

5. ARE YOU SINGLE? MARRIED SEPARATED WIDOWED DIVORCED

6. ARE YOU LIVING WITH YOUR SPOUSE? YES NO IF "NO" EXPLAIN

7. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE, OR MARRIAGES

DATE	WHERE	WIFE'S MAIDEN NAME

8. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING

	EXPLAIN	TO WHOM WAS ACTION GRANTED
SEPARATED		
DIVORCED		
ANNULLED		

9. ARE YOU PAYING ALIMONY? YES NO IF "YES" EXPLAIN

10. IF DIVORCED LIST THE NAME(S) OF YOUR PREVIOUS SPOUSE(S) AND WHERE THEY RESIDE.

11. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN

NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM

12. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN? YES NO IF "NO" EXPLAIN FULLY

13. HAVE YOU EVER BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING? YES NO IF "YES" EXPLAIN

14. ARE YOU PAYING CHILD SUPPORT? YES NO IF "YES" EXPLAIN

RESIDENCES

15. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS.

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY, STATE & ZIP CODE

16. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	17. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" GIVE LOCATION
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EDUCATION AND TRAINING

18. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED

NAME & ADDRESS OF SCHOOL (INCLUDE CITY, STATE & ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	FULL TIME	PART TIME	GRADUATE	
					YES	NO
GRAMMAR SCHOOLS						
HIGH SCHOOLS						
COLLEGE OR UNIVERSITY						
EXTENSION OR CORRESPONDENCE COURSES						

19.	COLLEGE	COURSE OF STUDY		DEGREES(S) ATTAINED
		MAJOR	MINOR	

20. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN
21. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	
22. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD	
23. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK

MILITARY

24. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT BRANCH	
25. WHAT IS YOUR SERVICE SERIAL NO.?	26. HIGHEST RANK HELD	27. RANK AT DISCHARGE

28. GIVE DATE & LOCATION OF ENTRANCE TO ACTIVE DUTY (CITY & STATE)		29. LIST PERIODS(S) OF ACTIVE SERVICE FROM (DATE) TO (DATE)
GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)		

30. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, ETC.)	BE EXACT	IF OTHER THAN "HONORABLE" EXPLAIN

31. WERE YOU EVER CONVICTED AT A COURT-MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN

32. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	BRANCH	UNIT	RANK
	ADDRESS		FROM	TO

33. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT STATE	REGIMENT	UNIT
	RANK	TYPE OF DISCHARGE	FROM TO

34. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT	

DRIVING HISTORY

35. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	36. DO YOU POSSESS A VALID OPERATOR'S LICENSE FROM ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" DATE OF EXPIRATION	DRIVER'S LICENSE NO.
37. LIST ALL OTHER STATES IN WHICH YOU HOLD OR HAVE HELD AN OPERATOR'S LICENSE.	STATE	LICENSE NUMBER	EXPIRATION DATE
38. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	
39. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	
40. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN	

LOCATION (CITY)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

SECURITY DATA

42. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF "YES" EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	BY WHOM (POLICE AGENCY)	CRIME CHARGED	DISPOSITION OF CASE
43. HAVE YOU EVER BEEN PLACED ON PROBATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
44. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN		
45. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN DETAILS, INCLUDING JURISDICTION DATES AND OUTCOME		
46. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THIS CRIME REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU WERE A "VICTIM" EXPLAIN		
47. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	DATE	PURPOSE	
48. ARE THERE ANY WARRANTS TRAFFIC OR OTHERWISE NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			

EMPLOYMENT HISTORY

49. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.

