

MT. MORRIS POLICE DEPARTMENT
105 W. LINCOLN STREET
MT. MORRIS, IL 61054

Please return to the Mt. Morris Police Department completed by the due date

PERSONAL HISTORY STATEMENT INSTRUCTIONS

Attached to this instruction sheet is a PERSONAL HISTORY STATEMENT. This document will provide information to the Mt. Morris Police Department so a background investigation may be conducted. The purpose of this investigation is to verify your suitability for employment with the Mt. Morris Police Department as a Police Officer.

This form is comprehensive and asks for detailed information. Read each item carefully and answer completely. If you are unclear, or do not understand, ask the investigator involved with your background investigation.

Failure to completely and honestly answer **all** that is asked can remove you from further considerations as an officer. Omissions, lapses, vague answers, incomplete answers and lies are all considered to be disqualifiers. Do not fail to completely answer any item due to the lack of space on this form – attach additional sheets as necessary. Additionally do not leave any item blank – if an item does not apply to you, put N/A in that space.

Remember, no one is perfect – **this is the time to be totally open and honest about everything.** Failure to do so will immediately remove you from any further consideration as a Mt. Morris Police Officer.

If you have any questions please call the Mt. Morris Police Department (815) 734-4106

REQUIRED DOCUMENTS

IT IS YOUR RESPONSIBILITY TO PROVIDE THE FOLLOWING DOCUMENTS TO THE DEPARTMENT. IF YOU DO NOT PROVIDE THESE DOCUMENTS, YOUR APPLICATION WITH THIS DEPARTMENT WILL NOT BE ACCEPTED.

- HIGH SCHOOL DIPLOMA or GED CERTIFICATE (COPY)
- CERTIFIED BIRTH CERTIFICATE (COPY)
- COLLEGE OR UNIVERSITY DEGREE (COPY) – NOTE: A COPY OF A CERTIFIED TRANSCRIPT
- VETERANS: MILITARY SERVICE RECORD AND DD214 (COPY)
- DRIVER'S LICENSE (COPY OF BOTH SIDES)
- CITIZENSHIP AND OR NATURALIZATION PAPERS – IF APPLICABLE
- SOCIAL SECURITY CARD (COPY OF ORIGINAL)
- BASIC LAW ENFORCEMENT TRAINING CERTIFICATE (COPY)
- ALL LAW ENFORCEMENT TRAINING DOCUMENTS (COPY)
- RESUME

IMPORTANT INFORMATION

APPLICATIONS AND REQUIRED DOCUMENTS must be returned to the Police Department – Documents must be returned in person or by means of traceable deliver method (UPSP, UPS or FedEx) to – Mt. Morris Police Department, 105 W. Lincoln St., Mt. Morris, IL 61054 Attention Chief of Police

Experienced Police Officer Supplemental Questionnaire

*1. Please indicate the type of law enforcement activities in which you have experience. Select all that apply.

- Municipal
- Sheriff/County
- State Patrol
- Railroad
- Park District
- School District
- College/University
- Conservation
- Military
- Federal
- Transit/Housing
- Drug Taskforce
- Other

*2. If you indicated 'Other' in the previous question, please provide details.

*3. Was this experience:

- Full-Time
- Part-Time
- Reserves

*4. Please provide details of your current or most recent law enforcement experiences and duties. Please be thorough and include common daily activities.

*5. Are you a sworn law enforcement officer?

- Yes No

*6. Are you a full-time officer with your current agency?

- Yes No

*7. Are you considered probationary status with your current agency?

- Yes No

*8. How long was your current or most recent agency's probationary period?

*9. Indicate your current or most recent department size.

- 10 or less sworn officers
- 11-25 sworn officers
- 25-50 sworn officers
- 51-100 sworn officers
- 101-200 sworn officers
- 201+ sworn officers

*10. Please detail the level of your law enforcement training. Include length of basic academy training, length of field training and any specialized training that should be considered.

*11. What is the name and address of the police academy you attended?

*12. How many hours was the police academy you attended?

*13. Did you attend a part-time/transitional police academy or a full-time police academy?

- Part-time/Transitional
- Full-time

*14. In your law enforcement career, please indicate the amount of time spent in solo patrol or with a partner in a non-training environment.

