



18. Are you currently using illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Are you currently using prescription drugs illegally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Do you consume alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Do you wear eyeglasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Do you wear contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Social Status		
23. Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
24. Are you living with your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" explain.
25. Are you willing and able to work rotating shifts and irregular hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No

26. Give the following information regarding marriage or marriages.		
Date	Where	Wife's Maiden Name
27. If a marriage to which you were a party was ever dissolved, fill out the following:		
	Explain the Circumstances	To whom was action granted
Separated		
Divorced		
Annulled		
28. Are you paying alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" explain.
29. If divorced, list the name(s) of your spouse(s) & where they reside.		

30. List below every child born to you, adopted by you & stepchildren.			
Name	Date of Birth	Place of Birth	Where does child live & with whom

31. Are you supporting all dependent children born to you, adopted by you, and stepchildren?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" explain.	
32. Have you ever been involved as a defendant in a paternity proceeding?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" explain.	
33. If separated or divorced, are you paying child support?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" explain.	

**Education**

34. List the various schools you have attended & other information requested.

	Name & Address of School (Include City, State, Phone)	# of Years Completed	From & To Mo. & Year	Graduate Yes/No	Average Grade
Grammar					
High School					
College/ University					
Business College					
Extension/ Correspondence					

35. Junior College/Colleges/Universities

Name & Address of School (Include City, State, Phone)	Full Time or Part Time	Major	Minor	Degree Attained

**Note:** You must submit transcripts for all education, other than grammar school as part of this application.

36. Were you expelled or suspended from any school?  Yes  No

If yes, explain.

37. List other formal education beyond high school you may have, including special training courses.

38. List any professional licenses or certificates you hold or have held.

**Driving History**

39. Can you operate an automobile?  Yes  No

40. Do you possess a valid drivers license from Illinois?  Yes  No

If yes, date of expiration \_\_\_\_\_ Driver's License # \_\_\_\_\_

41. Have you ever been refused a drivers license by any state?  Yes  No

If yes, where.

42. Have you ever had a drivers license in any other state?  Yes  No

If yes, where.

43. Was your license suspended or revoked?  Yes  No

If yes, where.

44. Has your license ever been placed on probation?  Yes  No

If yes, where.

**Residences**

45. List your addresses for the last 10 years, starting with present address.

Address of Residence, City & State	From (Month/Year)	To (Month/Year)

46. Do you own or are you buying your own home?  Yes  No

47. Do you own or are you buying other real estate?  Yes  No

If yes, give location

**Military Service**

48. Have you ever served in any military organization of the United States?  Yes  No

If yes, give branch.

49. Service Serial #  50. Highest Rank Held  51. Rank at Discharge

52. Give date & location of entrance to active duty (city & state)

53. List period(s) of active service.  (Date from/Date to)

54. Give date & location of discharge (city & state)

55. Did you receive an honorable discharge?  Yes  No

**Note: Submit separation papers with this application.**

56. If you had no military service, explain.

57. What is your present draft classification? (i.e. 1-A, 4-F, etc?)

58. Local Board Number (Address, City, State)

59. Were you ever convicted at a court-martial?  Yes  No

If yes, explain.

60. Are you now or were you ever a member of any branch of the United States Reserve Forces?  Yes  No

If yes, active or inactive?	<input type="text"/>	Branch	<input type="text"/>	Unit	<input type="text"/>	Rank	<input type="text"/>	From/To	<input type="text"/>
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61. Are you now or were you ever a member of the National Guard?  Yes  No

If yes, what state?	<input type="text"/>	Regiment	<input type="text"/>	Unit	<input type="text"/>	Rank	<input type="text"/>	From/To	<input type="text"/>
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62. Did you receive an honorable discharge?  Yes  No

63. List any disciplinary action taken against you in the National Guard or Reserve Unit.

**Criminal History (Adult, Minor or Juvenile)**

You are not required to disclose sealed or expunged records of conviction or arrest of criminal offenses.

