

# MARISSA POLICE DEPARTMENT

Village of Marissa, Illinois

## Application for Employment Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)	TODAY'S DATE	POSITION APPLIED FOR
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### INSTRUCTIONS

Read and follow all instructions. Failure to fully complete this packet may delay or void consideration of your application.

1. You must submit a recent photograph with this questionnaire.
2. Complete all sections clearly in black ink or typed. Do not leave blanks. If a question does not apply, write N/A.
3. If additional space is needed, use the narrative supplemental page and identify the question number.
4. Sign and date the questionnaire and all required waivers/release forms.
5. Keep a copy of this completed questionnaire for your records.
6. Attach copies of required documents listed in the final instructions section.
7. Submit the completed packet to: Marissa Police Department, Attn: Chief of Police / Background Investigator, 111 N. Main Street, Marissa, Illinois 62257.
8. Questions may be directed to the Marissa Police Department administration or the assigned Background Investigator.

### PLEASE NOTE THE FOLLOWING

- Your application will not be considered complete until this packet is complete and submitted with required documents.
- Incomplete or inaccurate answers may be grounds for rejection or removal from the hiring process.
- Any intentional omission, misstatement, deception, or falsification may be grounds for disqualification.
- A background investigation may include interviews, record checks, reference checks, employment verification, driving record review, and review of publicly available information.
- Notify the Marissa Police Department immediately of any change in address, phone number, employment, criminal/traffic status, or other information relevant to your application.

### DO NOT WRITE IN THE SPACE BELOW - OFFICIAL USE ONLY

Test / Assessment:	
Interview Date:	
Background Investigator:	
Status / Notes:	

# MARISSA POLICE DEPARTMENT

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## I. PERSONAL INFORMATION

Full legal name (last, first, middle)	Social Security Number
Other names, nicknames, maiden names, legal name changes	Date of birth
Driver license number / state	Birthplace (city, state, country)
Current residence address (street, city, state, ZIP)	County
Home phone	Cell phone
Email address	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever applied to the Marissa Police Department before? If yes, when and disposition:

Have you ever applied to any Illinois law enforcement agency before? If yes, list agency/date/disposition:

How did you learn about this opening?  Department website/social media  Referral  Job board  Other

Referral name, if any:

## II. EMPLOYMENT HISTORY

**Important:** List all employment for the past 10 years and all law enforcement/security/public safety employment.

1. EMPLOYER INFORMATION		
Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

2. EMPLOYER INFORMATION		
Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

## II. EMPLOYMENT HISTORY - CONTINUED

### 3. EMPLOYER INFORMATION

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

### 4. EMPLOYER INFORMATION

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

### 5. EMPLOYER INFORMATION

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

### 6. EMPLOYER INFORMATION

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

**II. EMPLOYMENT HISTORY - CONTINUED**

**7. EMPLOYER INFORMATION**

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

**8. EMPLOYER INFORMATION**

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

**9. EMPLOYER INFORMATION**

Dates employed - from/to	Employer name and address	Phone / supervisor
Hours per week / shift	Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/wage	Job title and duties	

**II. EMPLOYMENT HISTORY - CONTINUED**

Have you ever been dismissed, asked to resign, or separated from employment under unfavorable circumstances?  No  Yes

Have you ever received unemployment insurance?  No  Yes

Do you have relatives employed by the Village of Marissa or Marissa Police Department?  No  Yes

Have you worked for or applied to the Village of Marissa before?  No  Yes

Are you now, or have you ever been, engaged in business as an owner, partner, contractor, or member?  No  Yes

Have you ever applied to any municipal, state, county, or federal agency?  No  Yes

Have you ever been denied a position with any law enforcement or public safety agency?  No  Yes

**II. EMPLOYMENT HISTORY - CONTINUED**

Unemployment periods: dates, reason, efforts to seek employment, income during unemployment, and contact information


Have you ever been a member of a police reserve, auxiliary unit, Explorer/Cadet program, or similar public safety organization?  No  Yes

Have you attended a law enforcement academy or been certified/licensed as a law enforcement officer in any state?  No  Yes

Have you ever been submitted to a polygraph, voice stress analysis, or similar truth verification test?  No  Yes

**III. EDUCATION HISTORY**

List all schools attended, beginning with the most recent. Include high school, college, vocational/technical, trade school, military training, correspondence, and online programs. Attach copies of transcripts/certificates as requested.

