



FARMINGTON POLICE DEPARTMENT
 322 E. FORT STREET
 FARMINGTON, IL. 61531
 CHIEF CHRIS DARSHAM

PHONE: 309-245-2426 FAX: 309-245-2485
 E-MAIL: farmington.police@gmail.com



AUTHORIZATION RELEASE FORM

I AUTHORIZE AND EMPOWER FARMINGTON, ILLINOIS; CITY OF FARMINGTON, ANY CONSUMER REPORTING AGENCY, OR OTHER OUTSIDE SERVICE CONQANY ENGAGED BY SAD CITY FOR THIS PURPOSE NOW OR SUBSEQUENTLY, TO OBTAN, PREPARE, USE AND FURNISH INFORMATION CONCEPNING MY CURRENT AND FORMER EMPLOYMENT, EDUCATION, CREDIT, GENERAL REPUTATION, HEALTH, PERSONAL CHARACTERISTICS AND MODE OF LIVING, THROUGH CORRESPONDENCE OR PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS, ASSOCIATES OR OTHERS WITH WHOM I AM ACQUAINTED OR WHO MAY HAVE KNOWLEDGE CONCERNING ANY OF THE ABOVE ITEMS.

I ALSO HEREBY AUTHORIZE AND GIVE MY CONSENT TO THE RELEASE OF MY CRIMINAL CONVICTION RECORD, INCLUDING TRAFFIC CONVICTION RECORD, IF ANY BY THE CITY OF FARMINGTON AS MAY BE REQUIRED FOR THE PURPOSE OF EMPLOYMENT

I HEREBY WAIVE, RELEASE AND SURRENDER ANY AND ALL RIGHTS TO CLAIMS WHICH I MAY HAVE AGAINST THE CITY OF FARMINGTON, THE FARMINGTON POLICE DEPARTMENT, OR ANY OF ITS OFFICERS OR EMPLOYEES AS A RESULT OF THE RELEASE OF SUCH RECORDS.

DATE:

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Dear Police Applicant:

The checklist below must be completed, signed as true and accurate, and returned with your application. Any omissions or errors in the checklist may eliminate you from further consideration for this position. For nos. 6, 7, and 8, check "NA" if the information is not applicable to you.

I have included the following:

1. Completed application in my own handwriting or printing, including complete addresses and telephone numbers for my residence, schools, and references. _____
2. Copy of official birth certificate; this is not hospital certificate. _____
3. Copy of High School Diploma or GED Diploma _____
4. Two recent photographs, passport type. _____
5. All four waivers and physician certificate signed by me. _____
6. Proof of previous police experience; _____ N/A _____
7. Copy of service discharge; _____ N/A _____
8. Copy of DD form #214 _____ N/A _____

I have read this checklist and have included all of the information that is required of me. I understand that any error or omission on a part of the checklist may result in my no longer being considered for candidacy as a police officer for the City of Farmington. I have checked each part of the list and understand that parts 1-5 are mandatory. I understand that the City of Farmington requires visual acuity of 20/50 or better in each eye, correctable to 20/20.

Name (Please Print)

Signature/Date

Daytime Phone

Evening Phone

Optional: I learned about this position from:

Newspaper _____ Name _____

Other: _____

RETURN THIS AND ALL REQUIRED INFORMATION BY _____

CITY OF FARMINGTON
Board of Police Commissioners
Police Background Investigation Questionnaire

INSTRUCTIONS: Fill out this questionnaire completely and accurately. If your questionnaire is filled out properly it may increase your chances of employment. All statements in your questionnaire are subject to verification. Incorrect statement(s) will bar or remove you from employment. If writing space provided is inadequate use the continuation sheet at the end of this questionnaire and identify additional information by question number. Use the term "DNA" (Does Not Apply) if question does not apply.

Position Applied For: _____

1. Name (Last) (First) (Middle) _____ 2. List any other names, aliases you have used or been known by, (including maiden name, if applicable) _____

3. Home Address (No.) Street Zip Code City State County _____

4. Area Code & Home Phone Number _____ 5. Social Security Number _____

6. With whom did you live at the above address? List full names and relationships. _____

7. Date of Birth _____ 8. Place of Birth (city & state) _____ 9. Sex _____ 10. Height _____

11. Age _____ 12. Color of Eyes _____ 13. Color of Hair _____

14. Are you a U.S. citizen? _____ If yes...
 ___yes ___no _____ Native Born ___ Naturalized

If naturalized, give particulars _____

15. List every member of your immediate family who is still living. Include Father, Mother, Sisters & Brothers

Name	Relationship	Address	Occupation

16. Do you use, or have you ever taken any narcotics or barbiturates or any other controlled substance? _____
 ___yes ___no
 If "yes" give full details. _____

16 a. Do you now or have you ever misused or abused any prescription medication? _____
 ___yes ___no
 If "yes" give full details. _____

SOCIAL STATUS

17. Are you Single Married Separated Widowed Divorced

18. Are you living with your spouse? yes no If "no" explain _____

19. Give the following information regarding marriage or marriages.

Date	Your/ Wife's Maiden Name	Where

20. If a marriage to which you were a party was ever dissolved, fill out the following:

Explain	To Whom Was Action Granted?
Separated	
Divorced	
Annulled	
Separated	
Divorced	
Annulled	

21. Are you paying Maintenance? yes no If "Yes" explain _____

22. If divorced, list the name(s) of your previous spouse(s) & where they reside _____

23. List below every child born to you, adopted by you, and stepchildren.

Name	Date of Birth	Place of Birth	Where & with whom do they reside?