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 2 years
- 2+ years

*15. Are you in good standing with your current or most recent agency? If you are no longer employed as a law enforcement officer, did you leave your previous agency in good standing?

- Yes No

*16. If you responded "No" to the previous question, please explain.

*17. Have you ever left any law enforcement agency not in good standing?

Yes No

*18. If you responded "Yes" to the previous question, please explain.

*19. Have you ever been terminated or asked to resign, whether on probation or not?

Yes No

*20. If yes to the previous question, please provide details below.

*21. Please indicate your highest level of education.

- High School or GED
- College- 30-59 credit hours
- College- 60-89 credit hours
- College- 90-119 credit hours
- College- more than 120 credit hours but no degree
- Specialized Trade School
- Associates Degree
- Bachelors Degree
- Post Bachelor Studies
- Masters Degree
- Post Masters Degree
- Doctorate (PhD, MD, JD, etc.)

*22. Do you fluently speak another language other than English? If so, which language(s)?

Mt. Morris Police Department – Personal History Statement

*****PLEASE TYPE OR PRINT ALL REQUESTED INFORMATION*****

PERSONAL:

Your Name:

List any other names you have used (including maiden names, name changes, married names, nicknames, etc.)

Your Current Address:

Number Street City

List telephone numbers at which you can be contacted

Home: ()

Work: ()

Other: ()

Date of Birth

You must be a citizen of the United States or a permanent resident alien.

MM/DD/YYYY

Are you a Citizen of the United States: (Circle one)

YES

NO

If NO, the background investigator will advise you of the required documentation.

Social Security Number:

For purposes of identification, please supply the below information

Height:

Weight:

Hair Color:

Eye Color:

Scars, tattoos, or other distinguishing marks:

Have you ever been evicted from any residence: (circle one)	YES	NO
If Yes, explain below:		

REFERENCES:

In the spaces below list reference that have knowledge of you and your qualifications. **Do not list relatives or former employers**

NAME	ADDRESS	TELEPHONE

--	--	--

EDUCATION:

Please check all areas that apply to you: **NOTE: If you have attended college for any period of time, a certified copy of your official transcript(s) must be provided with this personal history statement.**

_____ I possess a General Equivalency Diploma (GED) or similar.

_____ I possess a high school diploma

_____ I possess a two-year college degree

_____ I hold a four-year college degree or higher

List all school(s) attended, beginning with high school:

NAME OF SCHOOL	LOCATION (Address, City, State, Zip)	DATES ATTENDED FROM TO	DIPLOMA/DEGREE/CERTIFICATE RECEIVED

--	--	--	--

Have you ever been suspended from any high school, college, university, business or vocational school or any educational institution (other than elementary school)? YES NO If yes, explain below:

EMPLOYMENT:

Beginning with your current, or most recent employment, list all jobs (including full-time, part-time, temporary and voluntary) you have held from the age of 16. If you had periods of unemployment or military service, list those periods also, be **specific** on your reason for leaving each job. If you need additional space, copy one of these following pages or use additional paper. DO NOT fail to list any period from 16 years of age until the present.

Please list in chronological order, beginning with your current situation.

DATES From: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
To: ___/___/___		

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage: \$ _____

Your Position/Job Title: _____

Co-Workers Name: _____

Co-Workers Name: _____

Reason for leaving: _____

DATES From: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
To: ___/___/___		

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____
 Your Position/Job Title: _____
 Co-Workers Name: _____
 Co-Workers Name: _____
 Reason for leaving: _____

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
--	---	----------------------------

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____
 Your Position/Job Title: _____
 Co-Workers Name: _____
 Co-Workers Name: _____
 Reason for leaving: _____

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
--	---	----------------------------

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____
 Your Position/Job Title: _____
 Co-Workers Name: _____
 Co-Workers Name: _____

Reason for leaving:

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
--	--	---------------------------------------

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
--	--	---------------------------------------

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
--	--	---------------------------------------

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
--	--	---------------------------------------

Circle one: Full-time Part-time Voluntary Military Other(specify)

Beginning Wage: \$ _____ Ending Wage:\$ _____

Your Position/Job Title:

Co-Workers Name:

Co-Workers Name:

Reason for leaving:

DATES From: ___/___/___ To: ___/___/___	NAME, PHONE & ADDRESS (City, State, Zip included) OF EMPLOYER	SUPERVISOR(S) NAME & PHONE
Circle one: Full-time Part-time Voluntary Military Other(specify)		
Beginning Wage: \$ _____ Ending Wage:\$ _____		
Your Position/Job Title: _____		
Co-Workers Name: _____		
Co-Workers Name: _____		
Reason for leaving: _____		

EMPLOYMENT: (Continued)

Do you object, or would any problem result, if your present employer was contacted at this time: NO YES
 If YES, explain here and to the investigator:

Have you had any extended absences from work for reasons other than vacations or approved leaves? NO YES
 If yes, explain briefly and explain in detail to the background investigator.

