



**Police
Department**

850 E. 61st 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.

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:

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

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

If yes, give details:

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:

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

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

Military

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

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

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

7. List any periods of active military service:

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

Applicant Name: _____

8. Reason for leaving active military service:

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

10. 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:

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

If yes, state below details:

Active or inactive: _____
Branch/Unit: _____
Rank: _____
Dates of Service (From/To): _____

Criminal History

12. 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):

13. 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):

Applicant Name: _____

14. 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):

15. 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

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

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

17. Have you ever been convicted of a crime or entered a guilty plea to any criminal offense in any court of law? 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

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

Applicant Name: _____

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

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

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

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

23. Do you drink alcoholic beverages? Yes No

24. Have you ever driven after you had been drinking alcohol? Yes No

25. Do you use cannabis? Yes No

26. Have you ever driven after you had used cannabis? Yes No

27. 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 employees are prohibited from cannabis use and possession, during work, on-duty, or anywhere on campus, by Department policy and Federal Drug-Free Campus laws. All candidates must successfully pass a drug screen during the background investigation process. Please sign below, to acknowledge understanding of this.

Signature

Applicant Name: _____

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: _____

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