24. Are you now supporting all children born to you, adopted by you, and stepchildren? Yes No
If "No" explain fully. _____

25. Have you ever been involved as a defendant in a paternity proceeding? Yes No
If "Yes" explain _____

26. Are you paying child support? Yes No If "Yes" explain. _____

EDUCATION

27. List the various schools you have attended and other information requested.

Name, Address, City & State of Schools	No. of years completed	Dates attended	Graduate?	Average Grade	
Grammar Schools					
High School					
College or University					
Business Colleges					
Extension or Correspondence Courses					
28. Junior Colleges or Universities	Full-Time	Part-Time	Major	Minor	Degrees Attained

29. Were you ever expelled or suspended from school? Yes No If "Yes" explain _____

30. List other formal education beyond high school that may have included special training courses. _____

31. List any professional licenses or certificates you hold or have held. _____

32. Can you operate an automobile? yes no

33. Do you possess a valid Drivers License? yes no If "yes" date of expiration ___/___/___

Drivers License Number _____ State _____

34. Has your Driver's License ever been suspended or revoked? yes no If "yes" explain _____

RESIDENCES

35. List your addresses for the last 10 years, starting with present address

From Mo/Yr	To Mo/Yr	Address of Residence	City/State

36. Do you own, or are you buying your own home? yes no

37. Do you own, or are you buying other real estate? yes no If "yes" give location. _____

MILITARY SERVICE

38. Have you ever served in any military organization of the U.S.? yes no If "yes" what branch _____
If "no" skip to question 52

39. What is your Serial Number? _____ 40. Highest Rank held? _____

41. Rank at Discharge? _____

42. Give date/location of entrance to active duty. (City/State) _____ 43. List period(s) of active service from date to date

44. Give date/location of discharge. (City/State) _____

45. What type of discharge did you receive? (Honorable, Medical, Dishonorable Conditions etc.) Be exact. _____

46. Do you or have you ever received a Governmental Disability Pension? yes no Explain _____

47. Were you ever convicted at a court-martial? yes no If "yes" explain _____

48. Are you now, or have you ever been a member of any branch of the U.S. Reserve Forces? yes no

If "yes" Active _____ Inactive _____ Branch _____ Unit _____ Rank _____

Address: _____ From _____ to _____

49. Are you now, or were you ever a member of the National Guard? yes no If "yes" what State? _____

Regiment _____ Unit _____ Rank _____ Type of Discharge _____ from _____ to _____

50. If you are Male 18-25 have you registered with the Selective Service System yes no

51. List any disciplinary action taken against you in the National Guard or Reserve Unit. _____

CRIMINAL HISTORY (Adult, Minor or Juvenile)

52. Have you ever been charged or convicted of a criminal offense? yes no If "yes" explain _____

By Whom (Police Agency)	Date	Crime Charged	Disposition of Case

53. Have you ever been placed on probation? yes no If "yes" explain. _____

54. Have you ever been required to pay a fine in excess of \$75.00 yes no If "yes" explain. _____

55. Have you ever been reported as a missing person or as a runaway yes no If "yes" explain in detail, including jurisdiction, dates and outcome. _____

56. Have you ever been the victim of a crime? yes no. Was the crime reported to the Police? yes no If "yes" explain. _____

57. Have you ever been fingerprinted by a Police Agency other than for an arrest? yes no

Agency	Date	Purpose

58. Has any member of your immediate family ever been convicted of a serious crime? yes no If "yes" explain include name, relationship, crime charged, and where arrested. _____

59. List all traffic citations you have received.

Location (City)	Approximate Date	Nature of Violation	Disposition of Case

60. Are there any warrants, traffic or otherwise, now pending against you? yes no If "yes" explain

EMPLOYMENT HISTORY

61. Have you ever taken a civil service exam? yes no If "yes" explain in full detail

Approximate date	Agency	Position on List	Status
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62. Are you now on any eligibility list? yes no If "yes" explain.

63. Were you ever placed on a civil service list and not hired? yes no If "yes" explain.

64. Were you ever rejected for any civil service position? yes no If "yes" explain.

65. Have you ever submitted an application for appointment to another Fire or Police Department yes no Date

66. Have you ever been a Law Enforcement Officer, Firefighter, or held a similar position? yes no If "yes"....

Position _____ Date: from _____ to _____ Location _____

Position _____ Date: from _____ to _____ Location _____

67. Have you ever received unemployment insurance or other State or Local benefits or Assistance? yes no If "yes" ...

Kind _____ Local Office _____

Address _____ How Long? _____

Kind _____ Local Office _____

Address _____ How Long? _____

Kind _____ Local Office _____

Address _____ How Long? _____

68. Have you ever, in any employment situation, borrowed, appropriated or taken property, inventory, or equipment in any amount, from your employer, without his/her expressed authorization and permission. yes no

68. (a) If "yes" give full details

69. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? yes no If "yes" explain in detail. Include name and address of employer(s)

70. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? ____ yes ____ no

If "yes" explain. _____

71. Please list below all jobs you have held in the last ten (10) years, including periods of unemployment. Put your present or most recent job first, including military service, in proper time sequence and temporary or part-time jobs.

1. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

2. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

3. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

4. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

5. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

6. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

7. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

8. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

9. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

10. Employers Name _____ Address _____
Business _____ Name & Title of Supervisor _____
Phone Number _____ from _____ to _____ Salary per Month _____
Explain Duties _____

72. Indicate by number any of the above employers whom you do not wish us to contact. _____

73. Explain your reason for applying for this position. _____

74. List three (3) commercial or business credit references (include bank or charge accounts, or firms you have borrowed money for purpose).

Name & Address _____

Type of Business _____ Amount _____

Appr. Date Opened _____ Appr. Date Closed _____

Name & Address _____

Type of Business _____ Amount _____

Appr. Date Opened _____ Appr. Date Closed _____

Name & Address _____

Type of Business _____ Amount _____

Appr. Date Opened _____ Appr. Date Closed _____

75. Have you ever been sued? ____ yes ____ no If "yes" give details _____

76. List any outstanding debts & list amount(s) whether in arrears.

Name _____ Address _____

Original Amount _____ Amount Owed _____ In Arrears ____ yes ____ no

Name _____ Address _____

Original Amount _____ Amount Owed _____ In Arrears ____ yes ____ no

Name _____ Address _____

Original Amount _____ Amount Owed _____ In Arrears ____ yes ____ no

77. Have you ever filed for Bankruptcy? ____ yes ____ no If "yes" explain. _____

ACQUAINTANCES

78. Fill in below the names of three (3) adults, not related to you & not former employers or references, who are friends, fellow students, or fellow co-workers. Names listed should be those persons who have seen you frequently during the past.

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

What capacity do you know this person? _____

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

What capacity do you know this person? _____

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

What capacity do you know this person? _____

79. Fill in below the names of five adults not related to you and not former employers, who have known you for a period, preferably more than five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality & other qualities.

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

Name _____ Address _____

Home Phone _____ Occupation _____

Business Phone _____ Years known _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

NOTE: An Applicant fee of \$15.00 will be due upon the return of this application.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications on this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

Signature in Full

Date

RELEASE AND WAIVER OF LIABILITIES
PHYSICAL ABILITY TESTING PROCESS

The undersigned hereby releases, remises and discharges the City of Farmington, Illinois, a Municipal Corporation, its officers, any and all claims, demands and liabilities to me on account of any and all injuries, losses and damages to my person or property which I have caused, or may at any time arise as the result of certain Police Examination Ability Test conducted by the Board of Police Commissioners of said City of Farmington. The intention hereof being to completely, absolutely and finally releases said City of Farmington and its officers, servants, agents, independent contractors, and employees of and from any and all liability arising wholly or partially from the cause aforesaid.

Name: _____ Date: _____
(Please print)

Signature

.....

NON-PHYSICAL TESTING PROCESS

The undersigned hereby, releases, remises and discharges the City of Farmington, Illinois, a Municipal Corporation, its officers, servants, agents, independent contractors and employees of and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person or property which have been caused, or may at any time arise as the result of or through the use or release of the results of any of the tests or examinations whether on my emotional make-up, veracity and honesty or aptitude conducted by or on behalf of the Board of Police Commissioners of said City of Farmington and its officers, servants, agents, independent contractors and employees of and from any and all liability arising wholly or partially from the caused aforesaid.

Name _____
(Please Print)

Date: _____ Signature: _____

SIGN BOTH WAIVERS PRINTED ON THE SHEET

**CITY OF FARMINGTON
POLICE COMMISSION
322 E. FORT ST. FARMINGTON, IL 61531**

**CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF
INFORMATION (Read Carefully before Signing)**

I, _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any mis-statements, misrepresentations, or omissions of material facts will cause forfeiture on my part of all right to initial employment or continued employment by the City of Farmington Police Department.

I also do hereby authorize all law enforcement agencies, the Veteran's Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, and all federal, state, or local universities, to furnish the Farmington Police Department with any and all available information regarding me and for the release of any medical, physical, psychiatric, psychological records to the Farmington Police Department in order that the City of Farmington Police Commission may determine my suitability for Police work.

I authorize the City of Farmington Police Department to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the City of Farmington Police Department.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Signature of Witness

Physician's Certification

I hereby certify that I have personally given a thorough medical examination to _____ on the date of _____, and further certify that he/she is physically able to undergo a physical ability examination, which includes the following exercises:

Running, jumping, climbing, lifting weights, and cardio-respiratory endurance.

Date: _____

Signature: _____

Print Name: _____

Address: _____