



# Shiloh Police

3498 Lebanon Avenue, Shiloh

(618) 632-9047 Fax: (618) 632-

ShilohPD@Shilohil.org



## Lateral Application Packet

All completed applications should contain:

- Preliminary Questionnaire Certification (included)
- Importance of Honesty Statement (included)
- Authorization of Release Information form (included)
- General Information Disclosure (included)
- Employment Disclosure (included)
- Driver's History Disclosure (included)
- Military Service Disclosure (included)
- Financial Obligation Disclosure (included)
- Educational Information Disclosure (included)
- Relative and Marital Status Information Disclosure (included)
- Narcotic, Liquor and Tobacco Usage Disclosure (included)
- Resume (applicant must attach)
- Photocopy of the certificate issued by the State of Illinois Law Enforcement Training and Standards Board verifying completion of the Law Enforcement Basic Training Course (applicant must attach)
- Photocopy of Driver's License (applicant must attach)
- Photocopies of high school diploma and/or GED (applicant must attach)
- Photocopies of college transcript (applicant must attach)

**Applications submitting incorrect or insufficient proof or incomplete applications will be automatically disqualified from employment consideration.**

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



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## Preliminary Questionnaire Certification

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Please review each question of the Preliminary Questionnaire before signing.  
Please print your name below, read carefully, sign and date.

I, \_\_\_\_\_  
First Name Middle Initial Last Name

Certify that every answer given to every question is true and complete. If I did not understand any question of this Preliminary Questionnaire, I understand that I must say so now. I understand that I may not be considered for the public safety position with the Village of Shiloh if I fail to disclose, omit or purposefully conceal pertinent information or fail to answer any question truthfully or completely.

I understand this document is a permanent record and the exclusive property of the Village of Shiloh. All documents and background information obtained during the investigation will not be returned or given to me excluding any certified document provided by me.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature



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## Importance of Honesty Statement

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The Village of Shiloh considers honesty to be the most important characteristic demonstrated by public safety applicants and employees. The importance of honesty from the time of application, throughout the background investigation and hiring process and the entire career of the applicant cannot be overemphasized. Some activities or actions in your past may result in a temporary disqualification for employment consideration. Temporary disqualification may be based on time limits, additional documents, or information you may be cause for permanent disqualification for employment. You are responsible for all answers, oral and written. If you have any questions as to whether or not to disclose something, the answer is always “yes,” disclose it. After you have signed this “Importance of Honesty Statement” and until you are hired, you must notify the Background Investigation Unit immediately if you:

- 1. Have contact with any law enforcement agency or court; this would include arrest, criminal citations in lieu of arrest, questioning by a law enforcement officer, detainment by a law enforcement officer, traffic citations or any court or summons or appearances. Not doing so, may be cause for permanent disqualification from employment.**
- 2. Have any change in your employment or employment status such as termination, reprimands or any disciplinary actions. Not doing so, may be cause for permanent disqualification from employment.**
- 3. Experience any event that changes or alters any information you have provided on any application or documents. Not doing so, may be cause for permanent disqualification from employment.**

I have read and understand this “Importance of Honesty Statement.”

Applicant’s Signature: \_\_\_\_\_

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

Investigator’s Signature: \_\_\_\_\_

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



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To Whom It May Concern:

I hereby authorize the release of any information, records, or knowledge that you may have regarding my background, experience and condition of health to the Shiloh Police Department and / or its representative for the purpose of determining my fitness and qualifications for employment with the Village of Shiloh.

I further authorize the release of any and all information concerning my character, business, personal, educational, financial activities and health conditions.

You are also specifically authorized to release and to discuss any information you may have regarding my physical and mental condition and treatment rendered and any information concerning or results of any drug tests or drug screenings regarding my person.

I further authorize the release of any records or copies of records in your possession regarding any of the above.

You are also specifically authorized to release and to discuss any information you may have regarding my use of drugs and medications including but not limited to the results of any screening tests of my blood or urine for drug use, commonly referred to as drug tests and drug screenings.

This release shall be valid for a period of one (1) year from the date signature.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public [Seal

## General Information Disclosure

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

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

Maiden Name (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_  
\_\_\_\_\_

Any other names you have ever used: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Current Street address: \_\_\_\_\_  
\_\_\_\_\_

Social Security number: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_  
\_\_\_\_\_



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Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Alternate contact: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye: \_\_\_\_\_

\_\_\_\_\_

**A. List all groups with which you are or have ever been a member.**

Group	Affiliation	Years Involved

**B. Are you a member of a sovereign citizen group? Yes [ ] No [ ]**



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**C. Are you now, or have you ever been, a member of an organization and/or religion which advocates the overthrow of the Government, either at the local, State, or National level, or seeks to alter the form of Government of the United States or any State Government by any unlawful or unconstitutional means?**

Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Whether convicted or not, have you ever been arrested, given a summons or charged with a crime by any law enforcement agency? Yes [ ] No [ ]**

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

Charges: \_\_\_\_\_

Date of arrest (year) or date charges were filed: \_\_\_\_\_

**E. Have you ever been handcuffed, detained, and/or searched by police? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_



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**F. Have you ever been fingerprinted? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**G. If necessity arose for you to use force against (up to and including force likely to cause death or great bodily harm) a person in the course of your duties as an officer, would you have any reluctance to do so? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**H. Have you ever used a weapon to defend yourself or others? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**I. As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength or exertion? Yes [ ] No [ ]**

If no, explain: \_\_\_\_\_

\_\_\_\_\_





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**J. Have you ever committed any act that, had you been caught, would have been considered a criminal offense? Yes [ ] No [ ]**

Type of offense: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date (year) this occurred: \_\_\_\_\_

**K. Have you ever had a criminal charge or conviction (misdemeanor or felony) of domestic violence, domestic assault, or spousal assault expunged? Yes [ ] No [ ]**

**L.**

Type of offense: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date (year) this occurred: \_\_\_\_\_ Date of Expungement: \_\_\_\_\_

**M. Have you ever been terminated by any public safety agency while employed as a Police Officer, Deputy Sherriff, Correction’s Officer, Military Police officer on in any position that enforced Federal, State, Military, or local laws or in a position that directly and immediately affected the public safety? Yes [ ] or No [ ]**

Position: \_\_\_\_\_

City, county, state: \_\_\_\_\_



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**N. Are you now or have you ever been the subject of an internal affair investigation while employed in public safety? Yes [ ] No [ ]**

Position and jurisdiction: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ [ ] Currently being investigated

Investigation closed with a finding of: \_\_\_\_\_

Date of final disposition: \_\_\_\_\_

**O. Have you ever resigned/retired from any public safety agency in lieu of being terminated or investigated? Yes [ ] No [ ]**

Position and jurisdiction: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Date of resignation: \_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.

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

## Employment Disclosure

**A. all previous employment, part-time and full-time. Indicate name and address of each school, dates attended and course of study.**

Date of Employment: \_\_\_\_\_

Exact Position or Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_



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Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of duties and accomplishments in your work: \_\_\_\_\_

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

Date of Employment: \_\_\_\_\_

Exact Position or Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of duties and accomplishments in your work: \_\_\_\_\_

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

Date of Employment: \_\_\_\_\_

Exact Position or Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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Address of Employer: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of duties and accomplishments in your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: \_\_\_\_\_

Exact Position or Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of duties and accomplishments in your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: \_\_\_\_\_

Exact Position or Title: \_\_\_\_\_



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Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of duties and accomplishments in your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: \_\_\_\_\_

Exact Position or Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of duties and accomplishments in your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**If additional space is needed, please include on a separate page.**

I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.

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## Driver's History Disclosure

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Name (Last, First, M):	_____
Date of Birth:	_____
Driver's License Number:	_____
Issuing State:	_____
Other License(s) State(s):	_____

A. List ALL traffic citations, including those that have been dismissed, court supervision, suspended imposition of sentence, convictions, or quashed prior to court.

B. List ALL traffic accidents, including those that were not reported to law enforcement.

C. For any traffic accident you were involved in within the last five (5) years, please explain the circumstances of each:



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At-Fault (Y/N)	Injuries (Y/N)	Date	Location (City/Country/ State)	Agency	Disposition

**D. Have your driving privileges ever been:**

- Suspended:             Yes             No
- Revoked:              Yes             No
- Cancelled:             Yes             No

If you answered “yes” to any of these questions, please explain in detail below. Give dates of suspensions, revocations, or cancellations as well as reinstatement dates, hearings, ect.

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**E. Have you ever been denied automobile insurance or had insurance cancelled?**

Yes     No    If “yes”, please explain detail:

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**F. List all vehicles which you and your spouse own, lease, or have for your personal use (including motorcycles):**

License Plate	State	Year	Make	Model	Own / Lease?

I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.



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

## Military Service Disclosure

Are you registered with the U.S. Selective Services? Yes [ ] No [ ]

If no, please state the reason: \_\_\_\_\_

Have you ever served on active duty in the Army, Air Force, Coast Guard, Marine Corps, Navy, R.O.T.C., or any other military or semi-military organization? Yes [ ] No [ ]

If yes, indicate below all active military services?

Branch	Primary Duty	Rank	Date Entered	Date Discharged	Type of Discharge

Were you ever reduced in rank in the military? Yes [ ] No [ ]

If yes, please explain in detail: \_\_\_\_\_

Were you ever court-martialed, tried on charges, subject to a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other disciplinary action?

Yes [ ] No [ ]

If yes, please explain in detail: \_\_\_\_\_



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I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.

