



**Police  
Department**

850 E. 61<sup>st</sup> Street  
Chicago, Illinois 60637

**PERSONAL HISTORY QUESTIONNAIRE**

Applicant Name: \_\_\_\_\_

**Instructions:**

Applicants for police officer positions at The University of Chicago Police Department must complete the Personal History Questionnaire in order to be considered for employment. Please answer all questions accurately and completely. When necessary, please use the supplemental pages for additional space to completely answer each question. For questions, please contact Department of Safety and Security Human Resources at (773) 834-7753 or email: [dss-hr@uchicago.edu](mailto:dss-hr@uchicago.edu).

**Non-Discrimination Policy**

The University of Chicago provides equal employment opportunities to all employees, applicants, and job seekers. No person shall be discriminated against in employment or harassed because of race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, disability, veteran status, genetic information, marital status, parental status, ancestry, source of income, or other classes protected by law.

**Certification Statement**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this Personal History Questionnaire that I have personally completed. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for disqualification for consideration of employment or termination of employment in the event that I am offered employment.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

**Personal Information**

Full Legal Name: \_\_\_\_\_  
Last First Middle

List any other name(s) (maiden, nickname, aliases) that you have used or have been known by:

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

(Street Address, Apartment #)

(City, State, Zip Code)

With whom do you currently reside: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

In chronological order, state every place you have resided. **If you need additional space, please use the supplemental pages.**

From (MM/YYYY)	To (MM/YYYY)	Address (Street Address, City, State, Zip Code, Country)

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY) (City, State, Country)

Social Security Number: \_\_\_\_\_

Do you currently have at least three years of driving experience?  Yes  No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widow(er)

Give the following information regarding all marriages:

Dates (MM/YYYY)	Spouse Name	County/State/Country

Give the names and contact information of your immediate relatives, i.e. spouse, father, mother (married and maiden names), siblings, and children. Please include their relationship to you. **If you need additional space, please use the supplemental pages.**

Name	Relationship	Address and Telephone #

### **Education**

List all of the high schools and colleges/universities you have attended. Start with the most recent:

From (MM/YYYY)	To (MM/YYYY)	School (Name and Location)	Diploma or Degree Achieved (Include Field of Study)

Applicant Name: \_\_\_\_\_

List any professional license(s) that you possess:

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List any special training you have had and/or certificates awarded to you:

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Have you ever been suspended or expelled from a school or college/university?  Yes  No

If yes, give details:

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### **Employment**

List your employment history, including part-time employment, starting from the most recent. **If you need additional space, please use the supplemental pages.**

#### **Employer 1**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Employer 2**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 3**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 4**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Employer 5**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 6**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 7**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Employer 8**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 9**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 10**

Dates of Employment: From: (MM/YYYY)\_\_\_\_\_ To: (MM/YYYY)\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Employer Telephone #: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

1. Have you ever been discharged, fired or resigned in lieu of termination?  Yes  No  
If yes, give details including employer, date, supervisor's name and reason:

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2. Were you ever subject to disciplinary action in connection with any employment?  Yes  No  
If yes, give details:

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3. Have you ever been named in a civil lawsuit related to your employment?  Yes  No  
If yes, give details:

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4. Have you applied for any other city, county, state or federal public safety positions, including police or fire?  Yes  No

If yes, list the agencies you have applied with regardless of the outcome of your current status. **If you need additional space, please use the supplemental pages.**

Dates (MM/YYYY)	Agency Name	County/State/Country

5. Have you ever been rejected from a law enforcement agency eligibility or hiring list?  Yes  No  
If yes, give details:

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**Military**

6. Have you ever served in the United States of America Armed Forces (Army, Navy, Marine Corps, Air Force, Coast Guard)?  Yes  No



Applicant Name: \_\_\_\_\_

7. Have you ever served in the armed forces or military of any foreign country or government? Yes No  
If yes, give details:

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8. Have you ever been rejected for service with any military, U.S. or other? Yes No  
If yes, give details:

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9. List any periods of active military service:

Dates of Service (MM/YYYY)	Branch of Service	Rank

10. Reason for leaving active military service:

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11. Explain any military discharge(s) other than honorable:

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12. Were you ever court martialed, tried on charges, or subject to any other disciplinary action in the military? Yes No  
If yes, give all details along with dispositions:

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Applicant Name: \_\_\_\_\_

13. Are you now or have you ever been an active or inactive member of any reserve  Yes  No  
military force of the United State of America or any foreign country or government?

