

# APPLICATION FOR POLICE OFFICER

Chillicothe Police Department  
823 N. Second Street - Chillicothe, IL 61523



Please fill out the application by completing each section. If there is a field that is not applicable please write DNA or NA in the block. Please write clearly in black or blue ink. Please use the continuation sheet, provided on the last page, to add any additional information.

Name: Last	First	Middle

List any alias or maiden name

Address (Street, City, State, Zip Code)

Telephone Number	Email Address

Date and Place of Birth

Gender	Height	Weight	Hair Color	Eye Color

Driver's License State/Number	Social Security Number

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Are you a citizen of the United States

Marital Status	Are you living with your spouse

<b>A. List each member of your immediate family. Include spouse and children. Include address and telephone number.</b>	

<b>B. Educational Background. Include Name of School, address, and years attended.</b>

<b>C. List any special training or professional licenses/certifications you hold</b>

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D. List your address for the last ten years, starting with your present address	
Date	Address

E. Criminal History: Have you ever been arrested and/or convicted?

F. Have you ever been fingerprinted other than for an arrest? If yes, why?

G. List all traffic citations received, with date, nature of citation, and disposition

H. If you served in the Military	
Branch	
Dates of Service	
Discharge Received	

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I. Are you currently in the National Guard or Reserves?	
Dates	
Branch	

J. Employment: List all jobs held for the last ten years starting with the most recent.			
Employer	Dates	Address/Telephone	Supervisor

K. Are you currently on any eligibility lists?

L. List any outstanding debts and amounts	
Amount	Owed To

M. Have you ever filed for bankruptcy? If yes, give details.



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References. List the names of five adults, not related to you, who have known you preferably more than five years. Persons listed may be asked to appraise your character, ability, experience and personality.		
Name	Address/Telephone	Years Known

Person to contact in case of emergency		
Name	Telephone	Relationship

Please list all social media accounts you utilize.

I certify that the above information is true to the best of my knowledge. I understand that this information is subject to verification.

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

Signature: \_\_\_\_\_