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## Financial Obligation Disclosure

List all debts and obligations which you now owe, and the individuals with whom you have credit dealings:

**A. Please list any banking institutions you use:**

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Name	Address	Phone number
------	---------	--------------

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Name	Address	Phone number
------	---------	--------------

---

Name	Address	Phone number
------	---------	--------------

**B. Mortgage [ ] Rent [ ] Name:** \_\_\_\_\_

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Address	City	State	Zip	Account Number
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Unpaid balance	Monthly Payment	Amount Past Due
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**C. Auto Payment:**

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

\_\_\_\_\_  
Address City State Zip Account Number

\_\_\_\_\_  
Unpaid balance Monthly Payment Amount Past Due

**D. School Loans:**

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

\_\_\_\_\_  
Address City State Zip Account Number

\_\_\_\_\_  
Unpaid balance Monthly Payment Amount Past Due

**E. Personal Loans:**

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

\_\_\_\_\_  
Address City State Zip Account Number

\_\_\_\_\_  
Unpaid balance Monthly Payment Amount Past Due

**F. Credit Card:**

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

\_\_\_\_\_  
Address City State Zip Account Number



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Unpaid balance

Monthly Payment

Amount Past Due

**G. Credit Card:**

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

\_\_\_\_\_  
Address City State Zip Account Number

\_\_\_\_\_  
Unpaid balance Monthly Payment Amount Past Due

**H. Credit Card:**

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

\_\_\_\_\_  
Address City State Zip Account Number

\_\_\_\_\_  
Unpaid balance Monthly Payment Amount Past Due

**I. Other:**

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

\_\_\_\_\_  
Address City State Zip Account Number

\_\_\_\_\_  
Unpaid balance Monthly Payment Amount Past Due

**J. Have you ever been delinquent on any of your financial obligations? Yes [ ] No [ ]**



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If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of your financial obligations ever been referred to a collection agency?

Yes [ ] No [ ] If yes, how was the matter reconciled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have your wages ever been garnished? Yes [ ] No [ ] If yes, why and how was the matter reconciled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your tax return ever been audited by the IRS for any reason other than a random audit? Yes [ ] No [ ] If yes, why, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K. Were you ever summoned or subpoenaed to court in a civil action or proceeding; or were you a party (plaintiff or defendant) in a civil action, in this state or elsewhere?

Yes [ ] No [ ]

If yes, indicate below:

\_\_\_\_\_  
Date Action / Proceeding Plaintiff/Defendant/Witness Court Disposition

\_\_\_\_\_  
Date Action / Proceeding Plaintiff/Defendant/Witness Court Disposition



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Date                      Action / Proceeding    Plaintiff/Defendant/Witness                      Court Disposition

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Date                      Action / Proceeding    Plaintiff/Defendant/Witness                      Court Disposition

**Action:** \_\_\_\_\_

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

**Outcome:** \_\_\_\_\_

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

**Details:** \_\_\_\_\_

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

**L. Have you ever been denied credit? Yes [ ]    No [ ]**

**M. Have you ever had your property repossessed? Yes [ ]    No [ ]**

**N. Have you ever filed bankruptcy? Yes [ ]    No [ ]**

**O. Have you ever been sued in court? Yes [ ]    No [ ]**

**P. Have you ever received a settlement in payment for damages, injuries, libel, ect. either with or without court action? Yes [ ]    No [ ]**

**Q. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? Yes [ ]    No [ ]**

I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.





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## Educational Information Disclosure

**B. List all educational institutions, part-time and full-time, in order attended. Please include all high schools, trade schools, correspondence and night schools, training seminars, business schools, colleges and universities. Indicate name and address of each school, dates attended and course of study.**

From Month/Year	To Month/Year	Name of School	Exact Address	Last Term/Grade

**C. Did you receive a high school diploma? Yes [ ] No [ ]**

**If no, do you have a high school equivalency certificate? Yes [ ] No [ ]**

**Certificate number:** \_\_\_\_\_

**D. What is your highest completed educational level?**

**[ ] High School Graduate [ ] GED [ ] College: Credit hrs: \_\_\_\_\_ Degree: \_\_\_\_\_**

**E. If you attended college, what was your declared major?** \_\_\_\_\_

**F. What was your declared minor?** \_\_\_\_\_

**G. What degree(s), if any, were conferred?** \_\_\_\_\_



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H. If no degree conferred, indicate the total number of credit hours earned: \_\_\_\_\_

\_\_\_\_\_

I. Were you ever dismissed from a school or college, or was any other disciplinary action, including scholastic probation, ever taken against you Yes [ ] No [ ]

If yes, please indicate below:

School or college	Date	Type of Action

School or college	Date	Type of Action

J. Have you ever received any police academy training? Yes [ ] No [ ]

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K. Are you a Certified Police Officer in Illinois? Yes [ ] No [ ]

