



Village of Niles  
Fire and Police Commission

Director – Barry Mueller (847) 588-8085  
7000 W. Touhy Ave., Niles, IL 60714



**Section I – Personal Information**

Name: \_\_\_\_\_  
Last Name First Name Middle

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Age: \_\_\_\_\_

Have you been legally known by any other name or alias (ex. maiden name)?:

\_\_\_\_\_

Are you a United States citizen?  Yes  No

Are you legally eligible for employment in the U.S.?  Yes  No

Are you registered with the U.S. Selective Service?  Yes  No

Have you earned 60 or more college credits?  Yes  No

If “yes,” what college did you attend and how many credits do you currently have:

\_\_\_\_\_  
\_\_\_\_\_

What academy did you attend to obtain state certification as a law enforcement officer?

\_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Are you currently working for a department?  Yes  No

What department? \_\_\_\_\_

If you separated from a department which department \_\_\_\_\_

Separation date \_\_\_\_\_



### Section III – Educational History

Please list the schools you have attended, including high school(s) and college(s):

Name of School	City, State	Dates Attended	Graduated?/GPA
		_____ to _____ MM/YY                      MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY                      MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY                      MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY                      MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY                      MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
		_____ to _____ MM/YY                      MM/YY	<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____

**Degree/Certificate(s) Earned**

**Date**

_____	_____
_____	_____
_____	_____
_____	_____

Please list any job related licenses/certifications you have earned (ex. EMT, HAZ-MAT) (copies of these licenses/certifications must be included with this application):

\_\_\_\_\_

## Section IV – Military History

Have you ever served in the U.S. Military?  Yes  No

If “no,” continue to the next page of this application.

If “yes,” which branch? \_\_\_\_\_

List periods of active service: \_\_\_\_\_ to \_\_\_\_\_  
MMDDYY MMDDYY

\_\_\_\_\_ to \_\_\_\_\_  
MMDDYY MMDDYY

Date and location of entrance to active duty: \_\_\_\_\_  
Date Location

Date and location of discharge: \_\_\_\_\_  
Date Location

Highest rank held: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

How many years of continuous, active duty have you served? \_\_\_\_\_

Are you now or were you ever a member of the U.S. reserve forces?  Yes  No

If “yes”: \_\_\_\_\_  
Active/Inactive Branch Unit Rank

\_\_\_\_\_ Address Dates of Service

Are you now or were you ever a member of the National Guard?  Yes  No

If “yes”: \_\_\_\_\_  
State Regiment Unit Rank

\_\_\_\_\_ Type of Discharge Dates of service

**Section V – Driving & Criminal History**

Has your driver's license ever been revoked or suspended?  Yes  No

If "yes," explain:

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Have you ever had an operator's or chauffeur's license in another state?  Yes  No

If "yes," which state: \_\_\_\_\_

Have you ever been refused an operator's or chauffeur's license in another state?  Yes  No

If "yes," which state: \_\_\_\_\_

Please list any and all accidents and traffic citations issued in the last five years:

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Have you ever been convicted of an offense other than a traffic violation?  Yes  No

If "yes," please complete the section below.

Date	Agency	Crime Charged	Disposition of Case

Have you ever been placed on probation?:  Yes  No

If "yes," please explain:

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Have you ever been convicted of a felony?:  Yes  No

**Section VI – Employment History**

Are you currently on any eligibility lists?  Yes  No

If “yes,” please list agencies:

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Have you ever been placed on an eligibility list and not hired?  Yes  No

If “yes,” please give details:

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**Section VI – Employment History, cont.**

Please list previous employment for the last ten (10) years, beginning with your most recent or current employer. Provide dates for periods of unemployment if applicable.

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**CURRENT/MOST RECENT EMPLOYER**

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Your title: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OK to contact employer?  Yes  No

**PREVIOUS EMPLOYER #1**

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Your title: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

\_\_\_\_\_

OK to contact employer?  Yes  No

**PREVIOUS EMPLOYER #2**

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Your title: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

\_\_\_\_\_

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OK to contact employer?  Yes  No

**PREVIOUS EMPLOYER #3**

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Your title: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OK to contact employer?  Yes  No



## Section VII – References & Acquaintances

Please list the names and contact information for three (3) adults (family members and previous employers excluded) who have known you for at least five (5) years. Individuals listed may be asked to provide information about your character, ability, experience and/or personality.

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### REFERENCE #1

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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### REFERENCE #2

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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**REFERENCE #3**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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Please list the names and contact information for three (3) acquaintances who have known you for at least five (5) years, are NOT related to you, are NOT reference and are NOT former employers. Names listed should be those who have seen you frequently over the last year.

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**ACQUAINTANCE #1**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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**ACQUAINTANCE #2**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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**ACQUAINTANCE #3**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**Section VIII – Additional Information and Candidate Affidavit**

Please complete the following questions and sign the candidate affidavit IN INK.

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Have you ever used illegal marijuana?  Yes  No

Have you ever used any illegal drug other than marijuana?  Yes  No

Have you ever been involved in the sale or distribution of illegal drugs?  Yes  No

Have you ever filed for bankruptcy?  Yes  No

If "yes," please give details

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been sued?  Yes  No

If "yes," please give details (i.e. description, case name, case number):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been party to a lawsuit?  Yes  No

If "yes," please give details (i.e. description, case name, case number):

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At the time of application, is the matter still pending?  Yes  No

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I hereby swear and affirm that each statement and all information in, or supplementing, this application are complete, true, and accurately recorded to the best of my knowledge. I understand that providing false, misleading, and/or incomplete information on this application is grounds for disqualifying me from eligibility for appointment or my dismissal if discovered subsequent to my appointment.

All statements in this application are subject to verification.

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Signature

Date

Please return completed application to the Niles Fire and Police Commission 7000 W. Touhy Niles, IL 60714 with all copies of certifications and copies of transcripts by due date.