64. Have you ever been arrested & convicted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.
Date	By Whom (Police Agency)	Crime Charged	Disposition of Case

65. Have you ever been placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

66. Have you ever been required to pay a fine in excess of \$25.00?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

67. Have you ever been reported as a missing person or runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain details. (Including jurisdiction, dates & outcomes)	

68. Have you ever been the victim of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	
Was the crime reported to the police?	

69. Have you ever been fingerprinted by a police agency other than for an arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain. Give agency, date & purpose.	

70. Has any member of your immediate family ever been convicted for a serious crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain. Give name, relationship, crime charged & where arrested.	

71. List all traffic citations you have received.

Location (City)	Approx. Date	Nature of Violation	Disposition of Case

72. Are there any warrants, traffic or otherwise, now pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

73. Have you ever taken a civil service exam?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency	Approx. Exam Date	Position on List	Status

74. Are you now on any eligibility list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

75. Were you placed on a civil service list & not hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

76. Have you ever submitted an application for an appointment to this or any other department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

**Police Department Applicants Only (Questions 77-79)**

77. Have you ever been a law enforcement officer or held a similar position?  Yes  No  
 If yes, give position, date (from & to) & location.

78. It is a requirement of the Sterling Police Department that sworn officers possess or be able to obtain a valid F.O.I.D. card upon beginning employment. ILCS 430 Section 65/8 requires evidence under penalty of perjury that an applicant for a F.O.I.D. card:

1. Be 21 years of age or older or have written consent of a parent or legal guardian.
2. Not have been convicted of a felony under Illinois law or the laws of any other jurisdiction.
3. Not be addicted to narcotics.
4. Not have been a patient in a mental institution within the past 5 years.
5. Not be intellectually disabled.

If you do not already possess a valid F.O.I.D. card, can you obtain one under Illinois law on or about the time of your employment with the Sterling Police Department?  
 Yes  No

79. Have you ever received unemployment insurance or other federal, state, local benefits or assistance?  Yes  No  
 If yes, explain.

Kind	Local Office	Address	How Long

80. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation?  
 Yes  No If yes, explain.

81. Are you now or have you ever been engaged in any business as an owner, partner or corporate member?  
 Yes  No If yes, explain.

**Employment History**

82. List all jobs you have held for the last 10 years, including periods of unemployment. Put your present or most recent job first. Include military service. Fill in the proper time sequence & temporary or part time jobs.

1. Employer's Name	Address & Phone	Type of Business	
Name & Title of Supervisor	Dates (From/To)	Salary/Month	Position Held
2. Employer's Name	Address & Phone	Type of Business	
Name & Title of Supervisor	Dates (From/To)	Salary/Month	Position Held
3. Employer's Name	Address & Phone	Type of Business	
Name & Title of Supervisor	Dates (From/To)	Salary/Month	Position Held
4. Employer's Name	Address & Phone	Type of Business	
Name & Title of Supervisor	Dates (From/To)	Salary/Month	Position Held
5. Employer's Name	Address & Phone	Type of Business	
Name & Title of Supervisor	Dates (From/To)	Salary/Month	Position Held

83. Indicate by number any of the previous employers whom you do not wish for us to contact.

84. Explain your reason for applying for this position.

### Credit History

85. List 3 commercial or business credit references (include bank or charge accounts, or firms you have borrowed money for any purpose.

Name, Address, Phone of Firm	Type of Business	Amount	Date Opened	Date Closed

86. Have you ever been sued?

Yes  No

If yes, give details.

87. List any outstanding debts & list amount(s) & whether in arrears.

Amount of Original Debt	Amount now owed	In arrears Yes - No	Amount Owed to: (Name, Address & Phone #)

88. Have you ever filed for bankruptcy?

Yes  No

If yes, give details.

