

**HIGHLAND POLICE DEPARTMENT  
BOARD OF POLICE AND FIRE COMMISSIONERS  
TESTING APPLICATION FORM**

**INSTRUCTIONS: Fill out this application form completely and accurately. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from employment and/or consideration.**

(Please *print* or *type*)

Name: \_\_\_\_\_

**Last**

**First**

**Middle**

**Current Address:**

**Street Address**

Apartment \_\_\_\_\_

**City**

**State**

**Zip code**

**County**

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Work Phone \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

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

**Date of Birth (Mo/Day/Yr)** \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_

**State Issued** \_\_\_\_\_

**Issuing Date** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Valid Driver's License:** ( ) Yes ( ) No

**Citizen of the United States:** ( ) Yes ( ) No

( ) Age 35 or over? **Check here if Age Limit Extension is requested for Military Service** \_\_\_\_\_ Number of years served

**Education (Please check ALL that will apply by January 2021)\*\*:**

( ) 60 semester hours in Admin. of Justice or similar \_\_\_\_\_

( ) Associate's Degree \_\_\_\_\_

( ) Associate's Degree in Law Enforcement \_\_\_\_\_

( ) 16+ yrs., Bachelor's Degree \_\_\_\_\_

( ) 17+ yrs., Graduate Degree \_\_\_\_\_

**In lieu of education requirement:**

( ) 24+ months of honorable active duty in the US Armed Forces

( ) 180 days of honorable active duty in US Armed Forces Combat Duty recognized by the US Dept. of Defense

**In addition to the education/military service requirement:**

( ) Completed an IL full-time LE Academy or another state's transferrable equivalent

( ) Have a minimum 24 consecutive months of full-time law enforcement experience

( ) Hold a full-time LE officer certificate in the state of IL or be able to become certified within 6 months of hire

**\*\* If you will complete any of the above requirements by the end of the Fall Semester 2020, you will be eligible for this test cycle. Please check the requirement that you expect to obtain by or before January 2021.**

I understand that omissions, misrepresentations or false statements on my application form will be basis for no further employment consideration. I certify that there are no misrepresentations, omissions or false statements in my application form.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**BACKGROUND DATA  
SHEET**

**Highland Police Department  
Board of Police and Fire Commissioners**

NAME \_\_\_\_\_

Last 4 of Social Security Number \_\_\_\_\_

Today's date \_\_\_\_\_

**1. Are you currently a certified police officer?**

Yes→ What municipality or accredited law enforcement training center? \_\_\_\_\_

No→ Have you been an officer within the past 3 years?  
 Yes  
 No

**2. Do you plan to submit a DD214 (re: military service)**

Yes  
 No  
 N/A

**3. What is the highest level of education you will have completed by January 2021?**

60 semester hours of college  
 Associate's Degree  
 Associate's Degree in Law Enforcement  
 16+ yrs., Bachelor's Degree  
 17+ yrs., Graduate School  
 N/A

**4. Are you currently taking classes at a college?**

Yes; Name of Institution: \_\_\_\_\_  
 No

**5. If you have taken college courses but not yet earned a degree, indicate the number of semester hours you will complete by January of next year. *Note: you do not need to answer this question if you have earned a college degree.***

\_\_\_\_\_

**6. If you have 2 or more years full-time law enforcement experience with a municipal, county, state or federal agency, please list the details below.**

Department Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Department Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Department Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

I, \_\_\_\_\_, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Highland Police Department, whether the said records are of a public, private or confidential nature, including, but not limited to, applicant background information.

I authorize you to furnish the Highland Police Department with any and all information that you have concerning my: work record, salary, attendance, reputation, medical records, criminal history, credit history, loan history, driving history, and military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Highland Police Department in determining my qualifications and fitness for the position I am seeking with the department.

I understand that any information obtained by a personal history 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 Highland Police Department. I understand that all materials pertaining to this background investigation become the property of the Highland Police Department and will not be returned to me.