If yes, indicated which academy: \_\_\_\_\_ Graduation date: \_\_\_\_\_

L. Are you a certified police officer in another State or Federal Agency? Yes [ ] No [ ]

If yes, indicated which academy: \_\_\_\_\_ Graduation date: \_\_\_\_\_

M. Check each of the following skills and licensed / certified abilities that you possess:



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- Aircraft pilot [ ]    Artist [ ]    Audio-visual technician [ ]    Bus driver [ ]
- Computer Operator [ ]    Demolition [ ]    Finger printer [ ]    Firefighter [ ]
- Heavy Equipment Operator [ ]    Photographer [ ]    Radio Operator [ ]
- Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_
- Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_
- Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

### N. Circle the level of fluency you possess:

Language	Understand	Read	Speak	Write
<b>ASL</b>	Understand	Read	Speak	Write
<b>Braille</b>	Understand	Read	Speak	Write
<b>Chinese</b>	Understand	Read	Speak	Write
<b>French</b>	Understand	Read	Speak	Write
<b>German</b>	Understand	Read	Speak	Write
<b>Italian</b>	Understand	Read	Speak	Write
<b>Japanese</b>	Understand	Read	Speak	Write
<b>Russian</b>	Understand	Read	Speak	Write
<b>Spanish</b>	Understand	Read	Speak	Write

**Other** (please list language and level of fluency): \_\_\_\_\_

\_\_\_\_\_



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

## Relative and Marital Status Information Disclosure

**A. Please furnish the following information concerning your relatives. Include step-brothers and sisters, half-brothers and sisters. If you have step-parents, legal guardians or others who raised you instead of your natural parents, the requested information should be furnished concerning them as well as your natural parents. Please list first, middle, and last names, as well as maiden names (where applicable).**

**Father:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

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

**Mother (include maiden name):** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

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

**Spouse (include maiden name):** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Father-in-law:** \_\_\_\_\_ **Age:** \_\_\_\_\_



# Shiloh Police

3498 Lebanon Avenue, Shiloh

(618) 632-9047 Fax: (618) 632-

ShilohPD@Shilohil.org



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

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

Other: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Other: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

(please continue on attached second page if needed)

**B. Has any member of your family or close relative, including in-laws, ever been arrested, accused, convicted, or imprisoned for any reason? Yes [ ] No [ ]**

If yes, please explain in detail on the attached page.

**C. Have the police ever been called to your residence (current and all former residences) for any reason? Yes [ ] No [ ]**

If yes, please explain in detail on the attached page.

I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.

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



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**Other:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Date of birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_



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**Please explain any member of your family or close relative, including in-laws who have ever been arrested, accused, convicted, or imprisoned. Include dates and charges: \_\_\_\_\_**

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**Please explain the reason the police have been called to your residence (current or former for any reason: \_\_\_\_\_**

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## Narcotic, Liquor, and Tobacco Usage Disclosure

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**A. Within the last six months, have you consumed any alcoholic beverages because of an addiction to alcohol? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**B. Have you ever abused alcohol? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**C. Have you ever purchased liquor for a minor? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**D. Did you ever purchase or consume liquor when you were a minor? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**E. Have you ever purchased tobacco for a minor? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_



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**F. Within the last six months, have you used a controlled substance without a prescription? Yes [ ] No [ ]**

If yes, explain: \_\_\_\_\_

**G. Have you ever used prescription medication with intention of getting high?**

Yes [ ] No [ ]

Drug used: \_\_\_\_\_ Times used: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**H. Have you ever inhaled, injected, or ingested (swallowed) any drug or substance with the intention of getting high? Yes [ ] No [ ]**

Drug used: \_\_\_\_\_ Times used: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**I. Cocaine or cocaine in any form (crack cocaine, rock) Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_\_ / \_\_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_



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**J. Methamphetamines (meth, ice, crank) Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**K. Any designer drug (Ecstasy, bath salts, synthetic marijuana) Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**L. Marijuana or marijuana in any form (THC, hashish, hash oil, Thai sticks) Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**M. Barbiturates (downers, red devils, yellow jackets, Nembutal, Quaaludes) Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**N. Amphetamines (uppers, speed) Yes [ ] No [ ]**



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Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**O. Steroids (oral or injected) That were not prescribed or legally purchased over the counter.**

Yes [ ] No [ ]

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**P. Heroin Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**Q. PCP (Green, Angel Dust) Yes [ ] No [ ]**

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_

Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

**R. LSD (acid) or any hallucinogens (MDMA, ecstasy, mushrooms, mescaline, peyote, ect.)**

Yes [ ] No [ ]

Times used: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_



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Age last used: \_\_\_\_\_ Time used since 18<sup>th</sup> birthday: \_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge and belief. I understand that willful omissions or false information can result in my disqualification for consideration for employment or termination after employment.

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