<b>SCHOOL 1</b>		
School name	Address (street, city, state, ZIP)	From / To
Year graduated	Type of degree/certificate	Hours earned / GPA
Comments / honors / discipline		

### III. EDUCATION HISTORY

#### SCHOOL 2

School name	Address (street, city, state, ZIP)	From / To
Year graduated	Type of degree/certificate	Hours earned / GPA
Comments / honors / discipline		

#### SCHOOL 3

School name	Address (street, city, state, ZIP)	From / To
Year graduated	Type of degree/certificate	Hours earned / GPA
Comments / honors / discipline		

#### SCHOOL 4

School name	Address (street, city, state, ZIP)	From / To
Year graduated	Type of degree/certificate	Hours earned / GPA
Comments / honors / discipline		

~~Was any disciplinary action taken against you while attending school, including suspension, dismissal, academic probation, loss of scholarship, or expulsion? [ ] No [ ] Yes~~

~~Have you ever failed any courses in high school, college, academy, or vocational/trade school? [ ] No [ ] Yes~~

~~Have you ever been investigated for or accused of academic dishonesty or misconduct? [ ] No [ ] Yes~~

List honors, special recognition, offices held, teams/groups, foreign language ability, and relevant training.

**IV. MILITARY HISTORY**

**Are you currently registered with the Selective Service, if applicable?  No  Yes**

**Have you ever been denied entry into the military?  No  Yes**

**Have you served in any military organization or foreign military/government organization?  No  Yes**

**IV. MILITARY HISTORY - CONTINUED**

Branch / component	Service number	Dates of service	Highest rank
Type of discharge/separation: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad conduct <input type="checkbox"/> Other			

**Explain any discharge other than honorable.**

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**List all citations, commendations, military training, schools, specialties, and deployments.**

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**Have you been investigated, disciplined, arrested, or charged by military authority? Include UCMJ, NJP/Article 15, courts-martial, and administrative actions.**

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**List past commanding officers or military acquaintances who can provide background information.**

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**Have you ever been a member of a reserve, guard, militia, or similar unit?  No  Yes**

**Are you currently active reserve/guard? If yes, provide commander, rank, unit, address, and phone.  No  Yes**

**How often do you attend drills/training?**

**V. CRIMINAL AND DRIVING HISTORY**

Illinois applicants: Include all contacts with law enforcement or courts in Illinois and any other jurisdiction, including juvenile, expunged, sealed, dismissed, diverted, supervision, ordinance, traffic, civil no-contact/protective order matters, and pending matters.

Date	Agency/Court	Charge/Violation	Disposition/Sentence	Officer/Case #

Have you ever been in or affiliated with any street gang or criminal organization?  No  Yes

Have you ever been reported missing or as a runaway?  No  Yes

Have you ever stolen, taken, or possessed property without permission?  No  Yes

Have you ever committed an offense for which you were not caught, charged, or convicted?  No  Yes

Have you ever been investigated, detained, arrested, cited, charged, convicted, placed on supervision, diverted, or had a case dismissed?  No  Yes

**V. CRIMINAL AND DRIVING HISTORY - CONTINUED**

Have you ever applied for or held an Illinois FOID Card or concealed carry license, or a similar permit/license in another state?  No  Yes

Has any FOID Card, concealed carry license, firearm permit, or professional license been denied, suspended, revoked, or surrendered?  No  Yes

Has any order of protection, civil no-contact order, stalking no-contact order, restraining order, or similar order ever been sought or entered involving you?  No  Yes

Do you currently have unpaid fines, court costs, restitution, warrants, or pending court dates?  No  Yes

Have you ever been fingerprinted? If yes, by whom and why?  No  Yes

Have you ever been the victim of a crime? If yes, was it reported and where?  No  Yes

List any friends, associates, relatives, or household members who have been convicted of a felony or participate in criminal activity

Name	Relationship	Criminal activity/conviction	Disposition

**V. CRIMINAL AND DRIVING HISTORY - CONTINUED**

List all traffic citations, warnings, arrests, crashes, suspensions, revocations, license restrictions, parking tickets, and ordinance