I hereby release you and your organization from any and all liability or damages which may result from furnishing the information requested. I further release the Highland Police Department and its agents from any and all liability which may be incurred or as a result from the collection of such information. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**CITY OF HIGHLAND, ILLINOIS OFFICER RECRUITMENT**  
APPLICATION FOR EMPLOYMENT – *EQUAL OPPORTUNITY EMPLOYERS*

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

1. Name: \_\_\_\_\_  
*Last* *First* *Middle*
2. List any other names, aliases you have used or been known by (include maiden name, if applicable).  
\_\_\_\_\_
3. Address: \_\_\_\_\_  
*Street* *City*  
*State* *Zip Code*
4. Telephone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes:* \_\_\_\_\_ Native Born \_\_\_\_\_ Naturalized  
*If “naturalized”, give particulars* \_\_\_\_\_
7. Are you authorized to work in the United States on an unrestricted basis? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

**B. EDUCATIONAL HISTORY**

- | <u>High School</u> | <u>City &amp; State</u> | <u>Graduate?</u>   |
|--------------------|-------------------------|--|
| _____              | _____                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____              | _____                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____              | _____                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. College/University Attended \_\_\_\_\_  
City & State \_\_\_\_\_ Exp. Grad. Date \_\_\_\_\_  
Major/Minor \_\_\_\_\_ Degree Rec'd, if any \_\_\_\_\_  
Currently attending?  NO  YES; credit hours earned as of date of application: \_\_\_\_\_
3. College/University Attended \_\_\_\_\_  
City & State \_\_\_\_\_ Exp. Grad. Date \_\_\_\_\_  
Major/Minor \_\_\_\_\_ Degree Rec'd, if any \_\_\_\_\_  
Currently attending?  NO  YES; credit hours earned as of date of application: \_\_\_\_\_

4. College/University Attended \_\_\_\_\_  
 City & State \_\_\_\_\_ Exp. Grad. Date \_\_\_\_\_  
 Major/Minor \_\_\_\_\_ Degree Rec'd, if any \_\_\_\_\_  
 Currently attending?  NO  YES; credit hours earned as of date of application: \_\_\_\_\_

5. List other schools attended (Trade, Vocational, Business, etc). Give name and dates attended, course of study, certificate and any other pertinent information.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Were you ever expelled or suspended from any school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain \_\_\_\_\_

7. List other formal education beyond high school you may have, including special training courses:  
 \_\_\_\_\_  
 \_\_\_\_\_

8. List any special licenses or certificates you hold or have held:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. EMPLOYMENT HISTORY**

1. Have you ever taken a civil service exam? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, please specify below.*

<u>Agency</u>	<u>Date</u>	<u>Position on List</u>	<u>Status</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Are you now on any eligibility list? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain \_\_\_\_\_

3. Were you ever placed on a civil service list and not hired? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain \_\_\_\_\_

4. Were you ever rejected for any civil service position? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain \_\_\_\_\_

5. Have you ever been a law enforcement officer or held a similar position?  Yes  No  
If yes, Position \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_  
Position \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_  
Position \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_

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

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

Beginning with your present or most recent job, list all employment for the past 5 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach/submit extra pages if necessary.

1. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Name of a co-worker \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH FOR US TO CONTACT.  
 \_\_\_\_\_

**D. SPECIAL QUALIFICATIONS & SKILLS**

1. List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc.). Show licensing authority, original dates of issue and date of expiration.  
 \_\_\_\_\_  
 \_\_\_\_\_

2. List any special specialized machinery or equipment that you can operate.  
 \_\_\_\_\_  
 \_\_\_\_\_

3. If you are fluent in a foreign language, indicate in each area your level of fluency (Excellent, Good, Fair)

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**E. REFERENCES – List four persons who you know well enough to provide current information about you. Do not list relatives or former employers.**

1. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Years Known \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ City/State \_\_\_\_\_

2. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Years Known \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ City/State \_\_\_\_\_

3. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Years Known \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ City/State \_\_\_\_\_

4. Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Years Known \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ City/State \_\_\_\_\_

**F. MEMBERSHIP IN ORGANIZATIONS (Past and/or Present)**

<u>Name &amp; Address</u>	<u>Type (Social, Fraternal, Professional etc.. Do not include any religious or ethnic affiliations.)</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**G. PERSONAL DECLARATIONS**

1. Have you ever made an application for employment with this municipality?  Yes  No

If yes, give date(s) and status of application.

