

# Marseilles Police Department Police Applicant Registration Sheet

\_\_\_\_\_  
Name (as it appears on your birth certificate)

\_\_\_\_\_  
Name (married or other name you have used)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number                      State

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Cell or other phone number

**MARSEILLES**  
**POLICE DEPARTMENT**

**POLICE OFFICER BACKGROUND INVESTIGATION  
INFORMATION PACKET**

**CONFIDENTIAL**

## **GENERAL INFORMATION**

1. Type or legibly print in black ink.
2. All questions must be answered completely. Print "N/A" in the blank for any question which does not apply to you.
3. If space available is insufficient, attach a separate sheet of 8 1/2" x 11" paper for each topic. Be sure to label each heading.
4. Where addresses are requested, be sure to provide the complete address (street address, city, state and zip code). Post office boxes alone are not acceptable.

## **INSTRUCTION INFORMATION**

- A. Whenever the question asks for names, be sure to provide; last name, first name, and middle name. If there is a middle initial only, indicate by "I.O." If there is no middle name, indicate by "NMN."
- B. In answering questions in the residences section, list all addresses going back to high school.
- C. In answering section pertinent to employment history, list all jobs held since high school.
- D. In section dealing with references, please provide three individuals (not relatives or former or present employers), who are responsible adults of reputable standing in their communities. These individuals should be known for at least three years, preferably five years.
- E. In section requesting social acquaintances, provide three persons in your own age group/peer group (including both sexes) who have known you well for at least three years.

## **REQUIRED DOCUMENTS**

A copy of your birth certificate.

A copy of your High School Diploma or G.E.D. certificate.

A copy of your College Diploma.

A copy of your College Transcripts.

Copies of all professional certificates and awards you have received.

If you served in the US Military, a copy of your DD 214.

A copy of your resume (if available).

Completed AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION.

Completed AUTHORIZATION FOR RELEASE OF MILITARY RECORDS.

Completed AUTHORIZATION TO USE CREDIT REPORT FOR EMPLOYMENT PURPOSES.

## REQUEST FOR AUTHORITY TO RELEASE INFORMATION

This is to request that any information concerning the following matters be provided pursuant to my application for employment to the City of Marseilles, or its designated representative of this release or copy thereof:

- Transcript of scholastic record including any record of disciplinary action while attending any school, college, University or other educational institution.
- Records pertaining to any and all employment including personnel records, disciplinary actions, absenteeism and tardiness records, and training records.
- Records pertaining to service in the armed forces of the United States of America and records of any disciplinary actions, court martial or official reprimand while in the service.
- Information and/or test results gathered by any law enforcement agency, civil service commission, or any other similar agency, as a result of any previous job application.
- Records of any information that would negatively affect my ability to handle classified or confidential information.
- Records of any Credit History: and general reputation, personal characteristics and mode of living.

I hereby authorize the release of said information, whether it be through personal delivery, correspondence, personal interviews with neighbors friends, associates, co-workers or others with whom I am acquainted, or who may have knowledge of the matters listed herein, or nay other reasonable form of transmitting the information that may be required by the City of Marseilles or its designated representative.

I further request that in each instance the custodian of records or any individual employed in a similar situated position permit the requested records to be examined, copied or otherwise reviewed, and I hereby release any such institutions, agency, or organization, business or company including its officers, employees or related personnel both individually and collectively from any and all liability damages of whatever kind which may at any time result to me, my heirs family or associates because of compliance with this authorization and The Request to Release Information or any attempt to comply with same.

The information collected by the City of Marseilles or it designated representative will be held confidential and is for the sole use of the City of Marseilles in selection of its employees. I hereby release the City of Marseilles and its officers, servants, agents, independent contractors and employees from any and all liability for damages of whatever kind which may incurred by me, my heirs, family or associates as a result of collection, use and release of the information referred to herein.

**This authorization is being freely given with full knowledge of my right to refuse said authorization**

**I affirm that the information provided is true, correct and complete to the best of my knowledge. I understand that false, incorrect and incomplete statements, deception or fraud will result in my disqualification, or subsequent termination.**

\_\_\_\_\_  
Full name printed

\_\_\_\_\_  
Date

**NOTARY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

## **AUTHORIZATION FOR RELEASE OF MILITARY RECORDS**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all military records concerning myself to any duly authorized agent of the Marseilles Police Department.

I understand that any of the information obtained by a personal background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Marseilles Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Marseilles Police Department from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the content of the AUTHORIZATION FOR RELEASE OF MILITARY RECORDS.

