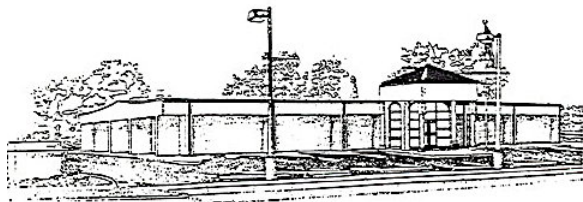


City of Hoopston Auxiliary Police Application



We consider applicants without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Name
<hr/>		
Address	Street	City
		State
		Zip Code
<hr/>		
Home Telephone Number	Work Telephone Number	Cellphone Number

Date Of Birth	Social Security Nr	Drivers License Number
<hr/>		
FOID Card Number	Expiration date	Height
		Weight
		Eyes
		Hair

Education

Are you a high school graduate or have obtained your GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of high school and year of graduation? _____		
Have you attended college or technical school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, name of institution and number of years attended: _____		
Have you received an undergraduate degree, and if so, in what field of study:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Military Experience

Have you ever served in the US military forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, branch of service: _____ Dates of service: _____ to _____		
Discharge date: _____	Type of discharge	<input type="checkbox"/> Honorable <input type="checkbox"/> Other
If discharge was other than Honorable, explain: _____		
<hr/>		
Are you currently serving in the Reserves or National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, branch and current unit assigned to: _____		

Work Experience

Employer (current/last)	Address	Telephone Number		
Supervisor	Job Title/Description			
Dates Employed:	From: _____	To: _____		
Work Schedule:	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Midnights	Days off: _____
Reason for leaving:				

Employer	Address	Telephone Number		
Supervisor	Job Title/Description			
Dates Employed:	From: _____	To: _____		
Work Schedule:	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Midnights	Days off: _____
Reason for leaving:				

Employer	Address	Telephone Number		
Supervisor	Job Title/Description			
Dates Employed:	From: _____	To: _____		
Work Schedule:	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Midnights	Days off: _____
Reason for leaving:				

Describe any specialized training, apprenticeships or skills:

Describe any specialized military training you have received:

Have you ever been bonded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain giving dates, location and charges: _____)		

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain giving dates, location and charges: _____)		

Have you ever been convicted of a misdemeanor (excluding minor traffic offenses)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain giving dates, location and charges: _____)		

Do you have any previous law enforcement experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain in detail: _____)		

Do you have any physical conditions which may limit your ability to perform this particular job or certain tasks within this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, explain in detail: _____)		

Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for habitual use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for a mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied a Firearm Owner's ID Card by the state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current and valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you speak any languages other than English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If so, what language: _____)		

References

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I hereby certify that I have answered all the questions and information requested in this application completely and truthfully. I authorize investigation of all statements and information contained in this application for employment. I further understand that if any information or statements I have provided in this application are found to be false, misleading or fraudulent, my application will be immediately denied. I also understand that I will be required to submit to fingerprinting, a background check and drug testing by the City prior to my appointment.

Applicant Signature

Date