1	From	To	Most recent or current Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
2	From	To	Second most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
3	From	To	Third most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
4	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
5	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
6	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
7	From	To	Next most recent Employer	Telephone
	Immediate Supervisor and Title		Address	City, State, Zip
	Job Title		Summarize the nature of work performed and job responsibilities	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving
50. INDICATE BY NUMBER ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT. EXPLAIN				

51. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS
52. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
53. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
54. ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			
55. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" POSITION	DATE (FROM)	(TO)	LOCATION
56. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE NAME(S) & ADDRESSES OF EMPLOYERS	IF "YES" EXPLAIN			
57. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" EXPLAIN			

CREDIT HISTORY

58. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES SUCH AS BANK, CHARGE ACCOUNT, OR OTHER LENDER. (Include Loan Opened and Closed Dates)

NAME & ADDRESS OF FIRM	TYPE OF BUSINESS	AMOUNT	APPROX. DATES
		\$	
		\$	
		\$	

59. HAVE YOU EVER BEEN SUED? YES NO IF "YES" GIVE DETAILS

60. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS.

AMT. OF ORIGINAL	AMT. NOW OWED	IN ARREARS		OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

61. HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF "YES" EXPLAIN

REFERENCE CONTACTS

REFERENCES

62. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
2	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
3	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
4	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN
5	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION		YEARS KNOWN

ACQUAINTANCES

63. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

1	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
2	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?	
3	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	WHAT CAPACITY DO YOU KNOW THIS PERSON?	

EMERGENCY CONTACTS

64. PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP
NAME	ADDRESS	HOME PHONE	RELATIONSHIP

65. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.

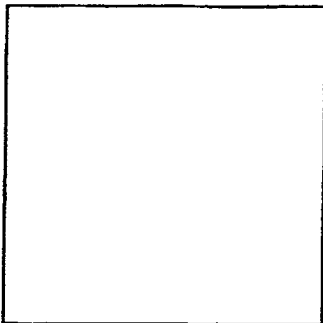
I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

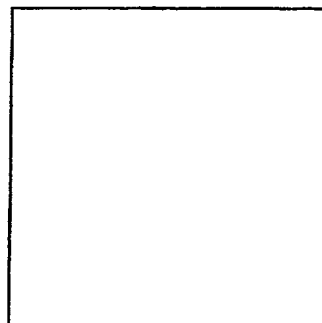
I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY



PHOTOGRAPH



THUMB PRINT

Waiver/Release of Liability
Application for Public Employment

Agreement made this _____ day of _____, 20_____

between _____
Applicant Name

For employment as a firefighter/paramedic with the Fire Department of the City of Calumet City, Illinois, or as a police officer with the Police Department of the City of Calumet City, Illinois, (the "applicant") and the City of Calumet City, Illinois, its Board of Fire and Police Commissioners; the City's and the Board of Fire and Police Commissioners' employees, agents, representatives, and assigns (specifically any testing agency employed by the City or its Board of Fire and Police Commissioners (hereinafter collectively referred to as the "City"), witness:

Whereas, applicant has applied to the City for employment as a firefighter/paramedic or police officer; and,

Whereas, the City is required to subject the applicant to a competitive testing process; and,

Whereas, the applicant has agreed to submit a variety of exams including written exam, oral interview, medical exam, and such other examinations, and to undergo a thorough background investigation as deemed appropriate by the City; applicant must also have a current CPAT card valid within 12 months of test date; and,

Whereas, the City has agreed to administer said exams, on an as needed basis, and as provided by the rules and regulations of the City's Board of Fire and Police Commissioners, without expense to the applicant; and

Whereas, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well qualified individuals to fill the positions sought by the applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment by the City, of the fees associated with the conduct of examinations to be taken by the applicant, hereby agrees to waive any claims the applicant may now have, or have in the future (specifically including any claim as to personal injury and/or damages) arising from applicant's participation in any exam. Specifically including the required CPAT certification valid within 12 months of test date (firefighter/paramedic only), background investigation conducted by, or for the City as part of its pre-employment screening process for the position of firefighter/paramedic or police officer. The applicant further states that the waiver is given voluntarily, and with the knowledge that the applicant is waiving any and all liability the City may incur as a to the applicant, resulting from the applicant's participation in the pre-employment screening process. The applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, &40/7 (1). The applicant also acknowledges that the applicant had the opportunity to discuss the import of this waiver with legal counsel of applicant's own choosing.

