



BOARD OF FIRE AND POLICE COMMISSIONERS

109 E. Olive Street, Bloomington, IL 61701
(309) 434-2240 ▪ (309) 829-5115 TTY

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Read carefully and **print in your own handwriting** the answer to every question. (All information will be treated confidentially. Submission of inaccurate information may be grounds for termination of employment.) Failure to provide required documents with this application will invalidate the application.

EXPERIENCED OFFICER

ELIGIBILITY REQUIREMENTS — EXPERIENCED OFFICER HIRING PROCESS

- State Certification, copy
- Successful completion of State of Illinois approved basic training academy or recognized equivalent.
- Three or more years experience, within the last four years as an officer with a state, county or municipal police agency
- Currently in good standing, or left the police department in good standing

Legible copies of these documents will be accepted, will become the property of the Board of Fire and Police Commissioners, and cannot be returned.

Answer all questions and complete all spaces on application

Position applied for _____

Name (last, first, middle) _____

Social Security Number _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

PERSONAL DATA

Name of person to contact in case of emergency _____ relationship _____ phone _____

Are you a U.S. Citizen? (Police applicants only) Yes No

Are you 21 years of age? Yes No

Have you ever served in the Armed Forces? Yes No If yes, what branch? _____

Have you ever been employed by the City of Bloomington? Yes No

If yes, date and position. If under another name, please state name.

Have you ever been discharged or asked to resign employment? Yes No

If yes, explain in detail

Have you ever been convicted of a felony? Yes No

If yes, explain in detail

REFERENCES

List four references. Exclude relatives and previous employers.

Name	Address	Phone

EDUCATION

Which of the following have you completed? High School G.E.D.

High School _____ Address _____

College or University _____ Address _____

Did you graduate? Yes No

Degree received _____ Major _____ GPA _____

If currently in school, what year?

Special business or vocational school _____ Address _____

Did you graduate? Yes No

EMPLOYMENT HISTORY

List previous experience (including U.S. Armed Service Record and periods of unemployment). Begin with present position and work back. Attach resumé, if necessary. If there were periods where you were self-employed or unemployed, list name and address of person who can verify your activities during those periods.

EMPLOYMENT
HISTORY

Employer Address (city, state, and phone)

Date started Starting salary (annual) Starting position

Date ended Ending salary (annual) Position upon leaving

Name and title of supervisor Reason for leaving

Brief description of your responsibilities

EMPLOYMENT
HISTORY

Employer Address (city, state, and phone)

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Name and title of supervisor Reason for leaving

Brief description of your responsibilities

**HOLD HARMLESS
AGREEMENT**

TO THE APPLICANT:

As part of the testing process, a P.O.W.E.R. test will be administered. This is designed to test your physical capacity to perform duties which may be required of you in the department for which you are applying. The test is rigorous, and you will make serious demands on your physical capacity, particularly your cardiovascular system (i.e., your heart, lungs and blood vessels).

If you know or suspect you have any condition or impairment which might render you susceptible to injury as a result of this test, do not take this test!

You should also understand that while the test is not designed to be hazardous, the course does present conditions that could cause or lead to an injury.

CERTIFICATION

The undersigned, having applied for appointment to either the Fire or Police Department of the City of Bloomington, acknowledges that he/she has been advised of the strenuous and rigorous nature of the P.O.W.E.R. test, and that he/she understands that it will seriously tax his/her physical capacity, particularly the cardiovascular system. The undersigned certifies to the Board of Fire and Police Commissioners of the City of Bloomington that he/she is capable of taking such test with no ill effects.

The undersigned hereby releases the City of Bloomington and Board of Fire and Police Commissioners of the City of Bloomington and any and all officers or agents of either from any liability which may occur to the undersigned as a result of taking such test, whether from the strenuous nature of the test, the physical condition of the test area, or otherwise.

Dated this _____ day of _____, 19_____.

Applicant signature _____

Street Address _____

City _____

State _____

Zip Code _____

Area Code _____

Telephone number _____

Instructions for Filling Out Police Personal History Questionnaire

1. You the applicant, must personally complete this form.
2. Legibly print all responses in black ink. Do not type form.
3. All questions must be answered completely. Do not leave any blanks. Print "n/a" in the blank for any question which does not apply to you. On all questions, other than fill in the blank, circle the appropriate response.
4. If space available for any given question is insufficient, attach a separate sheet of white paper for each topic. Be sure to label each sheet of paper.
5. Provide the complete address where requested (street address, city, state and zip code). Post office box addresses are not acceptable unless accompanied by explicit written directions to that address.
6. This Questionnaire must be notarized before it is returned.
7. The notary form must be signed with your legal signature—Do not print your signature.

Note: There are notary publics within the City of Bloomington Police and Human Resources Departments.

