A Career Opportunity

in

Law Enforcement

County of Winnebago
Illinois

EQUAL OPPORTUNITY EMPLOYER

Instructions

Read every question carefully. If a question does not pertain to you, write “N.A.” within the appropriate space. Print all entries legibly in ink. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

You will be asked to certify that all answers are true and complete, so be accurate. All candidates who fail to answer truthfully and completely will be denied certification. Any misstatement of material facts will be subject to disqualification or dismissal.

Personal History Statement

Personal

The following is required of you for verification and contact purposes:

1. Your Name (please print or type)			
Last	First	Middle	
Other names (including nicknames) you have been known by			
2. Please list address at which you can be contacted			
Number Street	City	State	Zip Code
3. Please list the local telephone number(s) at which you can be contacted. û	( ) _____ Hrs. you can be contacted:	( ) _____ Hrs. you can be contacted:	

4. Birthdate			5. You must be a citizen of the United States and a resident of the State of Illinois for one year prior to appointment. " Yes " No
Month	Day	Year	

6. Social Security Number			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained)

7. For the purpose of identification, please provide the following:			
Height	Weight	Hair Color	Eye Color
Scars, tattoos or other distinguishing marks			

Relatives; References; Acquaintances

During the course of the background investigation, persons who know you will be asked to comment on your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N.A."

If living, name of your:	Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
Father	" Home " Work " Other	" Home " Work " Other
Mother	" Home " Work " Other	" Home " Work " Other
Father-in-Law	" Home " Work " Other	" Home " Work " Other
Mother-in-Law	" Home " Work " Other	" Home " Work " Other
Spouse	" Home " Work " Other	" Home " Work " Other
Former Spouse(s)	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other

Personal History Statement

Relatives; References; Acquaintances

Continued

If living, name of your:		Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
Brother(s) and Sister(s)		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
Step-Mother		“ Home “ Work “ Other	“ Home “ Work “ Other
Step-Father		“ Home “ Work “ Other	“ Home “ Work “ Other
Step-Brother(s) and Step-Sister(s)		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
Other relatives with whom you have a close personal relationship (including children)			
	Relationship	“ Home “ Work “ Other	“ Home “ Work “ Other
	Relationship	“ Home “ Work “ Other	“ Home “ Work “ Other
	Relationship	“ Home “ Work “ Other	“ Home “ Work “ Other
	Relationship	“ Home “ Work “ Other	“ Home “ Work “ Other
9. Below, please list those individuals with whom you have resided during the past 10 years (list no information prior to your 15th birthday) Exclude family members.			
		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other
		“ Home “ Work “ Other	“ Home “ Work “ Other

Personal History Statement

Relatives; References; Acquaintances

Continued

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

Name	Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other

11. Please list 3-5 individuals who are social acquaintances (i.e., persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. Exclude relatives and former employers

	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other
	" Home " Work " Other	" Home " Work " Other

Education

12. The Winnebago County Sheriff's Office Merit Commission requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

" I possess a high school diploma.
" I passed a G.E.D. (General Educational Development) test.
" I passed the Illinois High School Proficiency Examination.
" I possess other equivalent. Explain: _____.
" I do not currently have a high school diploma or its equivalent, but plan to satisfy the requirement in the future, as follows;

When:

How:

Personal History Statement

Education

13. Please indicate below all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made, in conjunction with these contacts.

		Date Attended		School References (teachers, counselors, etc.)
		From	To	

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools—any formal education beyond high school level.) " Yes " No

If "yes," please explain (include school, date and circumstances.

Residence

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

15. Please list all of your residences during the past 10 years (list no information prior to your 15th birthday). Begin with your current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent.
		From Mo. Yr.	To Mo. Yr.	

Personal History Statement

Experience and Employment

16. Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. (For the purpose of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Date of employment	Name and address of employer	Name of supervisor
From Mo. / Yr. To Mo. / Yr.		
	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. / Yr.	To Mo. / Yr.

Date of employment	Name and address of employer	Name of supervisor
From Mo. / Yr. To Mo. / Yr.		
	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. / Yr.	To Mo. / Yr.

Date of employment	Name and address of employer	Name of supervisor
From Mo. / Yr. To Mo. / Yr.		
	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. / Yr.	To Mo. / Yr.

Personal History Statement

Experience and Employment

Continued

16. (Continued)

Date of employment	Name and address of employer	Name of supervisor
From Mo. Yr. / To Mo. Yr. /	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. Yr. /	To Mo. Yr. /

Date of employment	Name and address of employer	Name of supervisor
From Mo. Yr. / To Mo. Yr. /	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. Yr. /	To Mo. Yr. /

Date of employment	Name and address of employer	Name of supervisor
From Mo. Yr. / To Mo. Yr. /	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. Yr. /	To Mo. Yr. /

Date of employment	Name and address of employer	Name of supervisor
From Mo. Yr. / To Mo. Yr. /	Telephone No.	Name(s) of c0-worker(s)
" Full-time " Part-time " Voluntary	Title or duties (for identification purposes)	
Reason for leaving		
" Military Service " Not employed	From Mo. Yr. /	To Mo. Yr. /

Personal History Statement

Experience and Employment

Continued

17. Would any problem result if your present employer was contacted during the course of the background investigation?
    " Yes " No

    If "no," when should such contact be made? _____

18. If you have had no prior employment, please explain in the space below.

19. Have you had any extended work absences for reasons other than earned vacations? " Yes " No
    If "yes," please explain (include when, where and circumstances).

