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 ________________
**Personal Information**

Full Legal Name: ____________________________________________________________

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<th>First</th>
<th>Middle</th>
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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.**

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<thead>
<tr>
<th>From (MM/YYYY)</th>
<th>To (MM/YYYY)</th>
<th>Address (Street Address, City, State, Zip Code, Country)</th>
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Revised: January 16, 2020
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:

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<th>Dates (MM/YYYY)</th>
<th>Spouse Name</th>
<th>County/State/Country</th>
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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.

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address and Telephone #</th>
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**Education**

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

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<tr>
<th>From (MM/YYYY)</th>
<th>To (MM/YYYY)</th>
<th>School (Name and Location)</th>
<th>Diploma or Degree Achieved (Include Field of Study)</th>
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Revised: January 16, 2020
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: ____________________________
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<tr>
<th>Employer 2</th>
<th>Dates of Employment: From: (MM/YYYY) To: (MM/YYYY)</th>
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<td>Employer Name:</td>
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<td>Employer Address:</td>
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<td>Employer Telephone #:</td>
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<td>Job Title/Position:</td>
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<td>Name of Supervisor:</td>
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<td>Reason for Leaving:</td>
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<th>Dates of Employment: From: (MM/YYYY) To: (MM/YYYY)</th>
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<td>Employer Telephone #:</td>
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<td>Job Title/Position:</td>
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<td>Name of Supervisor:</td>
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<td>Reason for Leaving:</td>
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<th>Dates of Employment: From: (MM/YYYY) To: (MM/YYYY)</th>
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<td>Job Title/Position:</td>
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<td>Name of Supervisor:</td>
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<td>Reason for Leaving:</td>
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### 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:**
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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:

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.*

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<tr>
<th>Dates (MM/YYYY)</th>
<th>Agency Name</th>
<th>County/State/Country</th>
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5. Have you ever been rejected from a law enforcement agency eligibility or hiring list?  □ Yes  □ No
   If yes, give details:

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:

________________________________________________________________________

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:

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<thead>
<tr>
<th>Dates of Service (MM/YYYY)</th>
<th>Branch of Service</th>
<th>Rank</th>
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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): ________________________________

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 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):

   ____________________________________________________________

   ____________________________________________________________

20. Have you ever been involved in a motor vehicle accident as □ Yes □ No
    a registered owner, driver, passenger or pedestrian, which resulted
    in any property damage or personal injury or fatality to anyone?
    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.

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
<th>Violation or Charge</th>
<th>City/State County/Country</th>
<th>Court Disposition</th>
<th>Police Agency</th>
<th>Your Age</th>
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22. Have you ever been arrested? (including cases which resulted in □ Yes □ No
    dismissal of charges, or a disposition of court supervision and any which were sealed or expunged; adult
    and juvenile)

   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)

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

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<th>Dates (MM/YYYY)</th>
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24. Have you ever received a non-traffic municipal or ordinance citations?

If yes, give details:

________________________________________________________________________

25. Have you ever been subject to any type of protective order?

(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?

If yes, give details:

________________________________________________________________________

27. Have you ever used or experimented with an illegal drug?

If yes, what drug(s) and when was the last time?

________________________________________________________________________

28. Have you ever used prescribed drugs which were not prescribed to you?

If yes, please explain:

________________________________________________________________________
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