

"SAM" MINOR APPLICATION CHICAGO POLICE DEPARTMENT VICE CONTROL SECTION	1. POSITION APPLIED FOR: MINOR STOP ALCOHOL TO MINORS PROGRAM	2. DATE (DAY-MONTH-YEAR)
3. NAME (LAST-FIRST-MIDDLE INITIAL)	4. HOME PHONE ()	5. BUSINESS PHONE ()
6. HOME ADDRESS (STREET NUMBER & NAME - APT. NUMBER - CITY & STATE - ZIP CODE-COUNTY)		7. SOCIAL SECURITY #

INSTRUCTIONS
PRINT OR TYPE ALL INFORMATION

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY.

You must be complete and be truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. If more room is needed to answer, attach an additional page, identifying the numbered question that matches the response.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. Do not disclose any medical or psychological conditions, including HIV status, in response to any question herein.

DISCLAIMER

I understand that the completion of this Personal History Questionnaire is not a guarantee of employment or hire as a Stop Alcohol to Minors Program Minor or the position for which I am applying. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for a Stop Alcohol to Minors Program Minor.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

8. SIGNATURE (APPLICANT)	DATE (DAY - MONTH - YEAR)
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9. LIST ANY OTHER NAMES OR ALIASES YOU HAVE USED OR BEEN KNOWN BY

10. PLACE OF BIRTH (CITY, STATE & COUNTY)

11. BIRTHDATE (DAY - MONTH - YEAR)	12. SEX	13. AGE	14. HEIGHT	15. WEIGHT	16. COLOR EYES	17. COLOR HAIR
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18. GUARDIAN: LIST FATHER, MOTHER, OR LEGAL GUARDIAN - USE FULL NAME

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
		()	
		()	

19. RESIDENCE: LIST ALL YOUR PREVIOUS ADDRESSES FOR THE LAST 5 YEARS STARTING WITH PRESENT ADDRESS

FROM (MONTH-YR.)	TO (MONTH-YEAR)	STREET NUMBER & NAME	CITY & STATE

20. FINANCIAL: LIST ANY OUTSTANDING DEBTS, NAME AND ADDRESS OF CREDITOR, DO NOT INCLUDE HOME MORTGAGE OR AUTO LOAN	BALANCE OWED	MONTHLY PAYMENT	IN ARREARS
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

21. EDUCATION: CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 OTHER

TYPE	NAME OF SCHOOL	CITY & STATE	SUBJECTS TAKEN MAJOR MINOR	FROM MONTH YR	TO MONTH YR	GRAD		TOTAL CREDIT HOURS	DEGREE
						YES	NO		
GRAMMAR									
SCHOOL									
HIGH									
SCHOOL									
JUNIOR									
COLLEGE									
GED	NAME OF ORGANIZATION WHERE OBTAINED		ADDRESS					DATE	

22. HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL?
IF YES, EXPLAIN:

YES NO

23. REFERENCES: FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER MAY BE ASKED TO EVALUATE YOUR CHARACTER, ABILITY, EXPERIENCE AND OTHER QUALITIES.

1. NAME		HOME ADDRESS (CITY STATE, ZIP CODE)	HOME PHONE ()
YRS KNOWN	BUSINESS, OCCUPATION, PROFESSION	BUSINESS ADDRESS	BUSINESS PHONE
2. NAME		HOME ADDRESS (CITY STATE, ZIP CODE)	HOME PHONE ()
YRS KNOWN	BUSINESS, OCCUPATION, PROFESSION	BUSINESS ADDRESS	BUSINESS PHONE
3. NAME		HOME ADDRESS (CITY STATE, ZIP CODE)	HOME PHONE ()
YRS KNOWN	BUSINESS, OCCUPATION, PROFESSION	BUSINESS ADDRESS	BUSINESS PHONE

24. EMPLOYMENT: LIST IN PROPER TIME SEQUENCE ALL FULL-TIME, PART-TIME AND TEMPORARY JOBS YOU HAVE HELD. LIST YOUR PRESENT OR MOST RECENT JOB FIRST.

1. EMPLOYER'S NAME (MOST RECENT)		PHONE NUMBER ()	MO/YR TO MO/YR
ADDRESS (CITY, STATE, ZIP CODE)		TYPE OF BUSINESS	POSITION
EXPLAIN WHAT YOUR DUTIES WERE	IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
2. EMPLOYER'S NAME (MOST RECENT)		PHONE NUMBER ()	MO/YR TO MO/YR
ADDRESS (CITY, STATE, ZIP CODE)		TYPE OF BUSINESS	POSITION
EXPLAIN WHAT YOUR DUTIES WERE	IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
3. EMPLOYER'S NAME (MOST RECENT)		PHONE NUMBER ()	MO/YR TO MO/YR
ADDRESS (CITY, STATE, ZIP CODE)		TYPE OF BUSINESS	POSITION
EXPLAIN WHAT YOUR DUTIES WERE	IMMEDIATE SUPERVISOR	REASON FOR LEAVING	

25. HAVE YOU EVER RECEIVED ANY REPRIMANDS, WARNINGS OR BEEN SUSPENDED FROM A JOB? YES NO
IF YES, EXPLAIN:

26. HAVE YOU EVER BEEN INELIGIBLE FOR RE-EMPLOYMENT AT ANY JOB? YES NO
IF YES, EXPLAIN:

27. DRUGS: ARE YOU CURRENTLY USING ANY CONTROLLED SUBSTANCE OR MARIJUANA CONTRARY TO LAW? YES NO
IF YES, EXPLAIN:

28. HAVE YOU EVER POSSESSED ANY CONTROLLED SUBSTANCE OR MARIJUANA CONTRARY TO LAW? YES NO
IF YES, EXPLAIN:

29. **LEGAL REVIEW:** HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR ENTERED A PLEA OF GUILTY TO A CRIME IN ANY COURT OF LAW? IF YES, EXPLAIN AND LIST THE OFFENSE(S), DATE(S) OF CONVICTION(S) AND JURISDICTIONS(S): YES NO

30. HAVE YOU EVER HAD TO APPEAR IN JUVENILE OR FAMILY COURT FOR ANY REASON? YES NO

31. HAVE YOU EVER BEEN THE SUBJECT OF AN ORDER OF PROTECTION? YES NO

32. ARE YOU CURRENTLY UNDER INVESTIGATION BY ANY GOVERNMENTAL OR LAW ENFORCEMENT AGENCY FOR ANY REASON? IF YES, EXPLAIN: YES NO

33. HAVE YOU EVER BEEN INTERVIEWED BY THE POLICE IN A CRIMINAL MATTER? YES NO

34. **DRIVER'S LICENSE:** DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

35. HAVE YOU EVER BEEN ISSUED A DRIVER'S LICENSE OR ANY TYPE OF DRIVING PERMIT BY ANY GOVERNMENTAL AGENCY OR ENTITY? IF YES, SPECIFY THE STATE AND JURISDICTION ISSUING THE LICENSE AND THE APPROXIMATE TIME PERIOD THAT YOU HELD THE LICENSE

YES NO

36. HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS OR RECKLESS DRIVING? IF YES, EXPLAIN:

YES NO

37. HAVE YOU EVER FAILED TO PAY ANY FINE (INCLUDING TRAFFIC) IMPOSED BY ANY COURT? IF YES, EXPLAIN:

YES NO

I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct.

SIGNATURE (APPLICANT)

DATE (DAY - MONTH - YEAR)

