



## **2017 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 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, Country, 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: \_\_\_\_\_

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. father, mother (married and maiden names), siblings, and children. Please include their relationship to you.

Name	Relationship	Address and Telephone #

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

**Education**

List all of the 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)

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:

\_\_\_\_\_

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

### **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, Country, Zip Code)

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

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

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

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

#### **Employer 2**

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

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

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

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

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

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

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

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, Country, Zip Code)

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

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

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

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

**Employer 5**

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

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

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

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

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

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

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

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, Country, Zip Code)

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

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

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

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

**Employer 8**

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

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

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

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

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

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

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

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, Country, Zip Code)

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

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

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

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

Were you ever discharged or asked to resign from employment? ☐ Yes ☐ No

If yes, give details including employer, date, supervisor's name and reason:

Were you ever subject to disciplinary action in connection with any employment? ☐ Yes ☐ No

If yes, give details:

Have you, or any corporation or partnership of which you are/were an officer, director or partner, ever possessed a license or permit issued by any governmental agency (exclude driver's license)? ☐ Yes ☐ No

If yes, give details:

Has any license or permit issued by any governmental agency (exclude driver's license) ever been denied to you or any corporation, partnership, or other business of which you were an officer, director, or partner? ☐ Yes ☐ No

If yes, give details:

Has any such license or permit ever been revoked, cancelled, or suspended? ☐ Yes ☐ No

If yes, give details:



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

Have you ever been named in a civil lawsuit related to your employment? ☐ Yes ☐ No

If yes, give details:

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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 or your current status.

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Have you ever been rejected from a law enforcement agency hiring list? ☐ Yes ☐ No

If yes, give details:

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

**Military**

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

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

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Have you ever been rejected for employment by any armed forces organization? ☐ Yes ☐ No  
If yes, give details:

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List any periods of active armed forces service:

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

Reason for leaving active armed forces service:

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Explain any armed forces service discharge(s) other than honorable:

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

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Are you now or have you ever been an active or inactive member of any reserve forces of the United States of America or any foreign government? ☐ Yes ☐ No  
If yes, state below details:

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

**Firearms**

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

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

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

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

Do you possess a valid Illinois Firearm Owners Identification Card? ☐ Yes ☐ No

If so, what is your Firearm Owners ID # and expiration date: \_\_\_\_\_

Have you ever had a Firearms Owner ID Card application rejected? ☐ Yes ☐ No

If an application was rejected, why? \_\_\_\_\_

Have you ever had a Firearms Owner ID Card revoked? ☐ Yes ☐ No

If card was revoked, why? \_\_\_\_\_

List any firearms you currently own or have ever owned:

Make	Model	Serial Number	Caliber	Description	Currently Own?

Other than at an approved firing range, have you ever discharged ☐ Yes ☐ No  
your firearm(s)?

If yes, give details:

\_\_\_\_\_

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

**Criminal History**

Was your driver's license ever suspended or revoked? ☐ Yes ☐ No

If yes, give details (including date of action, reason for action, and county/state/country of action):

Were your vehicle license plates ever suspended or revoked? ☐ Yes ☐ No

If yes, give details (including date of action, reason for action, and county/state/country of action):

Have you ever been involved in a motor vehicle accident either as a ☐ Yes ☐ No registered owner, operator, passenger or pedestrian, which resulted in any personal injury, property damage, or fatality to you or anyone else?

If yes, give details (including city/state where occurred and police agency making any reports on incident):

Have you received any traffic tickets? ☐ Yes ☐ No

If yes, list all traffic tickets you have received:

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

Have you ever been arrested? (Please include sealed and/or expunged arrest records.) ☐ Yes ☐ No

If yes, explain all criminal arrests in detail:

Have you been convicted of a crime and/or entered a plea of guilty to a ☐ Yes ☐ No criminal in any court of law? (Please include sealed and/or expunged conviction records.)

If yes, give details (including date of conviction, crime, and county/state/country of conviction):

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

Have you ever received a municipal or ordinance citation?

☐ Yes ☐ No

If yes, give details:

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Have you ever been subject to an order of protection?

☐ Yes ☐ No

If yes, give details:

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Were you ever summoned or subpoenaed to court in a civil action in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction? ☐ Yes ☐ No

If yes, give detail and indicate below every civil action or proceeding in which you were a party to, past and/or present.

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Have you ever used illegal drugs or narcotics?

☐ Yes ☐ No

If yes, when was the last time?

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Have you ever used prescribed drugs not prescribed to you?

☐ Yes ☐ No

If yes, please explain.

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Do you consume any alcoholic beverages?

☐ Yes ☐ No

Do you ever drive when you have been consuming any alcoholic beverages?

☐ Yes ☐ No

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

### **References**

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

#### **Reference 1**

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

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

(Street Address, Apartment #)

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

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

Relationship: \_\_\_\_\_

#### **Reference 2**

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

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

(Street Address, Apartment #)

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

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

Relationship: \_\_\_\_\_

#### **Reference 3**

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

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

(Street Address, Apartment #)

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

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

Relationship: \_\_\_\_\_