
**EMPLOYMENT
APPLICATION
and
PERSONAL HISTORY
STATEMENT**

**NEOGA POLICE DEPARTMENT
533 Chestnut Avenue ~ P.O. Box 248
Neoga, Illinois 62447**

Name

Home Telephone Number

Chief Andy Schabbing

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

General Information

HAND PRINT an answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block. DO NOT MISSTAKE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

Application for position of:		Date of Application	
Last Name	First Name	Middle Initial	
Maiden Name/Nickname, etc:			
Present Address		Phone Number	
City:	State:	Zip Code:	
Place of Birth			
Height:	Weight:	Eye Color:	Hair Color:
Last 4 Digits Social Security #			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status:	

ATTACH PHOTOGRAPH IN SPACE BELOW

Employment Record

List all previous employment. Start with the most recent position and work back to least recent position. Identify part-time and temporary jobs.

Employer:
Employer's Address:
Employer's Phone Number:
Dates Employed: To: _____ From: _____
Position:
Duties Performed:
Reason for Leaving:

Employer:
Employer's Address:
Employer's Phone Number:
Dates Employed: To: _____ From: _____
Position:
Duties Performed:
Reason for Leaving:

Employer:
Employer's Address:
Employer's Phone Number:
Dates Employed: To: _____ From: _____
Position:
Duties Performed:
Reason for Leaving:

If presently employed, why do you desire to change? _____ _____ _____
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Additional Information

Vehicle Operator's License: (Driver, Chauffer, etc.) Give the following information concerning any vehicle operator's license you have held or now hold.

Kind of License / Place of Issue	Expiration Date	Restrictions

References: Give names of at least three persons not related to you, who know you through school, business or personal association.

1.	_____	_____	_____
	Name		Profession
		()	
	Address		Phone #
2.	_____	_____	_____
	Name		Profession
		()	
	Address		Phone #
3.	_____	_____	_____
	Name		Profession
		()	
	Address		Phone #
4.	_____	_____	_____
	Name		Profession
		()	
	Address		Phone #
5.	_____	_____	_____
	Name		Profession
		()	
	Address		Phone #
6.	_____	_____	_____
	Name		Profession
		()	
	Address		Phone #

Have you ever applied for and/or taken any exams for any other governmental agency?

Yes No

Date applied	Agency	Exam Date	Grade	Status with Agency

Additional Information

Activities: List organizations of which you have been or are a member:	
School (High School & College)	
Community & Business	
Hobbies	

U.S. Military Status and Record:	
Present Selective Service Classification: _____	
If you have an uncompleted military obligation, what are your plans for completing it? _____	
Selective Service #: _____	Military Serial #: _____
Branch of Service: _____	Active Duty Dates: _____
Rank Held: _____	Type of Duty: _____
What specialized training did you receive? _____	
Type of discharge or separation: _____	
Do you have a reserve obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	

Education:	
High/Prep School: _____	Address: _____
Dates From/To: _____	Year of Graduation: _____
Colleges: _____	Address: _____
Dates From/To: _____	Year of Graduation: _____
Major: _____	Degree: _____
Have you attended PTI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach copies of certificates from PTI or other seminars and specialized training courses.	
Do you plan to further your education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How was your education financed? _____	

Special Qualifications and Skills:
Indicate type of special license such as pilot or radio operator, etc. that you possess. Indicate date issued and date of expiration: _____
Special skills you possess and equipment you can use: _____ _____

Additional Information

Residences: List all residences for the past 5 years, beginning with your present address.			
From/To	Street & Number	City	State or Country

Authority to Release Information

I hereby authorize a representative of the City of Neoga bearing this release, or copy thereof, within 2 ½ years of its date, to obtain any information in your files pertaining to my employment, credit or educational records, including but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records; medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Neoga. I hereby release you, as the custodian of such records, and any law enforcement agency, school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted. In the event that I am employed by this department, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

Full Name: _____
(Signature)

Full Name: _____
(Printed or Typed)

Date: _____ Telephone Number: _____