8. The Personal History Questionnaire must be returned to the Bloomington Police Department in person or by Certified Mail to:

City of Bloomington
Police Department
Attn: Background Investigators
305 S. East Street
Bloomington, IL 61701

Questions regarding this process should be directed to the Human Resources Department at (309) 434-2215.

POLICE APPLICANT PERSONAL HISTORY QUESTIONNAIRE

Because your ability to complete this document as requested will be evaluated and used as one basis for the employment decision, it is essential you read and clearly understand the instructions which accompany this form. Any unanswered, incomplete or omitted questions may result in rejection of your application. Additionally any false statements and/or deliberately evasive answers will be grounds for rejection or your termination.

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Work Phone Number

Social Security Number

Date of Birth

Sex: Male Female
(circle one)

List other names you have used or been known by including nicknames, maiden and married names. If applicable, explain by giving reasons for use of such name(s).

Have you legally changed your name? Please provide the following:

Date _____

Location _____

Court _____

Are you a citizen of the United States? Yes or No

If no please explain status _____

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Are you current on all child and/or spousal support payments/orders? Yes or No

Please list all counties/states where child and/or spousal payments are made.

How many depend on you for support? _____

Have you ever been discharged or asked to resign from a position? Yes or No
If yes, please explain:

Have you ever applied for a position with another law enforcement agency? If yes, please provide the following:

Agency Applied _____ Date Applied _____

Address _____

City, State, Zip _____

Agency Applied _____ Date Applied _____

Address _____

City, State, Zip _____

Agency Applied _____ Date Applied _____

Address _____

City, State, Zip _____



High School Name

Address

City

County

State

Zip

Dates Attended
From

To

Did you graduate? Yes or No

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

High School Name

Address

City

County

State

Zip

Dates Attended

From

To

Did you graduate?

Yes or No

College or University Name

Address

City

County

State

Zip

Dates Attended

From

To

Did you graduate?

Yes or No

Major

Minor

College or University Name

Address

City

County

State

Zip

Dates Attended

From

To

Did you graduate?

Yes or No

Major

Minor

Please list any specialized or advanced training or trade schools attended. Include the name of the school, course title, address and dates attended.

Were you ever expelled or suspended from any specialized or advanced training or trade schools. If yes, please explain:

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Current Address	Dates From	To
------------------------	------------	----

Address _____

City	County	State	Zip
------	--------	-------	-----

List the name of the person on the lease or mortgage _____

Landlord name and contact information: _____

Please list address history for past 10 years

Previous Address	Dates From	To
-------------------------	------------	----

Address _____

City	County	State	Zip
------	--------	-------	-----

List the name of the person on the lease or mortgage _____

Landlord name and contact information: _____

Previous Address	Dates From	To
-------------------------	------------	----

Address _____

City	County	State	Zip
------	--------	-------	-----

List the name of the person on the lease or mortgage _____

Landlord name and contact information: _____

Previous Address	Dates From	To
-------------------------	------------	----

Address _____

City	County	State	Zip
------	--------	-------	-----

List the name of the person on the lease or mortgage _____

Landlord name and contact information: _____



**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Were you ever subjected to any disciplinary action in connection with any employment? Yes or No If yes, please provide the following:

Employer _____

Reason (s) for Action _____

Disciplinary Action Taken _____

Since the age of 17, have you been convicted of any felony or any misdemeanor crime involving dishonesty? Yes or No If yes, please answer the following questions:

Conviction Date _____

Charge (s) _____

City, County and State where occurred _____

Police agencies involved _____

Please describe circumstances: _____

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Conviction Date _____
Charge (s) _____
City, County and State where occurred _____
Police agencies involved _____
Please describe circumstances:

Case Disposition _____

Conviction Date _____
Charge (s) _____
City, County and State where occurred _____
Police agencies involved _____
Please describe circumstances:

Case Disposition _____



Since the age of 17, have you ever been placed on probation or court supervision for any felony or any misdemeanor crime involving dishonesty? If yes, please answer the following questions:

Date of probation/supervision _____
Charge (s) _____
County/State of Jurisdiction _____
Probation Officer's Name _____

Date of probation/supervision _____
Charge (s) _____
County/State of Jurisdiction _____
Probation Officer's Name _____

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Do you now or have you ever possessed, purchased or delivered marijuana, hashish, cocaine, LSD, Amphetamines, Methamphetamines, heroin, ecstasy, ketamine or drugs of a similar nature? If yes, please provide the following information:

Drug _____ Possessed _____ Purchased _____ Delivered _____

Circumstances _____

First time used _____ Last time used _____

Drug _____ Possessed _____ Purchased _____ Delivered _____

Circumstances _____

First time used _____ Last time used _____

Drug _____ Possessed _____ Purchased _____ Delivered _____

Circumstances _____

First time used _____ Last time used _____

Are you a recovering addict who is not currently using drugs or alcohol? Yes or No
If yes please provide the following information:

Treatment Program Name _____

Contact Person _____

Address _____

Phone _____

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

**References—List six references you have known for at least three years.
You may list two family members as references.**

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Business Phone Number

How long have you known reference?

