

# Rochester Police Department



An Equal Opportunity Employer

## Application for Employment

(Please print or type)

### **Applicant Questionnaire Instructions**

Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect or incomplete statements may bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by page number and question. Use the term "DNA" if the question does not apply.

Position Desired: \_\_\_\_\_ Date Application Returned: \_\_\_\_\_

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

Address: \_\_\_\_\_ Weight: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Height: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Eye Color: \_\_\_\_\_

(work) \_\_\_\_\_ Hair Color: \_\_\_\_\_

(cell) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are You A U.S. Citizen?

Yes

No

Are You Naturalized?

Yes

No

Are you currently at least 21 years of age?

Yes

No

If no, will you be at least 21 years of age at the time of the written examination?

Yes

No

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

List any other names and/or aliases you have used or been known by. Please indicate maiden name if applicable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any scars, birthmarks, tattoos, etc. that you may have.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rochester Police Officers are required to pass regular physical fitness tests. Additionally, Police Officers may be required to physically overpower and control combative subjects. To your knowledge, are there any physical limitations that you possess that may prevent you from performing these required functions?

Yes

No

Currently Rochester Police Officers work 12 hour shifts, both day and night. Additionally, officers may be called upon to work irregular schedules to cover open shifts. Scheduled shifts include weekends and holidays. Are there any reasons that would prevent you from working such a schedule?

Yes

No

Due to the costs involved in training and equipping new officers, the Village of Rochester requires new officers sign a three (3) year service contract with the Village. This contract stipulates that training and equipment expenses be reimbursed to the Village by officers leaving prior to the expiration of their contract. Would you have a problem fulfilling such a contract?

Yes

No

### Residence Information

List your addresses for the last ten years, starting with your present address.

Address: _____	From: (Month & Year) _____
City/State/Zip: _____	To: (Month & Year) _____
Address: _____	From: (Month & Year) _____
City/State/Zip: _____	To: (Month & Year) _____
Address: _____	From: (Month & Year) _____
City/State/Zip: _____	To: (Month & Year) _____
Address: _____	From: (Month & Year) _____
City/State/Zip: _____	To: (Month & Year) _____

### Educational Information

High School: _____	Grade Point Average: _____
Address: _____	Dates Attended: _____
City/State/Zip: _____	Graduation Date: _____
College/University: _____	Grade Point Average: _____
Address: _____	Dates Attended: _____
City/State/Zip: _____	Did you graduate from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degrees Earned: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters
College/University: _____	Grade Point Average: _____
Address: _____	Dates Attended: _____
City/State/Zip: _____	Did you graduate from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degrees Earned: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters
College/University: _____	Grade Point Average: _____
Address: _____	Dates Attended: _____
City/State/Zip: _____	Did you graduate from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degrees Earned: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters

List other formal education beyond high school that you may have, including training courses:

_____	_____
_____	_____
_____	_____

Do you have any special skills (Graphic or web design, grant writing, photography, etc.)? If so, please list:

_____	_____
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List any computer programs in which you are proficient:

_____	_____
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Have you ever been expelled, suspended, or faced disciplinary action at any school or college you have attended?

Yes  No

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

### Criminal History Information

Have you ever been convicted of an offense against the law or are you now under charges for any offense under the law?

(You may omit: (a) Traffic violations for which you paid a fine of \$100.00 or less and (2) any offense committed before your 17th birthday

which was finally adjudicated in a juvenile court or under a youth offender law) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been placed on probation? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any warrants (traffic or otherwise) now pending against you? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the victim of a crime? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the crime reported to the police? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Employment History Information

Starting with the most recent, describe ALL paid, military, and applicable voluntary experience from the last ten years.

Employer's Name: \_\_\_\_\_ Duties: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Title: \_\_\_\_\_

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Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
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Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
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Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
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Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Title of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Have you ever submitted an application for employment to another police department?  Yes  No  
If yes, list the agency and date of submission:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a law enforcement officer or held a similar position?  Yes  No  
If yes, list the agency and dates of employment:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been forced to resign from a job because of unsatisfactory service or misconduct?  Yes  No  
If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are you now, or have you ever been, self employed?  Yes  No  
If yes, explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_

### Driving History Information

- Do you possess a valid operator's or commercial driver's license **from Illinois**? .....  Yes  No  
Drivers License Number \_\_\_\_\_ Expires \_\_\_\_\_
- Do you possess a valid operator's or commercial driver's license from any **other state**? .....  Yes  No  
What State(s)? \_\_\_\_\_  
State Drivers License Number \_\_\_\_\_ Expires \_\_\_\_\_
- Have you ever been refused an operator's or commercial license by this or any other state? .....  Yes  No  
Has your license ever been suspended or revoked? .....  Yes  No

### Military Service Information

- Have you ever served in any branch of the United States Armed Forces? .....  Yes  No  
If Yes, which branch? \_\_\_\_\_
- What was your military Occupational Specialty? \_\_\_\_\_
- Highest Rank Held \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_
- Were you ever convicted before any military court of an offense while in the service of your country? .....  Yes  No  
If yes, explain: \_\_\_\_\_

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### Continuation of Answers



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

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