



**C. EXPERIENCE & EMPLOYMENT**- Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

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 \_\_\_\_\_

**D. MILITARY HISTORY**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_  
BRANCH OF SERVICE \_\_\_\_\_  
UNIT DESIGNATION \_\_\_\_\_  
HIGHEST RANK HELD \_\_\_\_\_  
TYPE OF DISCHARGE \_\_\_\_\_
3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT ETC.) ?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS.

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

**E. EDUCATIONAL HISTORY**

1. 

<u>HIGH SCHOOL</u>	<u>CITY &amp; STATE</u>	<u>FROM / TO</u>	<u>GRADUATED</u>	
			YES /	NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. (A) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE REC. IF ANY & DATE \_\_\_\_\_  
(B) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE REC. IF ANY, & DATE \_\_\_\_\_  
(C) COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_  
DEGREE REC. IF ANY, & DATE \_\_\_\_\_

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND OTHER PERTINENT INFORMATION. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. SPECIAL QUALIFICATIONS & SKILLS**

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.). SHOWING LICENSING AUTHORITY, ORIGINAL DATE OR ISSUE, AND DATE OF EXPIRATION.  
\_\_\_\_\_  
\_\_\_\_\_

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.  
\_\_\_\_\_  
\_\_\_\_\_

3. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.  
\_\_\_\_\_  
\_\_\_\_\_

4. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR).

<u>LANGUAGE</u>	<u>READING</u>	<u>SPEAKING</u>	<u>UNDERSTANDING</u>	<u>WRITING</u>
_____	_____	_____	_____	_____

**G. LEGAL**

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONSED INTO COURT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, COMPLETE THE FOLLOWING (LIST JUVENILE AS WELL AS ADULT OCCURRENCES).

<u>CRIME CHARGE</u>	<u>POLICE AGENCY</u> <u>CITY AND STATE</u>	<u>DATE</u>	<u>DISPOSITION OF CASE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS \_\_\_\_\_

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

**H. MOTOR VEHICLE OPERATION**

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DATE, LOCATION AND REASONS. \_\_\_\_\_

\_\_\_\_\_  
1. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE?

\_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_

2. LIST TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS.

<u>MONTH &amp; YEAR</u>	<u>CHARGE</u>	<u>CITY &amp; STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

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

**I. RELATIVES, REFERENCES, ACQUAINTANCES**

1. ARE YOU? \_\_\_\_\_ SINGLE  
\_\_\_\_\_ MARRIED  
\_\_\_\_\_ SEPARATED  
\_\_\_\_\_ DIVORCED  
\_\_\_\_\_ WIDOWED

2. IF MARRIED:

DATE \_\_\_\_\_

CITY & STATE \_\_\_\_\_

SPOUSE'S NAME (WIFE'S MAIDEN NAME) \_\_\_\_\_

3. **IF EVER SEPARATED, DIVORCES OR WIDOWED:**  
 DATE OF MARRIAGE. \_\_\_\_\_  
 CITY & STATE \_\_\_\_\_  
 SPOUSE'S NAME (WIFE'S MAIDEN NAME) \_\_\_\_\_  
 PRESENT ADDRESS & PHONE \_\_\_\_\_  
 SEPARATED, DIVORCES OR ANNULLED \_\_\_\_\_  
 DATE OF ORDER OR DECREE \_\_\_\_\_  
 COURT & STATE WHERE ISSUED \_\_\_\_\_

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP CHILDREN, ADOPTED & FOSTER CHILDREN),

<u>NAME</u>	<u>RELATION</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>SUPPORTED BY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ALL OTHER DEPENDANTS

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**J. REFERENCES OR ACQUAINTANCES - LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.**

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 RESIDENCE PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 YEARS KNOWN \_\_\_\_\_
2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 RESIDENCE PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 YEARS KNOWN \_\_\_\_\_
3. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 RESIDENCE PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 YEARS KNOWN \_\_\_\_\_

4. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 RESIDENCE PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 YEARS KNOWN \_\_\_\_\_
5. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 RESIDENCE PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 YEARS KNOWN \_\_\_\_\_

**K. FINANCIAL HISTORY**  
**SOURCES OF INCOME**

1. WHAT IS YOUR PRESENT SALARY OR WAGES? \_\_\_\_\_
2. DO YOU HAVE INCOME FROM ANY OTHER THAN YOUR PRINCIPAL  
 OCCUPATION? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IF YES, HOW MUCH? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_  
 THE SOURCE? \_\_\_\_\_
3. DO YOU OWN ANY REAL ESTATE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 VALUE: \_\_\_\_\_ LOCATION \_\_\_\_\_
4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO VALUE \$ \_\_\_\_\_
5. DO YOU OWN ANY CORPORATE STOCK?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO VALUE \$ \_\_\_\_\_
6. DO YOU HAVE A BANK ACCOUNT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**SAVINGS**

AVERAGE BALANCE: \_\_\_\_\_  
 NAME & ADDRESS OF BANK \_\_\_\_\_  
 \_\_\_\_\_

**CHECKING**

AVERAGE BALANCE: \_\_\_\_\_  
 NAME & ADDRESS OF BANK \_\_\_\_\_  
 \_\_\_\_\_

7. **FINANCIAL OBLIGATIONS**

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR  
 OTHERS TO WHOM YOU ARE INDEBTED, AND THE EXTENT OF YOUR DEBT.  
 INCLUDING RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS,

CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBT AND PAYMENTS. INCLUDE ACCOUNT NUMBERS WHERE APPLICABLE.

TYPE	NAME & ADDRESS OF CREDITORS	REASON FOR DEBT	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT

TOTAL \_\_\_\_\_

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 MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR CONSIDERATION FOR EMPLOYMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT IN FULL

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE COMPLETED

***NOTE: Please attach copy of Birth Certificate, Driver's license, Illinois FOID, High School Diploma or GED, College Transcripts, Police Academy Certificate and any military discharge paperwork.***





# BEECHER POLICE DEPARTMENT

724 Penfield St. P.O. Box 1114 Beecher, IL. 60401



## Authorization and Request for Information

In consideration of the Beecher Police Department and the Village of Beecher, Illinois, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_, hereby irrevocably agree to the following terms and conditions: *Full Name (typed or printed)*

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman - penitent privilege, the husband-wife privilege, and the accountant - client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

### **DO NOT SIGN BEFORE READING**

This release from liability given by me to the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_



**BEECHER POLICE DEPARTMENT**  
**724 Penfield St. P.O. Box 1114 Beecher, IL. 60401**



**PRE-EMPLOYMENT DRUG SCREENING CONSENT**

8. I, \_\_\_\_\_, as an applicant with the Village of Beecher,  
*Applicant Full Name (typed or printed)*

consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the Village of Beecher or authorized agents.

9. I hereby release the Village of Beecher and its employees from any action that may arise out of results of such tests or information being released to the Village of Beecher.

10. I understand that if I fail to sign and return this consent to the Village of Beecher, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date