



Shiloh Police

3498 Lebanon Avenue, Shiloh Illinois

(618) 632-9047 Fax: (618) 632-7992

ShilohPD@Shilohil.org www.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

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

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

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public [Seal]



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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: _____

Home Phone: _____

Cell Phone: _____

Alternate contact: _____

Height: _____ Weight: _____ Hair: _____ Eye: _____

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



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Group	Affiliation	Years Involved

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

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 []



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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: _____

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: _____



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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: _____

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: _____ Kind of Business: _____



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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: _____ Kind of Business: _____

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: _____ Kind of Business: _____

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: _____ Kind of Business: _____

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Exact Position or Title: _____

Name of Employer: _____ Kind of Business: _____

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: _____ Kind of Business: _____

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

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:

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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Military Service Disclosure



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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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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:

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

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

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

B. Mortgage [] Rent [] Name: _____

Address	City	State	Zip	Account Number
---------	------	-------	-----	----------------

Unpaid balance	Monthly Payment	Amount Past Due
----------------	-----------------	-----------------

C. Auto Payment: Name: _____



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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

Unpaid balance Monthly Payment Amount Past Due



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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 []

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: _____



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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

Date Action / Proceeding Plaintiff/Defendant/Witness Court Disposition

Date Action / Proceeding Plaintiff/Defendant/Witness Court Disposition

Action: _____



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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:

Aircraft pilot [] Artist [] Audio-visual technician [] Bus driver []

Computer Operator [] Demolition [] Finger printer [] Firefighter []

Heavy Equipment Operator [] Photographer [] Radio Operator []



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Other: _____ Other: _____ Other: _____

Other: _____ Other: _____ Other: _____

Other: _____ Other: _____ Other: _____

N. Circle the level of fluency you possess:

Language	Understand	Read	Speak	Write
ASL	Understand	Read	Speak	Write
Braille	Understand	Read	Speak	Write
Chinese	Understand	Read	Speak	Write
French	Understand	Read	Speak	Write
German	Understand	Read	Speak	Write
Italian	Understand	Read	Speak	Write
Japanese	Understand	Read	Speak	Write
Russian	Understand	Read	Speak	Write
Spanish	Understand	Read	Speak	Write

Other (please list language and level of fluency): _____

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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Relative and Marital Status Information Disclosure



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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: _____

Address: _____

Phone Number: _____

Other: _____ Age: _____

Address: _____



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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.

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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: _____

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

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 18th 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 18th 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 18th birthday: _____

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



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Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th birthday: _____

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

Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th 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 18th birthday: _____

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

Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th birthday: _____

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

Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th birthday: _____

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

Yes [] No []



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Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th birthday: _____

P. Heroin Yes [] No []

Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th birthday: _____

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

Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th birthday: _____

**R. LSD (acid) or any hallucinogens (MDMA, ecstasy, mushrooms, mescaline, peyote, ect.)
Yes [] No []**

Times used: _____ Date of last use: _____ / _____

Age last used: _____ Time used since 18th 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: _____