20. Have you ever been fired or asked to resign from any place of employment? " Yes " No
    If "yes," please give details (include when, where and circumstances).

21. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers?
    " Yes " No
    If "yes," please give details (include when, name of agency and circumstances).

Military Service

22. Have you ever served in the armed forces, National Guard or military reserves? " Yes " No
    If "yes," please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge
		____/____to____/____	

23. Please list current and past draft classifications in chronological order beginning with the most recent.

24. Are you *currently* participating in any military reserve of National Guard program?

25. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? " Yes " No
    If "yes," please give details (include branch of service, when, where and circumstances).

26. Have you ever been classified as a conscientious objector by a local draft board? " Yes " No

    When?

    Explain:

Personal History Statement

Military Service

Continued

27. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Legal

28. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information.

Approx. Date	Police Agency	Circumstances

29. Have you ever been place on court probation as an adult? " Yes " No
If "yes," please give details (include when, where and why).

30. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? " Yes " No
If "yes," please give details (include when, where name and location of court and circumstances).

Personal History Statement

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

31. Illinois driver's license number	Expiration date
Name under which license was granted	

32. Please list other states where you have been licensed to operate a motor vehicle.

State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

33. Have you ever been refused a driver's license by any state? " Yes " No
If "yes," please give details (include when, where and why).

34. Illinois law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicle(s).

Company	Address	Policy Number	Date of Expiration

Personal History Statement

Motor Vehicle Operation **Continued**

35. List all traffic citations (exclude parking citations) you have received within the last 7 years.

Nature of violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license.

36. Have you been involved, as a driver, in a motor vehicle accident within the past 7 years? " Yes " No
If "yes," please give details for each incident.

Date	Location	" Injury " Non-injury
Police investigation?	Police Agency	
Date	Location	" Injury " Non-injury
Police investigation?	Police Agency	
Date	Location	" Injury " Non-injury
Police investigation?	Police Agency	
Date	Location	" Injury " Non-injury
Police investigation?	Police Agency	
Date	Location	" Injury " Non-injury
Police investigation?	Police Agency	

37. If there is anything you wish to discuss about your driving record, please use the space below.

38. Has your license ever been suspended, revoked or placed on negligent operator's probation? " Yes " No
If "yes," please give details (include when, where and why).

Personal History Statement

General Information

39. Have you ever been refused insurance for any reason other than failure to pay a premium: “ Yes “ No If “yes,” please give details (include company name and address, date and reason).

Medical Information

40. Do you wear contact lenses?	
41. When did you have your last physical examination?	
Name of Doctor	Doctor’s Phone No.
Doctor’s Address	
Diagnosis	
42. For what illnesses have you been hospitalized (include surgery)?	
Illness	Hospital
43. Do you have any recurring illnesses? “ Yes “ No If “yes,” explain.	
44. Explain in detail any emotional, neurological or psychological illness in your past or present history.	

I hereby certify that all statements made in the personal history statement are true and complete, and that I understand that any misstatement of material facts will subject me to disqualification or dismissal.	
Signature in full	Date completed

Narcotics Information Supplement

Please provide the following information regarding your use of or experimentation with any controlled substance, without a prescription.

I certify that the following responses are true and correct.

Have you ever use non-prescribed drugs? “ Yes “ No

	Year First Used	Month/Year Last Used	Total Times Used
Marijuana (grass, pot)	_____	_____	_____
Hashish/Hashish Oil	_____	_____	_____
Cocaine	_____	_____	_____
PCP (Angel Dust, Crystal, Rocket Fuel, KJ, etc.)	_____	_____	_____
Amphetamines/Methamphetamines (Uppers, speed, crank)	_____	_____	_____
Barbiturates (Downers, reds, etc.)	_____	_____	_____
Hallucinogens (LSD, STP, DMT, MDA, DET, synthetic THC, etc.)	_____	_____	_____
Psilocybin (Magic Mushrooms)	_____	_____	_____
Heroin	_____	_____	_____
Morphine/Demerol	_____	_____	_____
Mescaline/Peyote	_____	_____	_____
Thai Sticks (Opiate Grass)	_____	_____	_____
Amyl Nitrite (Poppers)	_____	_____	_____
Quaaludes	_____	_____	_____
Other not listed above	_____	_____	_____

Print Name _____ Signature _____

Date _____ Background Investigator _____

Documentation Required with Application

Copies of:

- **Birth Certificate**
  (If you were born outside of the United States, a copy of a Certificate of Naturalization is also required.)

- **Valid Driver's License**

- **High School Diploma or GED Certificate**

- **Social Security Card**

- **DD214 (if you have been in the military)**

- **College Diploma (if applicable)**

- **FOID Card (if applicable)**

- **Basic Law Enforcement Certificate (if applicable)**

Office of the Sheriff

Winnebago County

Richard A. Meyers

Sheriff

650 West State Street
Rockford, Illinois 61102
815/319-6000

AUTHORITY TO RELEASE INFORMATION

Having made application with the Winnebago County Sheriff's Department in Rockford, Illinois, and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records which may be of interest to them. This authorization includes, but is not limited to: medical, school, employment, military, attorneys and counselors, and credit records, whether privileged or not. This authorization to furnish information is executed in consideration of the Winnebago County Sheriff's Department giving my application consideration and shall serve as a release of all liability to all parties furnishing such information to the Winnebago County Sheriff's Department.

I hereby release any person or persons providing or receiving such information from any and all liability for damages of whatever kind resulting to me, my heirs or assigns.

_____
Signature of Applicant

Address: _____

City: _____

State: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____.

_____
Notary Public

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