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2. Have you ever used illegal substances?  Yes  No

3. Have you ever abused prescription drugs?  Yes  No

4. Have you ever abused alcohol?  Yes  No

5. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?  Yes  No

If yes, explain

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**H. BACKGROUND INFORMATION – Information provided in the following sections will only be used for background checks if you are offered a position and will not affect your status as an applicant in any manner.**

1. Name: \_\_\_\_\_

2. Driver's license number: \_\_\_\_\_

3. Height: \_\_\_\_\_

4. Weight: \_\_\_\_\_

5. Color of eyes: \_\_\_\_\_

6. Color of hair: \_\_\_\_\_

7. Race(s): \_\_\_\_\_

8. Date of birth: \_\_\_\_\_

9. Place of birth:

\_\_\_\_\_ *City* \_\_\_\_\_ *County* \_\_\_\_\_ *State*

10. List every member of your immediate family who is still living; include father, mother, sisters & brothers.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Are you:  Single  Married  Separated  Widowed  Divorced  Civil Union

12. Are you living with your spouse/civil partner?  Yes  No If no, explain \_\_\_\_\_

13. Give the following information regarding your marriage/marriages/civil unions:

<u>Date</u>	<u>Where</u>	<u>Spouse Maiden name (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. If a marriage to which you were a party was ever dissolved, fill out the following:

Separated _____ Explain	_____
Divorced _____ Explain	_____
Anulled _____ Explain	_____

To Whom was Action Granted?

To Whom was Action Granted?

To Whom was Action Granted?

15. Are you paying alimony?  Yes  No If yes, explain \_\_\_\_\_

16. If divorced, list the name(s) or your previous spouse(s) & where they reside:

\_\_\_\_\_  
\_\_\_\_\_

17. List below, every child born to you, adopted by you & stepchildren:

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Where does child live &amp; with whom?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Are you now supporting all children born to you, adopted by you & stepchildren?  Yes  No

If no, please explain fully \_\_\_\_\_

19. Have you ever been named as the natural father in a paternity proceeding?  Yes  No

If yes, please explain fully \_\_\_\_\_

20. Are you paying child support?  Yes  No

If yes, explain \_\_\_\_\_

• **FINANCIAL HISTORY**

SOURCE OF INCOME

- What is your present salary or wages? \_\_\_\_\_
- Do you have income from any other source other than your principal occupation? \_\_\_\_\_ Yes \_\_\_ No

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

The source? \_\_\_\_\_

- Do you own any real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Value \$ \_\_\_\_\_

Location: \_\_\_\_\_

- Do you own any bonds, government or other? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Value \$ \_\_\_\_\_
- Do you own any corporate stock? \_\_\_\_\_ Yes \_\_\_\_\_ No Value \$ \_\_\_\_\_
- Do you have a bank account? \_\_\_\_\_ Yes \_\_\_ No

*Savings:* Average Balance: \$ \_\_\_\_\_

Name & Address of Bank \_\_\_\_\_  
\_\_\_\_\_

*Checking:* Average Balance: \$ \_\_\_\_\_

Name & Address of Bank \_\_\_\_\_  
\_\_\_\_\_

**J. FINANCIAL OBLIGATIONS**

Give names and addresses of the individual, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and other debts and payments. Include account numbers where applicable. Use extra sheet if necessary.