Witness our hands seals the day and year above written.

Applicant:

City of Calumet City, Illinois
Board of Fire and Police Commissioners

Signature

Printed Name

**CITY OF CALUMET CITY
FIRE AND POLICE COMMISSION
CALUMET CITY, ILLINOIS**

RULES AND REGULATIONS AGREEMENT

I hereby agree to abide by all the rules and regulations of the Fire and Police Commission of Calumet City, Illinois during and after all examination programs. I further agree to abide by all rules and regulations of the Calumet City Fire/Police Department should I be appointed in due course of time. I understand the aforementioned rules are available for me to review at the Calumet City Fire/Police Department.

Signature _____ Date _____

Print Name _____

TEST RESULT WAIVER

I, the undersigned fully understand and agree that all test and the results thereof become the property of the Calumet City Fire and Police Commission. I further understand and acknowledge that all said testing material and the results thereof are not subject for review

Signature _____ Date _____

Print Name _____

Applicant must sign all forms where requested and return with the application packet

MEDICAL EXAMINATION CONSENT

I, the undersigned applicant for the position of firefighter/paramedic or police officer for the City of Calumet City, understand that I must participate in a physical examination as part of my assessment of hire by the City of Calumet City Fire Department or the City of Calumet City Police Department. In accordance with the appropriate state and federal statute, and the American Disabilities Act, this examination may be inclusive, but not limited to complete medical history, occupational history (including any previous exposure), physical examination, and drug/alcohol and eye examination.

I acknowledge that the results of the test will be considered by the Calumet City Fire and Police Commission in its evaluation for my application, and hereby consent to testing and possible use of the results as may be necessary in the evaluation of my application.

I further acknowledge that medical test results shall be released to the Calumet City Fire Pension Board or the Calumet City Police Pension Board upon request.

Signed _____

Date _____

Print Name _____

FIRE AND POLICE COMMISSION OF CALUMET CITY

PSYCHOLOGICAL EVALUATION CONSENT

I, the undersigned applicant for the position of Firefighter/Police Officer for the City of Calumet City, understand that I must participate in a psychological evaluation as part of my assessment of hire by the City of Calumet City Fire/Police Department.

I acknowledge that the result of the test will be considered by the Calumet City Fire and Police Commission in its evaluation of my application and hereby consent to the testing and use of the result, as may be necessary, in the evaluation of my application.

Signature _____ Date _____

Print Name _____

POLYGRAPH EXAMINATION CONSENT

I, the undersigned, fully understand that part of the application process for the Firefighter/Police, for the City of Calumet City, requires the taking of a polygraph examination. This examination may cover the following areas:

Theft from previous place of employment, buying or selling property, commission of any serious crime, shoplifting, work and medical history, use of alcoholic beverages, use or sale of illegal drugs, driving record, payment or receipt of bribes or kickbacks and use of excessive force against another person.

I acknowledge that the results of the test will be considered by the Calumet City Fire and Police Commission in its evaluation of my application and hereby consent both to the testing and such use of the results as may be necessary in the evaluation of my application.

Signature _____ Date _____

Print Name _____

FIRE AND POLICE COMMISSION OF CALUMET CITY

DRUG TESTING CONSENT

I, the undersigned applicant for the position of Firefighter/Police Officer for Calumet City, acknowledge that I have been advised, as part of the medical examination portion of the application process, I will be given a test to detect the presence of illegal drugs, including but not limited to marijuana, cocaine, heroin and methamphetamine.

I acknowledge that the results of the test will be considered by the Fire and Police Commission in its evaluation of my application. I hereby consent to the testing and use of its results, as may be necessary, in the evaluation of my application.

Signature _____ Date _____

Print Name _____