



<b>Education, Training, and Experience</b>			
17. Name of High School Attended		18. Location of School City and State	
From	To	19. Did you graduate from high school or obtain a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. List below all colleges and universities attended (Include junior colleges):			
College		City and State	
From	To	Major and Minor	Degree
College		City and State	
From	To	Major and Minor	Degree
College		City and State	
From	To	Major and Minor	Degree
21. List below other education including trade schools, special institutes and short courses:			
School		City and State	
From	To	Type of Course or Program	
School		City and State	
From	To	Type of Course or Program	
22. List any professional licenses or certificates you hold or have held:			
23. Were you ever expelled or suspended from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. If yes, explain:	
25. Have you ever had a driver's license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate state	26. License Number
27. Have you ever obtained a driver's license under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. If yes, explain in detail:	
29. Has your driver's license ever been suspended or revoked, or have you ever been issued a judicial driving permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. If yes, explain in detail:	

31. Have you ever been convicted of any of the following? <input type="checkbox"/> Involuntary Manslaughter/ Reckless Homicide <input type="checkbox"/> Driving Under the Influence of Alcohol <input type="checkbox"/> Reckless Driving <input type="checkbox"/> Leaving the scene of an accident involving property damage, injury or death <input type="checkbox"/> Aggravated fleeing or eluding a police officer <input type="checkbox"/> Driving while driver's license is suspended or revoked					
32. If you answered yes to any of the above, please provide detailed information which explains the date(s), location(s), and nature of each incident:					
33. Have you ever been placed under arrest and/or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. If you answered yes, please provide detailed information which explains the date(s), location(s), and nature of each incident:					
35. Have you ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. If yes, explain:					
37. Have you ever paid a fine in excess of \$500.00? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. If yes, explain:					
39. Have you served in any military organization in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, skip to question 56		40. Branch	41. Service Serial Number	42. Highest Rank Held	
43. Give Date of Entry to Active Duty		44. Give Location of Entry to Active Duty (City and State)			
45. List Period(s) of Active Service:					
46. From (Date)	47. To (Date)	48. From (Date)	49. To (Date)		
50. What type of discharge did you receive? Explain circumstance other than Honorable:					
51. Were you ever charged or convicted at a Court-Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No					
52. If you answered yes to any of the above, please provide detailed information which explains the date(s), location(s), and nature of each incident:					
53. Are you now, or have you ever been, a member of any branch of the U.S. Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Branch	Unit	Rank

54. Are you now, or have you ever been, a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate the state:	Regiment	Unit
From	To	Rank	Type of Discharge	
55. List any disciplinary action taken against you in the National Guard or Reserve Unit:				
56. List your previous three (3) employers. Begin with your current or most recent employer.				
(1) Employer's Name			Type of Business	
Address	Street	City	State	Zip Code
Name and Title of Supervisor		Phone	From (Date)	To
Position and Duties		Salary Per Month	Reason for Leaving	
(2) Employer's Name			Type of Business	
Address	Street	City	State	Zip Code
Name and Title of Supervisor		Phone	From (Date)	To
Position and Duties		Salary Per Month	Reason for Leaving	
(3) Employer's Name			Type of Business	
Address	Street	City	State	Zip Code
Name and Title of Supervisor		Phone	From (Date)	To
Position and Duties		Salary Per Month	Reason for Leaving	
57. Indicate by number any of the above employers whom you <b>DO NOT</b> wish us to contact:				
58. Have you ever applied for employment with a Police or Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Agency	Position on List	Application date	Status	

59. Were you ever put on a Civil Service List and not hired? <input type="checkbox"/> Yes <input type="checkbox"/> No		60. If Yes, Explain		
61. Have you ever been a Law Enforcement Officer, Firefighter or Paramedic, or held a similar position? <input type="checkbox"/> Yes <input type="checkbox"/> No (circle appropriate Position)				
If Yes, Position	Agency	From	To	Reason for leaving
If Yes, Position	Agency	From	To	Reason for leaving
62. Are you a certified <input type="checkbox"/> Police Officer <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Firefighter II <input type="checkbox"/> Firefighter III				
63. Have you ever received unemployment insurance or other federal, state, or local benefits or assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Dates From	To	Kind		Local Office
64. Were you ever discharged or forced to resign from any job due to misconduct or unsatisfactory service or while under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
65. If yes, explain including names and address of employers:				
66. Have you ever been sued? <input type="checkbox"/> Yes <input type="checkbox"/> No		67. If yes, explain:		
68. List the names of three (3) persons, not related to you and not former employers, who have known you for some time. Local references are preferable to those from outside the state. References may be contacted by the Village at any time.				
(1) Name		Home Phone Number		Business Phone Number
Address	Street	City	State	Zip Code
Years Known				
Business Address	Street	City	State	Zip Code
Occupation/Profession				
(2) Name		Home Phone Number		Business Phone Number
Address	Street	City	State	Zip Code
Years Known				
Business Address	Street	City	State	Zip Code
Occupation/Profession				
(3) Name		Home Phone Number		Business Phone Number
Address	Street	City	State	Zip Code
Years Known				
Business Address	Street	City	State	Zip Code
Occupation/Profession				

69. List three commercial or business credit references (banks, credit cards, or firms from which you have borrowed money for any purpose).			
Name and Address of Firm		Type of Business	Account Number
70. List all outstanding debts you have at this time:			
Amount of Original Debt	Amount now owed	Owed to (company name)	Address

**Please indicate which written test you wish to take:**

In-person testing

Saturday, October 8, 2022

Tuesday, October 11, 2022

Online testing

Available Saturday, October 8<sup>th</sup> through Tuesday, October 11<sup>th</sup>, 2022.

*I hereby certify that there are no willful misrepresentations in, or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentation or falsification my application will be rejected or that I may subsequently be removed from employment if hired, and that I will be disqualified from applying in the future for any position with the Village of Lake Zurich.*

*I hereby agree to abide by all Rules and Regulations of the Village of Lake Zurich Board of Fire and Police Commissioners during the giving of any examination and after the examination. I will also abide by all Rules and Regulations of the Lake Zurich Board of Fire and Police Commissioners during any promotion period or as a regular member of the Lake Zurich Police Department. These rules are available for me to read at the Lake Zurich Police Department.*

*I understand that all tests and the rules thereof become the property of the Village of Lake Zurich Board of Fire and Police Commissioners and are not subject to review.*

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

\_\_\_\_\_  
Date

Application Received by	Date