<u>Type</u>	<u>Name &amp; Address of Creditor</u>	<u>Reason or debt or item purchased</u>	<u>Account Number</u>	<u>Total Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**K. MILITARY RECORD**

- 1. Have you served in the U.S. Armed Forces?       Yes     No
  
- 2. Date of service: From \_\_\_\_\_ To \_\_\_\_\_    Branch of Service \_\_\_\_\_
  
- 3. Unit Designation \_\_\_\_\_    Military Service Record \_\_\_\_\_
  
- 4. Highest Rank Held \_\_\_\_\_
  
- 5. Type of Discharge and Rank at Discharge \_\_\_\_\_
  
- 6. Give date and location of entrance to active duty \_\_\_\_\_
  
- 7. Give date and location of discharge \_\_\_\_\_
  
- 8. List period(s) of active service:    From \_\_\_\_\_                          To \_\_\_\_\_
  
- 9. List all draft classifications you have had (i.e. 1-A, etc.) \_\_\_\_\_
  
- 10. If you are not a veteran, list the following:  
  
Local Board No. \_\_\_\_\_    Address \_\_\_\_\_
  
- 11. Are you now, or were you ever, a member of any branch of the U.S. Reserve Forces?     Yes     No  
  
If yes,  Active  Inactive    Branch \_\_\_\_\_    Unit \_\_\_\_\_    Rank \_\_\_\_\_  
  
Address \_\_\_\_\_    From \_\_\_\_\_    To \_\_\_\_\_

12. Are you now, or were you ever, a member of the National Guard?  Yes  No  
 If yes, what state? \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_  
 Type of Discharge \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

13. Were you ever disciplined while in the Military Service? (include court martial, captain's masts, company punishments in active service, reserve unit or National Guard)  Yes  No

<u>Charge</u>	<u>Agency</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**L. RESIDENCE – List ALL addresses where you have lived during the past ten years beginning with present address. List date by month and year. Attach extra page if necessary.**

<u>From</u>	<u>To</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With whom do you live at your current address? List full names & relationships  
 \_\_\_\_\_

**M. CRIMINAL HISTORY**

1. Have you ever been placed on probation?  Yes  No  
 If yes, explain \_\_\_\_\_

2. Have you ever been required to pay a fine in excess of \$25.00?  Yes  No  
 If yes, explain \_\_\_\_\_

3. Have you ever been reported as a missing person or runaway?  Yes  No

If yes, explain \_\_\_\_\_

4. Have you ever been the victim of a crime?  Yes  No

5. Have you ever been fingerprinted by a police agency other than for an arrest?  Yes  No

If yes, complete the following:

<u>Agency</u>	<u>Date</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are there any warrants, traffic or otherwise, now pending against you?  Yes  No

If yes, explain \_\_\_\_\_

7. Have you ever been arrested, detained by police or summoned into court for anything other than a traffic violation?

Yes  No If yes, complete the following:

<u>Offense Charged</u>	<u>Police Agency, City &amp; State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you ever been convicted of a felony or misdemeanor?  Yes  No

**N. TRAFFIC RECORD**

1. Can you operate an automobile?  Yes  No

2. Do you possess a valid operator's or chauffer's license from Illinois?  Yes  No

If yes, date of expiration \_\_\_\_\_

3. Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been refused an operator's or chauffer's license in any other state?  Yes  No

If yes, please explain \_\_\_\_\_

5. Have you ever had an operator's or chauffer's license in any other state?  Yes  No

6. Has your driver's license ever been suspended or revoked? \_\_\_\_Yes \_\_\_\_No  
If yes, give dates, location & reasons below:

\_\_\_\_\_

7. Has your license ever been placed on probation? \_\_\_\_Yes \_\_\_\_No

If yes, explain \_\_\_\_\_

8. List to the best of your memory all traffic citations you have received, excluding parking tickets?

<u>Month &amp; Year</u>	<u>Charge</u>	<u>City &amp; State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations:

**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions I have provided in this application. I am fully aware that any such willful misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*