

CHARACTER REFERENCE & NEIGHBORHOOD INTERVIEW

HUMAN RESOURCES DIVISION/CHICAGO POLICE DEPARTMENT

CONFIDENTIAL

DATE & TIME OF INTERVIEW

DO NOT DISCLOSE ANY MEDICAL RELATED INFORMATION

APPLICANT'S NAME (LAST - FIRST - M.I.)

POSITION APPLIED FOR

APPLICANT'S ADDRESS

INTERVIEWEE'S NAME

INTERVIEWEE'S EMAIL ADDRESS

POSITION OR TITLE

INTERVIEWEE'S ADDRESS

TELEPHONE NO.

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW LONG HAS THE APPLICANT RESIDED AT THE GIVEN ADDRESS?

WHERE, OTHER THAN THE ABOVE, HAS THE APPLICANT LIVED?

ARE YOU AWARE OF ANY CIRCUMSTANCES WHICH MIGHT DISQUALIFY THE APPLICANT FOR PUBLIC SERVICE?

 NO YES IF YES, EXPLAIN.

DO YOU KNOW OF ANYONE WHO WOULD NOT LIKE TO SEE THE APPLICANT EMPLOYED BY THE CHICAGO POLICE DEPARTMENT?

 NO YES IF YES, EXPLAIN.

DO YOU KNOW ANY CLOSE FRIENDS OR ASSOCIATES OF THE APPLICANT?

 NO YES IF YES, LIST NAME & ADDRESS.

HAS THE APPLICANT EVER COMMITTED ANY CRIMINAL ACTS?

 NO DON'T KNOW YES IF YES, EXPLAIN.

HAS THE APPLICANT OR HIS/HER FAMILY HAD ANY INVOLVEMENT WITH THE POLICE?

 NO DON'T KNOW YES IF YES, EXPLAIN.

DOES THE APPLICANT USE LIQUOR TO EXCESS, OR NARCOTICS?

 NO DON'T KNOW YES IF YES, EXPLAIN.

WHERE COULD YOU CONTACT THE APPLICANT, OTHER THAN HIS/HER HOME?

WHERE HAS THE APPLICANT BEEN EMPLOYED IN THE TIME THAT YOU HAVE KNOWN HIM/HER?

IS THERE ANY ADDITIONAL INFORMATION WHICH WOULD ASSIST THE POLICE DEPARTMENT IN EVALUATING THE APPLICANT'S QUALIFICATIONS FOR THE POSITION APPLIED FOR? (CONTINUE ON REVERSE IF NECESSARY)

INTERVIEWEE'S NAME (PRINT/TYPE)

INVESTIGATOR'S NAME (PRINT/TYPE)

INTERVIEWEE'S SIGNATURE

INVESTIGATOR'S SIGNATURE