\_\_\_\_\_  
FULL NAME OF APPLICANT

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
PRESENT ADDRESS

\_\_\_\_\_  
SERVICE NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
DATE RELEASED FROM ACTIVE

\_\_\_\_\_  
PRESENT MILITARY STATUS (i.e. ACTIVE RESERVE, INACTIVE RESERVE, NATIONAL GUARD, etc.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

**IMPORTANT NOTICE**

BECAUSE YOUR ABILITY TO COMPLETE THIS DOCUMENT AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR EMPLOYMENT DECISIONS, IT IS ESSENTIAL THAT YOU READ AND CLEARLY UNDERSTAND THE INSTRUCTIONS WHICH ACCOMPANY THIS FORM. ANY UNANSWERED, INCOMPLETE, OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION. ADDITIONALLY, ANY FALSE STATEMENTS AND/OR DELIBERATELY EVASIVE ANSWERS WILL BE GROUNDS FOR REJECTION OR YOUR TERMINATION AT A LATER DATE.

**PERSONAL HISTORY**

NAME (LAST, FIRST, MIDDLE)

LIST OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES. INCLUDE MAIDEN NAME IF APPLICABLE.

ADDRESS

APARTMENT NO.

CITY

COUNTY

STATE

ZIP CODE

TELEPHONE NUMBERS (INCLUDING AREA CODE)

IF YOU EVER LEGALLY CHANGED YOUR NAME, PLEASE PROVIDE DATE, LOCATION, AND COURT.

(HOME)

(WORK)

DATE OF BIRTH (MO/DAY/YEAR)

AGE

SOCIAL SECURITY NUMBER

SEX

MALE

FEMALE

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## DRIVING HISTORY

DO YOU HAVE A VALID DRIVERS' LICENSE  YES  NO

LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

HAVE YOU EVER HELD A DRIVERS' LICENSE FROM ANOTHER STATE?  YES  NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION:

LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

HAS YOUR DRIVERS' LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION:

\_\_\_\_\_  
DATES OF SUSPENSION/REVOCATION

\_\_\_\_\_  
REASON FOR SUSPENSION/REVOCATION

\_\_\_\_\_  
JURISDICTION (CITY, COUNTRY, & STATE) WHERE OCCURRED

\_\_\_\_\_  
STATE OF LICENSE ISSUER

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COMPUTER VERIFICATION \_\_\_\_\_

DR. LICENSE ABSTRACT

REQUESTED \_\_\_\_\_

RECEIVED \_\_\_\_\_

## CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME (PLEASE INCLUDE ADULT AND JUVENILE)?  YES  NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION BELOW:

DATE OF ARREST	CITY/COUNTY/STATE	CHARGE	CASE DISPOSITION

HAVE YOU EVER BEEN PLACED ON PROBATION?  YES  NO

IF YES, PLEASE PROVIDE COMPLETE INFORMATION BELOW:

DATE OF PROBATION	CITY/COUNTY/STATE	CHARGE	PROBATION OFC'S NAME

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FPC

SENT

RECEIVED

STATE

FEDERAL

## REFERENCES

<b>COMPLETE NAME</b>		<b>HOME ADDRESS</b>
		<b>HOME PHONE</b>
<b>YRS. KNOWN</b>	<b>OCCUPATION</b>	<b>BUSINESS ADDRESS</b>
		<b>BUSINESS PHONE</b>
<b>COMPLETE NAME</b>		<b>HOME ADDRESS</b>
		<b>HOME PHONE</b>
<b>YRS. KNOWN</b>	<b>OCCUPATION</b>	<b>BUSINESS ADDRESS</b>
		<b>BUSINESS PHONE</b>
<b>COMPLETE NAME</b>		<b>HOME ADDRESS</b>
		<b>HOME PHONE</b>
<b>YRS. KNOWN</b>	<b>OCCUPATION</b>	<b>BUSINESS ADDRESS</b>
		<b>BUSINESS PHONE</b>

## SOCIAL ACQUAINTANCES

<b>COMPLETE NAME</b>		<b>HOME ADDRESS</b>
		<b>HOME PHONE</b>
<b>YRS. KNOWN</b>	<b>OCCUPATION</b>	<b>BUSINESS ADDRESS</b>
		<b>BUSINESS PHONE</b>
<b>COMPLETE NAME</b>		<b>HOME ADDRESS</b>
		<b>HOME PHONE</b>
<b>YRS. KNOWN</b>	<b>OCCUPATION</b>	<b>BUSINESS ADDRESS</b>
		<b>BUSINESS PHONE</b>
<b>COMPLETE NAME</b>		<b>HOME ADDRESS</b>
		<b>HOME PHONE</b>
<b>YRS. KNOWN</b>	<b>OCCUPATION</b>	<b>BUSINESS ADDRESS</b>
		<b>BUSINESS PHONE</b>

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**HAVE YOU REMEMBERED...**

- COPY OF BIRTH CERTIFICATE
- COPY OF HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
- COPY OF COLLEGE DIPLOMA
- COPY OF COLLEGE TRANSCRIPT
- COPIES OF PROFESSIONAL CERTIFICATES AND AWARDS
- COPY OF MILITARY FORM DD 214
- COMPLETED COPIES OF AUTHORIZATION FOR RELEASE OF PERSONAL, MILITARY AND CREDIT HISTORY INFORMATION

*You must have witness signatures on authorization for release of personal and military information. Failure to do so will result in your packet being considered incomplete.*

**CERTIFICATION OF STATEMENTS MADE**

I hereby certify that all statements made in this questionnaire are true and complete, and I understand that providing false or misleading information or omitting required information in completing this background questionnaire or during the selection process is grounds for exclusion from the selection process or discharge if discovered subsequent to employment or after a conditional offer of employment has been made.

