

Person(s) to be notified in case of an emergency:

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Relationship	<input type="text"/>				

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Relationship	<input type="text"/>				

Note: Should you successfully complete all phases of the examination process. You will be subject to a thorough medical evaluation. That medical examination may include testing for drugs / narcotics, communicable diseases including the aids virus , and alcohol abuse. You will be required to give a thorough medical history and may be required to meet vision standards established by the municipality to which you are applying. A medical examination will be administered after a conditional offer of employment has been made.

Applicants must possess a valid P.O.W.E.R. card issued no more than twelve (12) months prior to the date of the written test, from a duly licensed testing center:

- Joliet Junior College – <https://www.jjc.edu/about-jjc/places-interest/power-testing> 815-280-2674
- NIPSTA – <https://nipsta.org/202/POWER-Test> 847-998-8090

I HEREBY CERTIFY THAT THERE ARE NO WILLFULL MISREPRESENTATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature in full

Date

BLANK PAGE FOR ADDITIONAL SPACE