



List every member of your immediate family who is still living. Include father, mother, brother(s) and sister(s)

Name	City / State	Relationship	Occupation

MEDICAL HISTORY

Do you currently use alcohol to excess? ( ) Yes ( ) No

Have you ever been treated for any nervous or mental disorder? ( ) Yes ( ) No

If "yes" explain: \_\_\_\_\_

Do you now use any drugs or medications? ( ) Yes ( ) No

Have you ever received disability compensation from Workman's Compensation Act? ( ) Yes ( ) No

Have you ever been hospitalized? ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_

Hospital

Date

Purpose

(Optional) If you wish to clarify any of the above answers, please provide details below: \_\_\_\_\_

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

ILLEGAL DRUG USE

Have you ever used marijuana? ( ) Yes ( ) No

Have you ever used any illegal drugs other than marijuana: ( ) Yes ( ) No

Do you currently use any narcotics or barbiturates? ( ) Yes ( ) No

Have you ever been involved with the sale and/or distribution of any illegal substance or drug? ( ) Yes ( ) No

(Optional) If you wish to clarify any of the above answers, please provide complete details below: \_\_\_\_\_

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

EDUCATION

List the various schools you have attended and other information requested. Use additional sheets if needed.

High Schools

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Name and address of school (City and State) \_\_\_\_\_ Years Completed \_\_\_\_\_  
Average Grade \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Dates Attended \_\_\_\_\_

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Name and address of school (City and State) \_\_\_\_\_  
Average Grade \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Dates Attended \_\_\_\_\_

College

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Name and address of school (City and State) \_\_\_\_\_  
Average Grade \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Dates Attended \_\_\_\_\_

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Name and address of school (City and State) \_\_\_\_\_  
Average Grade \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Dates Attended \_\_\_\_\_

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Name and address of school (City and State) \_\_\_\_\_  
Average Grade \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Dates Attended \_\_\_\_\_

Were you ever expelled from any schools? ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you speak any languages other than required English? ( ) Yes ( ) No

Language(s): \_\_\_\_\_ Degree of Proficiency: \_\_\_\_\_

List any professional license you hold or have held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVING HISTORY

Can you operate an automobile? ( ) Yes ( ) No

Do you possess a valid Illinois Driver's License? ( ) Yes ( ) No

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are there any traffic violations pending now against you? ( ) Yes ( ) No

If "Yes" Location \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

Violation #2 :

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

Nature of Violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

Have you ever been refused a driver's license by any state? ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_

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

Have you ever had a driver's license in any other state? ( ) Yes ( ) No If "Yes" which state? \_\_\_\_\_

Has your driver's license ever been suspended, revoked or placed on probation? ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_

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

RESIDENCES

List your address for the last 10 years, starting with the present address first. Use additional sheets if necessary.

Address	City, State, Zip	From (Mo/Yr)	To (Mo/Yr)	Own/Rent
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MILITARY SERVICE

Have you ever served in any military organization of the USA? ( ) Yes ( ) No If "Yes" continue:

Branch: \_\_\_\_\_ Service Serial Number: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Last period(s) of active service:

Dates (To and from): \_\_\_\_\_

Give location and date of entrance to active duty: \_\_\_\_\_

Give location and date of discharge: \_\_\_\_\_

What type of discharge did you receive?      Medical      General      Honorable      Dishonorable

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

Were you ever a defendant in a court martial hearing? ( ) Yes ( ) No

If "Yes" explain on a separate sheet? If "Yes" explain: \_\_\_\_\_

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

Are you now or were you ever a member of any branch of the US Reserve Forces? ( ) Yes ( ) No

If "Yes" continue:

Active/Inactive: \_\_\_\_\_ Branch: \_\_\_\_\_

Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

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

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_

Are you now, or were you ever a member of the National Guard? ( ) Yes ( ) No What State? \_\_\_\_\_

Regiment: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

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

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense: ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

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

Offense: \_\_\_\_\_

Court and Case Number: \_\_\_\_\_ Disposition of case: \_\_\_\_\_

Are you now on probation after a conviction? ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been fingerprinted by a police agency other than for an arrest? ( ) Yes ( ) No

If "Yes" continue

Date

Agency

Purpose

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT HISTORY

Are you currently employed? ( ) Yes ( ) No May we contact your present employer? ( ) Yes ( ) No

Are you now on any eligibility lists? ( ) Yes ( ) No

If "Yes" where? \_\_\_\_\_

Have you ever been a police officer or held a similar position? ( ) Yes ( ) No

EMPLOYMENT HISTORY CONTINUED

If "Yes" please advise position, date and location: \_\_\_\_\_

Were you ever discharged or asked to resign? ( ) Yes ( ) No

If "Yes" explain: \_\_\_\_\_

Are you now, or have you ever been engaged in any business as an owner, partner, or corporate member?

( ) Yes ( ) No

If "Yes" please advise dates and names of business:

List all jobs you have held for the last 10 years. Start with your present or most recent job first. Include military service and unemployment in proper time sequence. Use additional sheets if necessary.

1. Employer: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_ Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

2. Employer: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_ Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

3. Employer: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_ Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

4. Employer: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_ Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

5. Employer: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_ Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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