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**Signature in Full**

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**Printed Name**

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**Date Completed**

## PERSONAL HISTORY

WITH WHOM DO YOU LIVE AT THE ADDRESS LISTED? LIST FULL NAMES.

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HAVE YOU EVER APPLIED FOR A POSITION WITH ANOTHER LAW ENFORCEMENT AGENCY?  YES  NO

AGENCY APPLIED FOR	APPROXIMATE DATE APPLIED	STATUS
A:		
B:		
C:		
D:		

IS THERE ANY REASON YOU WOULD NOT BE ABLE TO ACQUIRE AN ILLINOIS FIREARMS OWNER'S IDENTIFICATION CARD?  
 YES  NO

DO YOU CURRENTLY POSSESS A VALID ILLINOIS FIREARM OWNER'S IDENTIFICATION CARD?  
 YES  NO

IF YES # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

## RESIDENCES

<b>A: CURRENT ADDRESS</b>				LANDLORD NAME	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT					
ADDRESS			APT. NO.	LANDLORD ADDRESS	
CITY	STATE	ZIP	LANDLORD TELEPHONE NUMBER (     )		
<b>B: PREVIOUS ADDRESS</b>				LANDLORD NAME	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT					
ADDRESS			APT. NO.	LANDLORD ADDRESS	
CITY	STATE	ZIP	LANDLORD TELEPHONE NUMBER (     )		
FROM: _____			TO: _____		
<b>C: PREVIOUS ADDRESS</b>				<b>D: PREVIOUS ADDRESS</b>	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
ADDRESS			APT. NO.	ADDRESS	APT. NO.
CITY	STATE	ZIP	CITY	STATE	ZIP
FROM: _____			FROM: _____ TO: _____		
<b>E: PREVIOUS ADDRESS</b>				<b>F: PREVIOUS ADDRESS</b>	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
ADDRESS			APT. NO.	ADDRESS	APT. NO.
CITY	STATE	ZIP	CITY	STATE	ZIP
FROM: _____			FROM: _____ TO: _____		

## EMPLOYMENT HISTORY

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.		FROM: _____ TO: _____
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	
EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.		FROM: _____ TO: _____
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	
EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.		FROM: _____ TO: _____
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	
EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.		FROM: _____ TO: _____
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

## EMPLOYMENT HISTORY (Cont.)

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
YOUR SUPERVISOR'S NAME & TITLE		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	REASON FOR LEAVING

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
YOUR SUPERVISOR'S NAME & TITLE		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	REASON FOR LEAVING

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
YOUR SUPERVISOR'S NAME & TITLE		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	REASON FOR LEAVING

EMPLOYER			DATES EMPLOYED	
ADDRESS		TELEPHONE NO.	FROM: _____ TO: _____	
CITY		STATE	ZIP CODE	EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY		DUTIES
YOUR SUPERVISOR'S NAME & TITLE		\$ _____	<input type="checkbox"/> MO. <input type="checkbox"/> HRLY.	REASON FOR LEAVING



## EMPLOYMENT HISTORY (Cont.)

<b>EMPLOYER</b>			<b>DATES EMPLOYED</b>	
ADDRESS		TELEPHONE NO.		FROM: _____ TO: _____
CITY	STATE	ZIP CODE		EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY <input type="checkbox"/> MO. <input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

<b>EMPLOYER</b>			<b>DATES EMPLOYED</b>	
ADDRESS		TELEPHONE NO.		FROM: _____ TO: _____
CITY	STATE	ZIP CODE		EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
YOUR JOB TITLE		SALARY <input type="checkbox"/> MO. <input type="checkbox"/> HRLY.		
YOUR SUPERVISOR'S NAME & TITLE			REASON FOR LEAVING	

## MILITARY RECORD

HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION NO.		HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT BRANCH:	
DATES OF ACTIVE DUTY FROM: _____ TO: _____		TYPE OF DISCHARGE	RANK AT TIME OF DISCHARGE
WAS ANY TYPE DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? INCLUDE ANY NONJUDICIAL PUNISHMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
ARE YOU A MEMBER OF THE RESERVE? BRANCH: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> READY <input type="checkbox"/> STANDBY		NATIONAL GUARD? <input type="checkbox"/> PRESENT <input type="checkbox"/> FORMER <input type="checkbox"/> NONE IF YES, BRANCH OF SERVICE:	

FOR ADMINISTRATIVE USE
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