



**Police
Department**

6054 South Drexel Avenue
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. If necessary, please use additional space on each page to explain answers.

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:

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.

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:

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 been ever discharged, fired or asked to resign 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:

4. Have your 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:

5. Have you ever been rejected from a law enforcement agency eligibility or hiring list after completing all pre-list testing? ☐Yes ☐No
If yes, give details:

Military

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

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

Applicant Name: _____

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

9. List any periods of active military service:

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

10. Reason for leaving active military service:

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

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:

13. 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): _____

Applicant Name: _____

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 Firearms Owner's ID Card application rejected? ☐Yes ☐No

If an application was rejected, why?

16. Have you ever had a Firearms 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 discharged a firearm(s)? ☐Yes ☐No

If yes, give details:

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):

Applicant Name: _____

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:

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 supervision and any which were sealed or expunged; adult and juvenile) ☐Yes ☐No
If yes, explain all criminal arrests in detail:

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):

Applicant Name: _____

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

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

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

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

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

29. Do you currently drink alcoholic beverages? ☐Yes ☐No

30. Have you ever driven when you had been drinking alcohol? ☐Yes ☐No

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 Code)

Reference Telephone #: _____

Relationship to Applicant: _____

Reference 2

Reference Name: _____

Reference Address: _____

(Street Address, Apartment #)

(City, State, Zip Code)

Reference Telephone #: _____

Relationship to Applicant: _____

Reference 3

Reference Name: _____

Reference Address: _____

(Street Address, Apartment #)

(City, State, Zip Code)

Reference Telephone #: _____

Relationship to Applicant: _____