Have you ever been suspended from any job for disciplinary reasons?
If yes, explain briefly and explain in detail to the background investigator.

NO

YES

MILITARY SERVICE:

Are you registered with the Selective Service?

YES

NO

Have you ever served in the military?

YES

NO

Branch: _____

Service#: _____

Dates of service: From: _____ To: _____

Type of discharge (be specific): _____

List all duty stations you served at in chronological order, beginning with the most recent: (attach additional sheets if there are more duty stations than allowed for)

Location: _____

Unit: _____

Your Position: _____

From: _____

To: _____

Your Rank: _____

Other pertinent information about this duty station: _____

Location: _____ Unit: _____ Your Position: _____

From: _____ To: _____ Your Rank: _____

Other pertinent information about this duty station: _____

Location: _____ Unit: _____ Your Position: _____

From: _____ To: _____ Your Rank: _____

Other pertinent information about this duty station: _____

Location: _____ Unit: _____ Your Position: _____

From: _____ To: _____ Your Rank: _____

Other pertinent information about this duty station: _____

Location: _____ Unit: _____ Your Position: _____

From: _____ To: _____ Your Rank: _____

Other pertinent information about this duty station: _____

LEGAL:

If you have ever been arrested or convicted of any crime (other than traffic citations,) provide the following information:

Approximate Date	Police Agency	Charge	Circumstances & Disposition

MOTOR VEHICLE OPERATION:

Your Driver's License Number: _____	Driver's License State: _____
Classification: _____	Expiration Date: _____
Name under which license issued: _____	

List all other states in which you have held a driver's license	
STATE	NAME UNDER WHICH LICENSE WAS ISSUED

Have you ever been involved in any matter that may be covered by one or more of the following terms: conditional discharge; court supervision; expungement; pardon; sealing; release; parole; probation; (or any similar wording)? If yes, write a brief summary below and explain in detail to the background investigator. NO YES C details below

Have you ever been a suspect in any criminal matter? If yes, explain briefly and explain in detail to the background investigator. NO YES C details below

Have you ever been detained, questioned or had contact with anyone from a police agency? If yes, explain briefly and explain in detail to the background investigator. NO YES C details below

Have you ever obtained or been served with an Order of Protection? If yes, explain briefly and explain in detail to the background investigator. NO
YES C details below

If you have ever been involved in any motor vehicle accident within the last 5 years, list below:

Date:	Location:	Injury: YES NO
Police Investigate?	NO YES C if yes, which agency:	

Date:	Location:	Injury: YES NO
Police Investigate?	NO YES C if yes, which agency:	

Date:	Location:	Injury: YES NO
Police Investigate?	NO YES C if yes, which agency:	

Date:	Location:	Injury: YES NO
Police Investigate?	NO YES C if yes, which agency:	

Date:	Location:	Injury: YES NO
Police Investigate?	NO YES C if yes, which agency:	

PLEASE READ AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understood that any omission or misstatement of material fact on this application or on any document used to secure unemployment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Village of Mt. Morris to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the Village of Mt. Morris any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the Village of Mt. Morris, my former employers, and all other persons, corporations, partnerships, and associates from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and agree that I may be required to submit to a lie detector test or similar test as a prerequisite to employment with the Village of Mt. Morris or as a condition of continued employment if I am employed.

I understand that nothing contained in the application or conveyed during any interview which I may be granted is intended to create an employment contract between the Village of Mt. Morris and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that I may be terminated at any time with or without prior notice, at the option of the Village of Mt. Morris or myself.

Furthermore, no promises or representation contrary to the foregoing are binding on the Village of Mt. Morris unless made in writing and signed by the Village of Mt. Morris and myself.

Signature of Applicant

Date