Date	City/State/Agency/Court	Nature of violation/crash	Penalty/disposition

**Driver license or permit information - current and past, including military/special endorsements**

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**Have you ever been involved as a driver in a motor vehicle crash? List each crash, including most recent.  No  Yes**

**Has your license ever been suspended, revoked, cancelled, restricted, or denied?  No  Yes**

**Have you ever been denied auto insurance or had insurance cancelled?  No  Yes**

## VI. DRUG AND ALCOHOL USE

Answer honestly and completely. Include illegal use, possession, purchase, sale, delivery, distribution, misuse of prescription medication, and use that may have been legal in another jurisdiction. Include cannabis use even if lawful under Illinois adult-use cannabis laws.

Do you currently use any drug or controlled substance obtained without a prescription or by fraud/deception?  No  Yes

Do you have close friends or associates who use illegal drugs or misuse controlled substances?  No  Yes

Have you ever used, possessed, supplied, sold, delivered, manufactured, or cultivated any illegal drug or controlled substance?  No  Yes

Substance	No	Yes	First date used	Last date used	# times used	Largest amount possessed
Cannabis/Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				
Hashish/THC concentrates	<input type="checkbox"/>	<input type="checkbox"/>				
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>				
PCP	<input type="checkbox"/>	<input type="checkbox"/>				
Heroin/Fentanyl/Opioids	<input type="checkbox"/>	<input type="checkbox"/>				
LSD/Psilocybin/Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>				
Methamphetamine/Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>				
Ecstasy/MDMA	<input type="checkbox"/>	<input type="checkbox"/>				
Steroids	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>				



**VII. ORGANIZATIONS AND OTHER ACTIVITIES**

List all groups, clubs, associations, organizations, boards, unions, political/social groups, online groups, and volunteer organizations to which you currently belong or have belonged.

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Have you ever been a member of a group advocating violence, overthrow of government by force, or unlawful discrimination?

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Have you ever attended meetings, donated to, or supported any organization you believe may conflict with law enforcement duties?

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List hobbies, skills, specialized training, computer skills, certifications, volunteer work, and honors.

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List any other information about yourself that may be helpful to the Marissa Police Department.

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**VIII. CREDIT AND FINANCIAL AUTHORIZATION**

Authorization: I understand that a financial review/credit check may be conducted as part of the background investigation, consistent with applicable law. I authorize the Village of Marissa and Marissa Police Department to obtain and review credit/financial information relevant to my suitability for employment.

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Applicant signature

Printed name

Date

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**IX. FAMILY INFORMATION - MARITAL**

Current marital status:  Married  Widowed  Divorced  Engaged  Separated  Unmarried  Civil union/domestic partnership  
 Other

Current spouse/partner full name	Date of birth	Social Security Number
Present address	Phone	Place of employment
Date/place of marriage/civil union	Spouse/partner former address	Work hours

List all children, stepchildren, adopted children, dependents, and any other person financially supported by you.

Full name	Date of birth	Relationship	Address / with whom living

**IX. FAMILY INFORMATION - MARITAL - CONTINUED**

**If you have children not living with you, do you pay child support? Amount?  No  Yes**

**Is child support voluntary or court ordered?  No  Yes**

**Have you ever been taken back to court for child support, custody, visitation, or family law matters?  No  Yes**

**If not paying child support, what is the arrangement for care of the child?**

**Who has legal custody of the children?**

**If not in your custody, what are your visitation rights and are visits supervised?**

**Are your support payments current?  No  Yes**

**Have you ever been delinquent with child support or alimony?  No  Yes**

**Have you ever been involved in a domestic violence incident, police call, order of protection, or family disturbance?  No  Yes**

**IX. FAMILY INFORMATION - MARITAL - CONTINUED**

**Former marriages/civil unions/long-term relationships: Give all information, even if deceased or divorced. Use additional pages if needed.**

Name	Current/last known address	Years known	Date married	Date divorced/separated	Court/case #

**Current spouse/partner former marriages and children/dependents outside the marriage:**

Name	Relationship	Address/phone	Date/notes

**X. FAMILY INFORMATION - PARENTS AND SIBLINGS**

**Father / Stepfather / Adoptive Father**

Full name	Birthdate	Place of birth	Social Security Number
Address	Home phone	Employment/work phone	Relationship/status