If yes, state below details:

Active or inactive: \_\_\_\_\_

Branch/Unit: \_\_\_\_\_

Rank: \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

**Firearms**

14. Do you possess a valid Illinois Firearm Owners Identification Card?  Yes  No  
If so, what is your Firearm Owners ID # and expiration date?

\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever had a Firearm Owner's ID Card application rejected?  Yes  No  
If an application was rejected, why?

\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever had a Firearm Owner's ID Card revoked?  Yes  No  
If card was revoked, why?

\_\_\_\_\_  
\_\_\_\_\_

17. Other than at an approved range, or in lawful hunting activities, have you ever  Yes  No  
discharged a firearm(s)?  
If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Criminal History**

18. Has your driver's license ever been suspended, revoked, or canceled? Yes No  
If yes, give details (including date, reason, and county/state/country of action):

\_\_\_\_\_  
\_\_\_\_\_

19. Has your vehicle license plates ever been suspended or revoked? Yes No  
If yes, give details (including date, reason, and county/state/country of action):

\_\_\_\_\_  
\_\_\_\_\_

20. Have you ever been involved in a motor vehicle accident as a registered owner, driver, passenger or pedestrian, which resulted in any property damage or personal injury or fatality to anyone? Yes No  
If yes, give details (including location, city/state, and police agency making any reports):

\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever had any moving violations? Yes No

If yes, list all moving violations/traffic tickets you received. **If you need additional space, please use the supplemental pages.**

Date (MM/DD/YYYY)	Violation or Charge	City/State County/Country	Court Disposition	Police Agency	Your Age

22. Have you ever been arrested? (including cases which resulted in dismissal of charges, or a disposition of court supervision and any which were sealed or expunged; adult and juvenile) Yes No

If yes, explain all criminal arrests in detail. **If you need additional space, please use the supplemental pages.**

\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

23. Have you ever been convicted of a crime or entered a guilty plea to any criminal offense in any court of law? (Including cases which were sealed or expunged)  Yes  No

If yes, give details (including date, charge, and county/state/country of conviction). **If you need additional space, please use the supplemental pages.**

Dates (MM/YYYY)	Charge	County/State/Country

24. Have you ever received a non-traffic municipal or ordinance citations?  Yes  No  
If yes, give details:

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25. Have you ever been subject to any type of protective order? (Order of Protection or No-Contact Order)  Yes  No  
If yes, give details:

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26. Have you ever been a plaintiff, defendant, or respondent in a civil court action?  Yes  No  
If yes, give details:

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27. Have you ever used or experimented with an illegal drug?  Yes  No  
If yes, what drug(s) and when was the last time?

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28. Have you ever used prescribed drugs which were not prescribed to you?  Yes  No  
If yes, please explain:

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Applicant Name: \_\_\_\_\_

29. Do you drink alcoholic beverages?  Yes  No
30. Have you ever driven after you had been drinking alcohol?  Yes  No
31. Do you use cannabis?  Yes  No
32. Have you ever driven after you had used cannabis?  Yes  No
33. Have you ever been prescribed cannabis?  Yes  No

Lawful use of cannabis, under State law, is not a disqualifier for employment. However, upon hire, all sworn employees are prohibited from cannabis use by Department policy and in observance of Federal Firearms laws. All candidates must successfully pass a drug screen during the background investigation process. Please sign below, to acknowledge understanding of this.

\_\_\_\_\_  
Signature

### **References**

List three professional or personal character references, excluding relatives that have known you for more than one year:

#### **Reference 1**

Reference Name: \_\_\_\_\_

Reference Address: \_\_\_\_\_  
(Street Address, Apartment #)

\_\_\_\_\_  
(City, State, Zip)

Reference Telephone #: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

#### **Reference 2**

Reference Name: \_\_\_\_\_

Reference Address: \_\_\_\_\_  
(Street Address, Apartment #)

\_\_\_\_\_  
(City, State, Zip)

Reference Telephone #: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Reference 3**

Reference Name: \_\_\_\_\_

Reference Address: \_\_\_\_\_

(Street Address, Apartment #)

\_\_\_\_\_  
(City, State, Zip)

Reference Telephone #: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

## **Additional Comments, Explanations and Clarifications Supplemental Page**

Applicant Name: \_\_\_\_\_

## **Additional Comments, Explanations and Clarifications Supplemental Page**



Applicant Name: \_\_\_\_\_

**Additional Comments, Explanations and Clarifications Supplemental Page**