Occupation

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Business Phone Number

How long have you known reference?

Occupation

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Business Phone Number

How long have you known reference?

Occupation

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Business Phone Number

How long have you known reference?

Occupation

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Business Phone Number

How long have you known reference?

Occupation

Name (Last, First & Middle)

Address

City

County

State

Zip

Home Phone Number

Cell Phone Number

Business Phone Number

How long have you known reference?

Occupation

(This area is intentionally left blank for additional information.)

**POLICE DEPARTMENT APPLICANT PERSONAL HISTORY
QUESTIONNAIRE (Continued)**

Please complete the drivers license section if you are being considered for any of the following positions: Patrol Officer, Custodian or Background Investigator

Do you have a valid driver's license? Yes or No

License Number	State of Issue
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Date Issued	Expiration Date
-------------	-----------------

Have you ever held a driver's license from another state? Yes or No

License Number	State of Issue
----------------	----------------

From	To
------	----

Since the age of 17, has your driver's license ever been suspended or revoked? Yes or No

If yes, please answer the following questions: _____

Suspension/revocation date _____

Length of suspension/revocation _____ Issuing State _____

City, County and State where violation (s) occurred _____

Please describe circumstances of suspension or revocation: _____

If you are applying for a Sworn Police Officer position please complete the remaining questions on this page. Any other position in the Police Department please continue to page 12.

Have you driven while intoxicated within the last three (3) years? Yes or No

Have you ever been convicted of an act of domestic violence? Yes or No

Are you or have you ever been listed as a conscientious objector? Yes or No

Are you engaged in any business as a sole owner or partner (active or silent) in a liquor or adult entertainment establishment? Yes or No



**City of Bloomington
Authorization for Release of
Personal Information**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Bloomington, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of law enforcement agencies, offices of human resources, landlords, employers, educational institutions; and the U.S. Veterans reports, efficiency ratings, complaints or grievances filed by or against me, or another person in any case, either criminal or civil, which I presently have or have had an interest.

I understand that any information obtained by a personal history of background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a Police Department employee with the City of Bloomington Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Bloomington, the Bloomington Police Department and their authorized agents from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

(Applicant signature)

SUBSCRIBED AND SWORN BEFORE

This _____ day of _____ 20__

Notary Public Sign Here

This form must be notarized before submitting



**City of Bloomington
Police Sworn Personal Notary Affidavit**

I, _____, do hereby certify that I personally completed this Personal History Questionnaire. I certify that all answers made by me in this form and any attachments are true and complete to the best of my knowledge.

I am aware that any misstatement or misrepresentation of fact, willful omissions or withholding of information on this form may be deemed sufficient cause for disqualification from consideration by the City of Bloomington.

I agree that the City of Bloomington may require me to submit to such further examinations as they deem necessary.

Note: Please include a clear Xerox copy of your current valid drivers license and a copy of your FOID Card (if applicable).

(Applicant signature)

SUBSCRIBED AND SWORN BEFORE

This _____ day of _____ 20__

Notary Public Sign Here

BLOOMINGTON POLICE DEPARTMENT
Public Affairs Unit

RECRUIT SURVEY

Thank you for your interest in becoming a Bloomington Police Officer. Recruiting the best candidates requires planning and you can assist us by completing this voluntary and anonymous survey:

What is your current job status?

- Unemployed
- Non law enforcement employee
- Law enforcement employee
- Sworn officer with another agency

Why do you want to be a police officer?

- Desire to serve (make a difference)
- Better salary and / or benefits
- Opportunity for exciting and interesting work
- Job security
- Other _____

What prompted you to apply with BPD?

Where are you from?

- The Bloomington / Normal area
- Elsewhere in Illinois _____
- Out of State _____

How were you recruited?

- Newspaper
- Magazine
- Television
- Radio
- Career Fair
- Referral from another agency
If so, whom may we thank? _____
- Personal Contact with a BPD officer
If so, whom may we thank? _____
- Self motivated
- Other _____

We are interested only in your answers, not your identity. Thank you for responding to this survey and good luck in the selection process.



Equal Opportunity Survey

In compliance with the Federal and State Equal Opportunity requirements, the City of Bloomington requests the following information for statistical purposes only. Completion of this form is voluntary and will be maintained separately from your application. Information provided will not be considered in any employment decisions.

Position applied for: _____ Date: _____

Sex: Male ___ Female ___ Age: _____

Disability ___ Veteran ___ (check only if applies)

Individuals requesting disability accommodations must contact the Human Resources Department prior to the start of the application process.

Referral Source:

- Walk-in Friend/Relative High School Campus Radio
- College Campus City Employee Advertisement in: _____ Other
- Sent in Resume City Website _____ Re-hire

Please specify the group to which you belong, identify with, or regard in the community as belonging. Only choose *one* race/ethnic category.

- White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.