**Mother / Stepmother / Adoptive Mother**

Full name	Birthdate	Place of birth	Social Security Number
Address	Home phone	Employment/work phone	Relationship/status

**List all siblings, including step, half, and adoptive siblings.**

Full name	Birthdate	Relationship	Address/phone	Employment/work phone



## XII. REFERENCES

List three references who are not relatives and who have known you for at least three years. Do not list past/present employers unless requested

### REFERENCE 1

Full name	Years known	How often do you see/contact?
Home address	Occupation	Home/work/cell phones
Work address	Email	Relationship

### REFERENCE 2

Full name	Years known	How often do you see/contact?
Home address	Occupation	Home/work/cell phones
Work address	Email	Relationship

### REFERENCE 3

Full name	Years known	How often do you see/contact?
Home address	Occupation	Home/work/cell phones
Work address	Email	Relationship



**XIII. RESIDENCES - CONTINUED**     Yes     No

Have you ever been evicted or asked to leave a residence, rental house, apartment, dorm, military housing, or other dwelling?

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Describe any serious disputes with friends, roommates, associates, relatives, landlords, neighbors, or others. Include the nature of the problem, persons involved, resolution, and your role.

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**XIV. GAMBLING HISTORY**

List any gambling activity you have been involved in, including casinos, sports betting, online betting, lottery, cards, pools, or other gambling. Include frequency, amount, and debts.

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**XV. INTEREST**

In your own words, explain why you are seeking a sworn law enforcement position with the Marissa Police Department and the Village of Marissa.

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**XV. INTEREST - CONTINUED**

Provide any additional information that may be helpful in considering your application for a sworn position with the Marissa Police Department.

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List your long-term employment goals.

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**CERTIFICATION**

I hereby certify that all statements made in this questionnaire and attached supplemental pages are true, complete, and correct to the best of my knowledge and belief. I understand that any false statement, omission, deception, or misrepresentation may result in disqualification, removal from the hiring process, withdrawal of a conditional offer, or termination if employed.

Print full name	Signature	Date

# MARISSA POLICE DEPARTMENT

## Final Instructions and Required Documents

### REQUIRED DOCUMENTATION TO BE ATTACHED

- Copy of birth certificate
- High school diploma/GED and transcripts/records
- College transcripts/records and diplomas, if applicable
- Military DD-214 and any separation documents, if applicable
- Marriage/civil union certificates, divorce decrees, custody or support orders, if applicable
- Driver license and any professional licenses/certifications
- Illinois FOID Card / Concealed Carry License, if applicable
- Training certificates, academy certificates, ILETSB documents, if applicable
- Recent photograph of applicant
- Any additional documents requested by the Chief of Police or Background Investigator

### REMEMBER

- Keep a copy of the complete packet for your records.
- Submit the original completed questionnaire and required documents to Marissa Police Department, 111 N. Main Street, Marissa, Illinois 62257.
- The packet may be emailed to [policechief.mpd@frontier.com](mailto:policechief.mpd@frontier.com), delivered in person or by other method approved by the Marissa Police Department.
- Failure to submit a complete packet may indicate voluntary withdrawal from consideration unless an extension is approved.
- Notify the department immediately of any changes or corrections.

**We appreciate your interest in serving the Village of Marissa and the Marissa Police Department.**



# Village of Marissa

## CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

### **Acknowledgment of Consent**

I, \_\_\_\_\_, hereby authorize and request all my current and former employers, including but not limited to law enforcement agencies, private companies, public entities, and any other organization where I have been employed or provided services to release and provide to the Village of Marissa ("Employer") all personnel records and information related to my employment or service as required by the Illinois Police Training Act (50 ILCS 705/6.5). I acknowledge and agree that as a condition of being considered for employment with Employer, or for maintaining my continued employment with Employer, it is required that I consent to a complete and thorough investigation of my background to determine whether I am a suitable candidate for the position of \_\_\_\_\_ with the Employer.

