

Stickney Police Auxiliary * Application *

Please print or type.

Fill out this application completely and accurately. If your application is made out properly, it may increase your chances for employment. All statements in your application are subject to verification. Use term "DNA" (does not apply) if the question does not apply. Attach a passport size photograph to the first page of the application in the upper right hand corner.

Name (Last)	(First)	(Middle)	Date
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Home Address (No. Street, City, State, Zip Code, County)	Home Phone
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Date of Birth	Place Of Birth (City, State)	Height	Weight	Sex
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Social Security No.	Color Of Eyes	Color Of Hair	Marital Status
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* Education *

Name, Address Of School	No. Yrs Completed	Date(s) Attended	Graduated Yes/No	Avg Grade
Grammar School				
High School				
College Or University				

Related Courses and/or Special Training

Employers Name	Address	Type of Business		
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Name & Title of Supervisor	From (date)	To (date)	Rate of Pay	Title
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What were your duties ?	Reason for Leaving			
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Employers Name	Address	Type of Business		
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Name & Title of Supervisor	From (date)	To (date)	Rate of Pay	Title
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What were your duties ?	Reason for Leaving			
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Employers Name	Address	Type of Business		
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Name & Title of Supervisor	From (date)	To (date)	Rate of Pay	Title
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What were your duties ?	Reason for Leaving			
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* General Data *

What prompts you to make this application ? _____

*** References ***

Fill in below the names of three adults , not related to you & not former employers who are friends , fellow students or fellow workers.

Name	Address	Home Phone
Name	Address	Home Phone
Name	Address	Home Phone

Person(s) to be notified in case of emergency...

Name	Address	Home Phone	Relation
Name	Address	Home Phone	Relation

I hereby certify that , there are no willful misrepresentations or falsifications in this application/questionnaire, and all my answers are true and correct to the best of my knowledge and belief .

SIGNATURE

DATE

Have you ever held a similar position for which you are applying ? _____ If yes, please explain: _____

List any licenses or certificates that you have held _____

Do you possess a F.O.I.D. card ? _____ If yes, what is the number? _____

Do you wear glasses ? _____ Contact lenses? _____ Do you smoke ? _____ Chew Tobacco? _____

Do you use intoxicating beverages ? _____ If yes, what type of beverages do you drink and how much ?

Do you or have you ever used any type of illegal substance or non-prescribed drug(s) ? _____ If yes,

please explain : _____

Have you ever had any type of epileptic seizure , blackout , or fainting spell ? _____ If yes , please

explain : _____