### References

90. Fill in below the names of three (3) adults who are not related to you, not former employers and not employees or officers of the City of Sterling, who have known you for a period, preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name:		Address:		Home Phone:	
Business Address:					
Business, Occupation or Profession:		Business Phone:			
How long has this person known you?					

Name:		Address:		Home Phone:	
Business Address:					
Business, Occupation or Profession:		Business Phone:			
How long has this person known you?					

Name:		Address:		Home Phone:	
Business Address:					
Business, Occupation or Profession:		Business Phone:			
How long has this person known you?					

**Acquaintances**

89. Fill in below the names of three (3) adults not related to you and not former employers or references, who are friends, fellow students or fellow workers. Names listed should be those persons who have seen you frequently during the past year.

Name:		Address:		Home Phone:	
Business Address:					
Business, Occupation or Profession:		Business Phone:			
How long has this person known you?					

Name:		Address:		Home Phone:	
Business Address:					
Business, Occupation or Profession:		Business Phone:			
How long has this person known you?					

Name:		Address:		Home Phone:	
Business Address:					
Business, Occupation or Profession:		Business Phone:			
How long has this person known you?					

**Emergency Contact**

91. Person(s) to be notified in case of emergency:

Name	Address	Phone	Relationship



CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW.

1. I consent to any medical examination required by the city at any time to determine my ability to perform the duties of my job or other jobs with the city and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment. I understand the city may have a no smoking policy and I agree to comply with its requirements.

2. I certify that the information contained in this application is correct to the best of my knowledge and understand that the deliberate falsification of this information is grounds for dismissal in accordance with the City of Sterling policy.

3. I authorized the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal, or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

4. I understand that no representative of the City of Sterling has the authority to enter into any agreement for employment for any specific period of time, nor am I obligated to work for the City for any specified period of time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

City of Sterling is an equal opportunity employer and abides by all laws including the American Disabilities Act.

AGILITY TEST  
RELEASE OF ALL LIABILITIES

I, the undersigned, hereby release, remise and discharge the City of Sterling, Illinois, a municipal corporation, its officers, servants, agents and employees of and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages, to my person shall have been caused, or may at any time arise as the result of a certain Fire and/or Police Entrance Examination Agility Test conducted by the Board of Fire and Police Commissioners of said City of Sterling, Illinois, the intention hereof being to completely, absolutely and finally release said City of Sterling and its officers, servants, agents and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Dated at Sterling, Illinois, this      day of      ,      ..

Signed

NOTE: This release must be properly executed before the Agility Test is given.





TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Sterling Board of Fire and Police Commissioners any and all information that you may have concerning me, my work record, or my reputation. Also please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the City of Sterling.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

— \_\_\_\_\_  
Signature

— \_\_\_\_\_  
Date

— \_\_\_\_\_  
Address

— \_\_\_\_\_  
City, State, Zip

## ACKNOWLEDGEMENT/CONSENT

### BACKGROUND AND CREDIT HISTORY

As part of the application process for employment as a police officer or fire fighter with the Police or Fire Department of the City of Sterling, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with applicants, neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. Furthermore, the applicant acknowledges that he consents and authorizes the City of Sterling, its agents and or assigns, to conduct a background investigation and to request a report of his or her credit history. The applicant also acknowledges that said applicant has been advised of his or her creditor's rights, as follows:

"Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above named consumer reporting agency the following disclosures:"

- (1) The nature and substance of all information in its files (except medical information) on you at the time of request.
- (2) The sources of the information.
- (3) The creditors to whom the consumer reporting agency has furnished reports within the six month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If you are accompanied by another person, he or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification. (2) You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. (3) If the consumer credit reporting agency was responsible in any way for the denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the City of Sterling, as the applicant's prospective employer.

Signed and Sealed at Sterling, Illinois on the day of [Click here to enter text.](#)

[Click here to enter text.](#), 20 [Click here to enter text.](#)

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