### **Mandatory Background Investigation:**

I authorize Employer and/or their designated contractor to conduct a background investigation of me, which shall include, but shall not be limited to:

- (1) a review of my complete employment history;
- (2) a review of my complete criminal history;
- (3) a review of driving records;
- (4) a background check with the Department of Children and Family Services;
- (5) interviews with my personal references;
- (6) a review of all internal investigation files from any previous employers;
- (7) a verification of academic credentials and licenses;
- (8) a review of my military service history, if any; and
- (9) a review of the Illinois Law Enforcement Training Standards Board's records and officer misconduct database.

### **Credit Check**

I hereby consent to the employer obtaining and reviewing any credit and consumer reports, as permitted under the federal Fair Credit Reporting Act and local or state credit privacy laws, if applicable. I understand that the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., authorizes me to request a copy of any consumer credit report from the consumer reporting agency that compiled the report.

### **Consent to Release of Information**

I hereby consent to the release of all employment records from my current and former employers, including, but not limited to:

- (1) job applications;



# Village of Marissa

- (2) personnel files, including job performance reports and evaluations;
- (3) disciplinary records, including any investigations or actions related to misconduct;
- (4) records of criminal, civil, or administrative investigations related to my conduct;
- (5) nondisclosure agreements, separation agreements, or other nonpublic documents;
- (6) pre-employment evaluations;
- (7) tests and results;
- (8) questionnaires and answers;
- (9) physical and psychological fitness-for-duty evaluation reports; and
- (10) any other records relevant to my conduct or fitness for law enforcement employment

I understand that these records must be provided without redaction, except for personal identifiers such as Social Security numbers, driver's license numbers, or financial account information, as stipulated by the Personnel Record Review Act. I further understand that former employers are required to certify that all responsive documents have been provided and to disclose any known information that could negatively impact my fitness for duty as a law enforcement officer.

## **Consent to Required Interviews and Evaluations**

I further agree to participate in personal interview(s), testing process(es), polygraph examination(s), post-offer psychological and medical evaluation(s), or any combination of those examinations or tests, as determined by Employer.

## **Confidentiality**

All information obtained by Employer under this background investigation shall be confidential and safeguarded against disclosure to all unauthorized persons as required by law. However, nothing prevents the employer from using the information obtained to evaluate my suitability for employment.

I specifically consent to the disclosure of information that may be covered by a settlement agreement or other confidentiality provision entered with my former employers, and I waive any rights to enforce any prior confidentiality agreement against my former employer about this disclosure.

## **Waiver of Privacy**

I waive any right or claim to privacy in such information and consent to the disclosure of information that may be exempt from disclosure by law. I waive any right I may have to be notified by any individuals and organizations named in my application for employment before the release of any information to the employer, including the release of information concerning any disciplinary action taken against me by former employers.



# Village of Marissa

## Indemnification

In exchange for this release of all of my personnel information, I, agree to release, discharge, and hold harmless any person, firm, or entity and their employees and agents that disclose information in response to receipt of this consent, from any liability for all claims, liabilities, causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of any personal information as described above. I further release and hold harmless the employer and the employer's respective personnel, employees, and agents from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at the Employer or the decision to hire me, not to hire me, or retain me in my position.

## Signature

I certify that the information provided in this form is true and complete to the best of my knowledge. I understand that falsification or omission of information may result in disqualification from employment or other penalties as provided by law.

I agree to sign this document and certify that I have read, understand, and agree to the terms and conditions set forth in this document and that this is a complete waiver under Section 10 of Employment Record Disclosure Act. 745 ILCS 46/10. A copy of this authorization shall be considered as valid as this original

Signature: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

State of Illinois )  
County of \_\_\_\_\_ ) ss

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that \_\_\_\_\_ is personally known to me to be the same person(s) whose name is subscribed to this instrument appeared before me this day in person and acknowledged that he/she/they signed and delivered the said instrument as his/her/their own free and voluntary act.

Given under my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public



Application for Police Officer



CONSUMER REPORTING AUTHORIZATION FORM

Equal Opportunity Employer

Date: \_\_\_\_\_

I authorize and empower the Village of Marissa, Police Department, any other police department, any consumer reporting agency, or other outside service company engaged by said Police Department for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living, through correspondence or personal interviews with neighbors, friends or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request, I understand that said Police Department will provide me with information regarding the scope of the investigation if one is made.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Social Security Number

